

28 Beaumont Street

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?	Requires improvement	
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 28 Beaumont Street on 5 April 2016. Overall the practice is rated as good, however improvements were required in providing effective services.

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. However, there was not a comprehensive fire risk assessment available.
- Medicines were managed safely.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff mostly had the skills, knowledge and experience to deliver effective care and treatment.

- Some training and awareness was not monitored fully by the practice to ensure all training needs were undertaken by staff.
- National data suggested patients received their care in line with national guidance.
- 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.
- Patients said it was possible to make an appointment with a GP or nurse and were very positive in comment cards about the appointment system.
- 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.
- Governance arrangements were in place for non-clinical aspects of the service.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas the provider must make improvements are:

- Ensure staff are aware of the principles and requirements of the Mental Capacity Act 2005 and the Gillick Competency.
- Improve the monitoring of training and the record keeping related to this monitoring.

The areas where the provider should make improvements are:

- Undertake a comprehensive fire risk assessment.
- Review the recording and coding of patient care on the patient record system to ensure that information is available to all staff in the delivery of care. This should include appropriate alerts on the system for vulnerable patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When safety incidents occurred, investigations took place and any action to improve processes was undertaken to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Medicines were managed in a way that kept patients safe.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Staff mostly had the skills, knowledge and experience to deliver effective care and treatment. However, there were gaps in some staff training according to the training log and some staff had gaps in their awareness of certain key topics such as the Mental Capacity Act 2005.
- National data showed patient outcomes were mostly similar or higher than the average for the locality and higher than the national average.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There was a comprehensive programme of clinical audit and they demonstrated quality improvement.
- 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 patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice similarly or higher than average in several aspects of care.

Good



Summary of findings

- From patient records we saw that care was tailored to patients' individual needs.
- 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 confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The national GP survey showed very positive feedback regarding patient access to appointments. This was reflected in feedback we received from patients during the inspection.
- Practice staff reviewed the needs of its local population which had a high number of young adults from the local University colleges.
- 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.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a 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 open culture and all staff were involved in the running of the practice.
- 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 acting on notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

- The practice had not sought all the feedback from patients it could have in regards the appointment system.

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 proactive, personalised care to meet the needs of the older patients in its population.
- Care plans were available for patients deemed at high risk of unplanned admissions.
- Access for patients with limited mobility was good including for those with mobility scooters.
- There were named GPs for this group of patients.
- A named GP provided care to patients in a local care home and visited frequently to provide any care or reviewed patients' needs.
- Screening for conditions which patients in this population group may be at risk of was provided, such as dementia.

People with long term conditions

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

Good



- The practice followed guidance in the management of chronic diseases.
- Patients at risk of hospital admission were identified and had care plans written where appropriate.
- There were GPs with expertise in various clinical areas, such as respiratory diseases.
- The practice achieved 97% on its quality outcomes framework scores (QOF) in 2015. QOF is a quality system to measure the performance and quality of patient care and treatment.
- The care of long term conditions was audited to identify where improvements in the management of a specific condition could be made.
- Longer appointments and home visits were available when needed.
- There was a process to offer a periodic structured review to check patients' health.
- There was monitoring of patients on long term medicines, although due to recording issues on the record system the extent to which these were up to date was not clear.
- 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.

Summary of findings

Families, children and young people

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

Good



- 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.
- Any children at risk would be flagged on the records system to ensure reception staff would be alerted to their vulnerability.
- Childhood immunisation rates for the vaccinations given were slightly lower than CCG averages. However, 60% of families with young children were from other countries and many had accessed care for their children outside the UK.
- There were very high numbers of students registered at the practice and its services were tailored to their needs. For example, Visits to local University colleges took place to enable new students to register at the practice and also provide them with information about NHS services. Students were also offered face to face registration, checking and updating any immunisations required and reviewing of medical histories during their first week at university. Lunch time appointments were also available for students as they may be more convenient for them.
- Staff were aware not always provided with appropriate awareness of the circumstances and rights when gaining consent from patients under 16.
- Baby changing facilities were available.
- GPs worked with midwives and health visitors in the provision of care.

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).

Good



- The needs of the working age population, those recently retired and students had been identified.
- Commuters who found it easier to see a GP near to their place of work in Oxford were registered with the practice if they requested.
- Extended hours appointments were available.
- 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.

Summary of findings

- Patient feedback on the availability of appointments from the national survey and on the day of inspection was positive.
- Phone consultations were offered to patients.
- Online appointment booking was available.

