

# Jericho Health Centre - Kearley

## Quality Report

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Date of inspection visit: 16 August 2016  
Date of publication: 14/09/2016

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?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Jericho Health Centre - Kearley on 16 August 2016.

Overall the practice is rated as good. Improvements are required to ensure the service is providing safe services.

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

- There was a system in place for reporting and recording significant events. Reviews of complaints, incidents and other learning events were thorough.
- Risks to patients were mostly assessed and well managed. However, some risks were not fully managed specifically in relation to monitoring of fridge temperatures and storage of liquid nitrogen.
- Staff assessed patients' ongoing needs and delivered care in line with current evidence based guidance.
- National data suggested patients received appropriate care for long term conditions.
- The system for reviewing patients on repeat medicines identified patients who required a review, but the practice was in the process of ensuring higher achievement of up to date medicine reviews was achieved.
- Staff were trained in order 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. 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 and routine appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- 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.
- There was a strong ethos of continuous learning.

Areas the provide must make improvements are:

- Ensure risks related to cold chain storage of medicines, emergency medicines and liquid nitrogen are managed appropriately.

Areas the provide should make improvements are:

- Continue to improve the monitoring of patients on repeat prescriptions and ensure that patient reviews of their long term conditions are maximised via minimising exceptions.
- Review lower than average uptake of specific child vaccines.
- Consider feedback regarding consultations with GPs where feedback from the national survey is consistently below local averages.

**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 requires improvement for providing safe services.

Requires improvement



- Risks to patients were mainly assessed and well managed. However, there were issues identified in the monitoring of a fridge used for storing medicines and risks related to liquid nitrogen were not always managed.
- Lessons were shared to make sure action was taken to improve safety in the practice as a result of significant events.
- 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.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- Emergency medicines and equipment were stored appropriately and within expiry dates. However, one emergency medicine had expired due to being stored outside of a fridge (thus reducing the time the medicine's expiry time).
- The practice was clean and well maintained.
- Equipment was checked and calibrated.
- There were health and safety policies in place.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- The most recent published results showed 99% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%.
- The practice has a rate of 12% exception reporting compared to the national average of 9% and regional average of 10%. However this reduced to 10% in 2016.
- In 2016 the practice achieved 100% of its clinical QOF targets. Performance for mental health related indicators was 91% compared to the national average 92% and regional average of 95%. 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.

# Summary of findings

- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Screening programmes were available to eligible patients. Learning disability checks were undertaken by the practice since April 2016, and 1% of patients with a learning disability had received a health check out 23. There was a plan to complete the remaining checks by the end of the year.
- The monitoring of medicine reviews was in line with national guidance although the practice identified the figures could be improved and audited repeat prescribing to drive improvement
- Uptake of breast and bowel cancer screening was lower than local and national averages. GPs called patients who missed breast cancer screening.

## 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 than others for several aspects of care. Some results were lower than average, specifically in regards to listening to patients and giving them enough time.
- Patients we spoke with and comment cards stated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified.
- The appointment system enabled patients' ease of access to appointments.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent and routine appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Complaints were formally reviewed to identify trends and ensure changes to practice had become embedded.

## Are services well-led?

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

- The practice had a clear vision and 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.
- The monitoring of the service identified, assessed and managed nearly all risks to patients and staff some were not fully managed.
- 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 and involved by the partners and practice manager.
- There was a strong ethos of continuous improvement including participation in research.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- GPs offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible for patients with limited mobility and there was a hearing aid loop available for patients with poor hearing.
- Patients over 75 had a named GP.
- There were nurse home visits offered for patients with long term conditions who found it difficult to make it to the practice.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The most recent published results showed 99% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%. The extent of patients exempted from long term condition reviews was reduced in 2016 compared to 2015.
- There were nurse home visits offered for patients with long term conditions who found it difficult to make it to the practice.
- All these patients were offered 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.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



# Summary of findings

- Immunisation rates were similar to average 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.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Joint working with external organisations took place in the management of children at risk of abuse.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible flexible and offered continuity of care.
- Patients' feedback on the appointment system was very positive overall.
- The appointment system was monitored to identify improvements where possible.
- 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.
- Travel vaccinations were available.
- There were extended hours appointments available.
- The practice registered patients from two Oxford University colleges and a designated GP was assigned to ensure there was monitoring of this group of patients.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for vulnerable patients including those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good





# Summary of findings

- 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.
- Joint working with external organisations took place in the management of patients at risk of abuse or harm.
- The staff worked closely with substance and alcohol misuse service providers in supporting these patients.

## **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).

- Performance for mental health related indicators was 91% compared to the national average 92% and regional average of 95%. Exception reporting for mental health indicators was slightly below the national average (11%) and regional average (11%) at 9%.
- The proportion of patients on the mental health conditions register with a care plan was 84% compared to the local average of 89%.
- 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 advanced 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. There were 321 survey forms were distributed and 95 were returned. This represented 0.8% of the practice's patient list.

- 90% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 90%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and CCG average of 83%.

We received 14 comment cards from patients during the inspection. The comments were mainly highly positive about the service patients received, specifically care and treatment. We spoke with patients including from the patient participation group, who were highly complementary about the practice.