People whose circumstances may make them vulnerable

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

Good



- Learning disability health checks were offered to patients.
- The practice held a register of patients living in vulnerable circumstances.
- Patients with care plans were alerted to reception staff.
- The practice offered longer appointments for vulnerable patients.
- GPs regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- A mentoring scheme offered young people with social, emotional or potential mental health problems with support.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- Performance for mental health related indicators was 98% compared to the CCG average of 95% and national average of 93%.
- 90% of the 68 patients eligible for a care plan had one in place and reviewed in in 2015/16.
- The practice informed us that all patients on lithium (a medicine which requires close monitoring) were appropriately monitored.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- There was screening available for patients deemed at risk of dementia and a referral pathway to a memory clinic if required.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing well across a number of indicators. 408 survey forms were distributed and 91 were returned. This represented 1.8% of the practice's patient list.

- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 92% 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%.
- 92% 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%.
- 86% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

- 93% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 85% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards Care Quality Commission comment cards. They were all positive about the service experienced. The eight patients we spoke with told us staff were helpful, caring and treated them with dignity and respect.

The friends and family test was used at the practice. Out of 117 responses 105 patients said they were extremely likely to recommend the practice (89%) with five others likely.

Areas for improvement

Action the service **MUST** take to improve

The areas the provider must make improvements are:

- Ensure staff are aware of the principles and requirements of the Mental Capacity Act 2005 and the Gillick Competency.
- Improve the monitoring of training and the record keeping related to this monitoring.

Action the service **SHOULD** take to improve

- Undertake a comprehensive fire risk assessment.
- Review the recording and coding of patient care on the patient record system to ensure that information is available to all staff in the delivery of care. This should include appropriate alerts on the system for vulnerable patients.

28 Beaumont Street

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 second inspector and an Expert by Experience.

Background to 28 Beaumont Street

28 Beaumont Street has a patient list of approximately 4900 patients. It is located in Oxford. The patient list had a much higher proportion of young adults than average, due to registering high numbers of university students and lower numbers of older patients. The local area had low instances social and economic deprivation. There was some ethnic diversity, especially in the student population the practice served. The practice was located in a converted Victorian building and alterations had been made to ensure the ground floor was accessible for patients. The partnership is registered to provide services from: 28 Beaumont Street, Oxford, Oxfordshire, OX1 2NP

There are four GP partners at the practice and academic assistant GP. There are two female and two male GPs. There are two female practice nurses, including a nurse practitioner, and one healthcare assistant who was also a phlebotomist. A number of administrative staff and a practice manager support the clinical team.

There are a total of 21 GP sessions per week GPs and 1.07 whole time equivalent nurses.

The practice phone lines are open between 8am and 6.30pm Monday to Friday and appointments were available from 8.30am to 6pm. Extended surgery hours are provided

from 6.30pm to 8pm on Tuesdays and 8am to 10pm Saturday mornings. When the practice was closed patients could access out of hours GP services by calling 111. This was clearly displayed on the practice's website.

The practice is registered for the correct regulated activities in relation to the services it provides and there is a registered manager in post.

This is a training practice and there was one GP in training working at the practice.

28 Beaumont Street was inspected in 2013 and we did not rate the practice as this was inspected under a previous methodology. There are no outstanding regulatory breaches from this inspection.

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.

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 5 April 2016.

During our visit we:

- Spoke with a range of staff including four GPs, two members of the nursing team, administrative staff and the practice manager.
- We spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Looked at records related to the management of the service.
- We spoke with the patient participation group.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording incidents referred to as significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available.
- Significant events were discussed at meetings and any action required disseminated to the relevant staff.
- The practice carried out a thorough analysis of the significant events.
- There had been 19 significant events in the previous 12 months and of these seven were related to clinical matters.
- We found examples where significant events had led to changes in practice or learning outcomes for the practice. For example, a learning outcome from a patient who saw the midwife led to additional training on safeguarding being provided, to include awareness on female genital mutilation. Staff reported they felt this would enable them to identify this form of abuse in children as a result.

National patient safety alerts were shared with relevant staff and action taken to ensure any risks identified were acted on. These were emailed to the appropriate GPs who decided on the necessary action. There was a log of all safety and medicine alerts available to staff.

When there were incidents which affected patient care patients received acknowledgement and an apology where necessary. They were also informed about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe from harm 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. 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 in regards to safeguarding children and adults. All staff had access to training online and policies on safeguarding vulnerable adults and child safeguarding. However, some nurses' training records regarding safeguarding were not available and we could not verify if they had renewed their training within the time period set by the practice. GPs were trained to child safeguarding level three. Children at risk of abuse or harm were entered onto the computer record system and flagged to alert staff as well as family members of the at risk child.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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. A practice nurse was the infection control clinical lead who followed appropriate guidance and had received training for the local CCG infection control lead. There was an infection control protocol in place and staff had access to training. However not all staff had completed this training when we looked at the training matrix. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There were sharps protocols and appropriate sharps bins in place.
- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicine checks to ensure medicines were safely stored and within their expiry dates. Fridges used to store medicines were monitored appropriately. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer

Are services safe?

medicines in line with legislation. Patient specific directives (PSDs) had been drafted to ensure vaccines and other medicines were administered in line with legislation and to replace any out of date PGDs.

- We reviewed four personnel files and found appropriate checks had been undertaken to ensure staff were safe to work with patients. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Equipment was calibrated in line with manufacturers' instructions. There was a programme of portable appliance testing in place.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There were health and safety policies available for staff. There were a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that regular checks on the water system were undertaken in line with the risk assessment.
- The practice had a fire risk assessment which identified specific sources of fire and mitigating actions. However there was no comprehensive fire risk assessment which included other risks in the event of a fire and how everyone would evacuate the building. For example, there was no assessment potentially explosive equipment stored on site in the event of fire such as

oxygen cylinders. The practice booked a fire risk assessment to take place following the inspection in April 2016. There was appropriate equipment in place to fight fires and alarm system. These were checked and maintained in line with manufacturer's recommendations.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

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 consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There were medicines for the treatment of several medical emergencies including cardiac arrests and hyperglycaemia. All the medicines we checked were in date and fit for use.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as loss of premises. The plan included emergency contact numbers for staff and external agencies. These contact details were available offsite also.

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 patients' needs.
- Nurses led on managing long term conditions. Patients with long term conditions were offered periodic reviews of their health based on national guidelines.

GPs specialised in various areas of clinical expertise. For example, there was a respiratory specialist who was able to provide expert care to patients with conditions such as Asthma and support other clinicians in providing care.

We reviewed assessment records for patients with conditions such as asthma and diabetes and found that comprehensive reviews of patients needs were undertaken. The records were detailed and clear.

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 from 2015 were 97% of the total number of points available compared to the CCG average of 97% and the national average of 94%. Exception reporting was 10.2% compared to the local average of 10% and the 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).

- Performance for diabetes related indicators was 89% compared to the national average of 89% and the CCG average of 93%. The practice had identified as an area for improvement in 2015 and they were able to show us

there had been significant improvement in the QOF figures submitted for 2016 with 100% of diabetes care points achieved, although we did not have the exception reporting figures for 2016.

- Performance for hypertension (high blood pressure) related indicators were 100% compared to the CCG average of 99% and national average of 98%.
- Performance for mental health related indicators was 98% compared to the CCG average of 95% and national average of 93%. 90% of the 68 patients eligible for a care plan had one in place and reviewed in in 2015/16. The practice informed us that all patients on lithium (a medicine which requires close monitoring) were appropriately monitored.

Clinical audits demonstrated quality improvement.

- There was a comprehensive programme of clinical audits undertaken. They were undertaken for a variety of reasons such as medicine alerts or where improvements to clinical care were identified as necessary.
- Staff told us audits were discussed at clinical team meetings to share learning and identify what action was needed to improve patient care.
- Audits were repeated to identify if actions were being completed.
- We saw audits on the quality of cervical screening and minor surgery which identified positive outcomes. The practice had undertaken a diabetes care audit in response to slightly low scores in diabetes care compared to the CCG average. This led to other improvement in QOF scores.

Some GPs used different processes to each other in the delivery of care such as for recording information on the patient record system and for processing repeat prescriptions. We found no direct concerns regarding these different processes. All of the patient records we looked at had in date medicine reviews for any repeat prescriptions.

The practice provided figures to us for patients on repeat prescriptions who had an up to date medicine review. This showed most patients were receiving medicines safely and receiving regular checks of their prescriptions.

- 90% on four or more repeat medicines had an up to date review.
- 66% had an up to date medicine review if they were on less than four repeat medicines. The practice recognised

Are services effective?

(for example, treatment is effective)

there were issues with coding on the patient records system which made it difficult to manage and monitor medicine reviews. The practice was working to standardise and improve the coding to ensure patients received timely medicine reviews.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff including a staff handbook which included core policies.
- There was training provided to staff including topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, we saw there were gaps in training dates on the practice's training matrix. This was reviewed and updated immediately following the inspection.
- The practice could demonstrate how they ensured role-specific training and updating for clinical staff. For example, for those reviewing patients with long-term conditions.
- Clinical staff had protected time for learning and training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.

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 plans, medical records and test results. Information such as NHS patient information leaflets was also available. The practice used IT systems to share information effectively. For example, patients at risk of unplanned admissions to hospital who had care plans, benefitted from their plans being available to other services.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together 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, such as when they were referred, or after they were 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

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

- There were policies for obtaining consent. There were processes for obtaining verbal and written consent and staff understood these.
- There was guidance available to staff on the Mental Capacity Act 2005 (MCA). However, the guidance did not follow all the principles of the MCA. For example, there was a lack of full explanation as to the potential for a person with lasting power of attorney to make decisions regarding care and treatment. Not all nursing staff had a clear understanding of the process they would follow when a patient may lack capacity to make a decision about their care.
- There was a policy on the rights of children and young patients when obtaining consent to treatment. However, we found there were potential gaps in staff knowledge regarding the processes to follow.

Supporting patients to live healthier lives

The practice identified a wide range of patients who may be in need of extra support. This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example:

- Patients at risk of hospital admissions were offered care plans and the practice had supported 80 care plans. Where patients eligible for a care plan did not have an up to date one, there was a reason such as not consenting to have one drafted.
- The practice provided support to smokers. Current QOF figures showed that 72% of smokers had been given cessation advice. 95% of smoking patients with chronic diseases had been given advice.
- There were 22 patients on the palliative care register and all of them had care plans.

Are services effective?

(for example, treatment is effective)

The practice undertook a programme of screening for health conditions:

- The practice's uptake for the cervical screening programme in 2015 was 77%, which was lower than the national average of 82%. In 2015/2016 it was 70%. The practice had a high population of young adults who registered for three to four years during their University studies and most would move to other practices following that time. Many also visited different GP practices out of term time. This was considered by the GPs as a contributing factor to the lower than average uptake.
- 51% of eligible patients were screened for bowel cancer compared to the CCG average of 59%.
- 59% of eligible patients had been screened for breast cancer compared to the CCG average of 75%.
- During 2015/2016, there were 188 patients deemed at risk of dementia with 14 referral letters being sent to the memory clinic for further assessment. The actual figures for dementia screening were not available but 14 patients were confirmed as being referred for screening.

- Of patients aged 18 to 25 years old 39% were recorded as being offered chlamydia screening and 15% of these took up this offer. This represented 6% of patients eligible for chlamydia tests overall, which was close to the top performing practices in the CCG.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. Vaccinations given to under two year olds were 90% (regional average 90%) and for five year olds they were 70% (regional average for under 24 months 90% and for under five year olds the regional average was 95%). The practice identified that 60% of the families with young children came from abroad and that many had followed immunisation programmes in other countries or that information on their immunisation history made it difficult to plan immunisations.

The practice had a register of five adults with a learning disability and three had a health check to date. One patient was in the process of receiving a health check. The other patient who had not received a health check had been seen four times and received a referral from their GP in the last year.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff took phone calls away from the main reception desk to maintain privacy.

All of the 34 Care Quality Commission comment cards we received from patients were positive about the attitude of staff. All of the patients we spoke with told us the practice offered a caring service and that staff were helpful and treated them with dignity and respect.

Results from the national GP patient survey showed patients generally felt they were treated with compassion, dignity and respect. The practice was slightly higher for many indicators satisfaction scores on many aspects of care and consultations:

- 96% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 93% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 92% 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%.
- 92% 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 of 94% and national average of 92%.

- 86% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed similar to average satisfaction compared to local and national averages on questions regarding involvement in care. For example:

- 97% 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%.
- 85% 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%
- 93% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 82% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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's computer system alerted GPs if a patient was also a carer. The practice had identified 58 carers which was 1.1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice contacted them. There was a counselling service available for patients.

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 planned delivery of its services based on the needs of this population. The patient list had a much higher proportion of young adults than average and lower numbers of older patients. This was due to registering high numbers of patients from local University colleges.

- Visits to local University colleges took place to enable new students to register at the practice and also provide them with information about NHS services.
- Students were also offered face to face registration, checking and updating any immunisations required and reviewing of medical histories during their first week at university. Lunch time appointments were also available for students as they may be more convenient for them.
- The welfare teams at the University colleges were able to communicate directly with the practice if there were concerns about any patients.
- Patients who live outside Oxford and commute to the local areas were permitted to register at the practice. This enabled ease of access to patients who found it difficult to attend outside of normal working hours.
- The practice encouraged patients to see their named GP where possible to encourage continuity of care.
- There were longer appointments available for patients with a learning disability or complex health problems.
- Home visits were available for any patients who would benefit from these.
- The practice provided care to patients at a care home outside of Oxford and the patients saw a named GP every fortnight.
- The premises were a converted building but alterations to the building meant there was good accessibility for wheelchair users on the ground floor including a purpose built disabled toilet. If patients with limited mobility required a ground floor appointment, we saw they were offered the use of the treatment room on the ground floor.
- There was a hearing aid loop available.
- There were same day appointment slots protected to enable any emergency appointments to take place.
- A phone translation service was available for any patients who had difficulty in using English.

- The practice kept a register of vulnerable patients, such as those on the child protection register. There was also a flag for patients who had care plans to enable them to be prioritised for an appointment.

Access to the service

The practice phone lines are open between 8am and 6.30pm Monday to Friday and appointments were available from 8.30am to 6pm. Extended surgery hours are provided from 6.30pm to 8pm on Tuesdays and 8am to 10pm Saturday mornings. Same day appointments were requested at reception and a patient would receive a call back from a GP to determine what their needs were and the appropriate service, if not a GP appointment. The GP national survey results returned very positive results for the practice in January 2016 regarding access to appointments:

- 99% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 97% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 93% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 73% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.
- 85% 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 and feedback from the 34 comment cards also show patients were very satisfied with access to appointments.

Online appointment booking was used by 16% of the patient population.

Listening and learning from concerns and complaints

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

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

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

- We looked at complaints received in the last 12 months and complaints were acknowledged and responses were sent once investigations were completed. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.
- We saw that information was available to help patients understand the complaints system. This was in the patient leaflet and on the website.

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 vision to deliver high quality care and promote good outcomes for patients. Staff were aware of the vision and involved in delivering it. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

For example, the practice was about to undergo a period of transition with a partner leaving who was also the diabetes lead. We saw that to ensure the clinical care of patients with complex care needs were maintained, they had passed on a register and summary of actions to a diabetes nurse recently employed by the practice. The new nurse and planning of patients care was an example of how the practice planned to meet patients' needs and provide continuity of care.

Governance arrangements

The practice had governance arrangements which supported the delivery of good quality care.

- There was an understanding of the performance of the practice through monitoring such as clinical audit. When concerns were identified they were acted on.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were in place, available to all staff and these were kept up to date.
- There were arrangements for identifying, recording and managing risks. However, a more comprehensive risk assessment was required.
- The monitoring of training and related records were not adequate to ensure training required by staff was always delivered.

Leadership and culture

The partners in the practice supported staff. They included the practice manager in the running of the service. This enabled the practice manager to be proactive in implementing changes to non-clinical processes where required. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members 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 acting on notifiable safety incidents

When safety incidents occurred:

- The practice gave information, investigation outcomes and an apology when required.
- Where investigations found concerns this led to changes in practice or learning outcomes for staff.

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

- Staff told us the practice held regular team meetings for all staff groups including nurses and reception staff.
- 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 in doing so and felt supported if they did.
- 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 responded proactively to patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and focussed inspections. The PPG met regularly and we spoke with three members of the group. They told us they felt involved in the running of the practice, but could not suggest any areas they had made a direct influence to changes in the service. They had been consulted about changes to the layout of the ground floor development in order to improve accessibility.
- The friends and family test was used at the practice. Out of 117 responses 105 patients said they were extremely likely to recommend the practice (89%) with five others likely.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through from appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor and improve the quality of the service to ensure that risks to patients were identified, assessed and mitigated. The coding of patient records required improvement and monitoring of training records were not complete. Staff training was not fully monitored. There was not a robust fire risk assessment in place. The monitoring of staff understanding about the rights of patients in regards to obtaining consent was not adequate.</p> <p>This was in breach of regulation 17(1)(2)(a)(b)(d)(i)(ii) of the Health and Social Care Act 2008 (Regulated Activities)</p> <p>Regulations 2014.</p>