The practice undertook the friends and family test and the data from August 2015 to July 2016 showed 92% of patients were likely or very likely to recommend the practice (likely was 14% of patients and extremely likely was 78% of patients)

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure risks related to cold chain storage of medicines, emergency medicines and liquid nitrogen are managed appropriately.

### Action the service **SHOULD** take to improve

- Continue to improve the monitoring of patients on repeat prescriptions and ensure that patient reviews of their long term conditions are maximised via minimising exceptions.

- Review lower than average uptake of specific child vaccines.
- Consider feedback regarding consultations with GPs where feedback from the national survey is consistently below local averages.

# Jericho Health Centre - Kearley

## 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.

## Background to Jericho Health Centre - Kearley

We undertook an inspection of this practice on 16 August 2016. The practice provides services from Jericho Health Centre, Walton Street, Oxford, Oxfordshire, OX2 6NW

Jericho Health Centre - Kearley has a modern purpose built location with good accessibility to all its consultation rooms. The premises are shared with another GP practice. The practice serves 11,200 patients from the surrounding town. The practice demographics show that there is a higher amount of patients registered between 20 and 24, due to registering patients from two Oxford University colleges. According to national data there is minimal deprivation among the local population. There are patients from minority ethnic backgrounds, particularly foreign students, but the population is mostly white British by origin.

- There are eight GP partners at the practice, six female and two male. There is also one part time male salaried GP. There are four practice nurses, a phlebotomist and two healthcare assistants. A number of administrative staff and a practice manager support the clinical team.
- This is a training practice and GP Registrar placements were taken at the practice.

- There are 4.5 whole time equivalent (WTE) GPs and 4.5 WTE nurses.
- The practice is open between 8.30am and 6.30pm Monday to Friday. Between 8am and 8.30am the practice was supported by an external service to ensure patients could access support if they required. There were extended hours appointments on Tuesdays from 6:30pm to 7:30pm and Saturdays from 8:30am to 11:30am.
- Out of hours GP services were available when the practice was closed by phoning 111 and this was advertised on the practice website.

The practice had not been inspected by CQC previously.

## 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 16 August 2016. During our visit we:

- Spoke with a range of staff, including five GPs, members of the nursing team and support staff.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice had a system in place for reporting, recording and monitoring 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:

- Staff told us that they would inform the practice manager of any significant events and complaints. We saw that there was a standard form for recording events.
- Complaints, incidents and concerns about care or treatment were recorded, reviewed and any action required to improve the service were noted.
- When a significant event had been investigated the findings would be fed back to the staff in clinical team meetings (GPs and Nursing staff) or individually to staff. For example, communication between staff was identified as an issue as a result of a significant event and action was taken to improve this to ensure key information was passed between staff.
- There was evidence of formal reviews of significant events and complaints to ensure themes were identified and that changes to process were embedded in practice.

### Overview of safety systems and processes

- 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. There were contact details for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and received appropriate adult safeguarding training. GPs attended multidisciplinary team meetings to discuss vulnerable patients and also provided information to case conferences where required. The practice had undertaken a safeguarding audit provided to them by

the CCG. This identified some areas where training could provide greater understanding and potential interventions to prevent or safeguard patients from harm. For example there was training being provided to staff on sexual exploitation. The GPs were aware of their responsibilities in reporting female genital mutilation (FGM) in any females under 18.

- 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 Disclosure and Barring Service (DBS) checks. (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 that the practice was clean and tidy. There was an audit tool used to identify any improvements in infection control. The infection control lead had received relevant training from the local CCG infection control lead. Checks of cleanliness were undertaken. There was an infection control protocol in place and staff had received up to date training. This included a sharps injury protocol (needle stick injury). This was available on the intranet. Clinical waste was disposed of appropriately. Reception staff were appropriately trained to assist patients in depositing medical samples.
- Medicines were not always managed safely. We checked three medicine fridges and found that two were monitored appropriately. One fridge had been recorded as having a high temperature of nine degrees Celsius daily during July for a period several days. The second thermometer was recording eight degrees Celsius. No action had been taken to check which reading was correct and neither the manufacturers of the fridge or thermometer were contacted. Following this finding during the inspection the practice contacted the medicines' manufacturers and were informed the viability of the vaccines stored in the fridge could not be guaranteed. The practice therefore quarantined the medicines to ensure they were not used until advice had been sought on whether they needed to be destroyed or used with specific conditions. The practice also sought advice on whether the patients needed to be contacted informing those who received a vaccine during the period of time affected by the potential high temperature of storage. The practice identified that the

## Are services safe?

staff members involved in the inappropriate monitoring required further training and planned for this to be given following the inspection. We noted that a high recorded temperature in recent months had been responded to appropriately and the cold chain followed, thus protecting patients. Blank prescription forms and pads were securely stored. We saw that medicines stored onsite were within expiry dates and stored properly. However, we found glucagon which was not stored in a fridge had not had its expiry date reduced by 18 months in line with guidance. It was therefore out of date. We informed the practice of this during the inspection. Meeting minutes showed the practice had identified this issue and were planning to begin storing this medicine in the fridge. Fridges used to store medicines were monitored and temperature checks recorded.

- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Where any patient specific directions (PSDs) were required by healthcare assistants these were also in place. Staff were trained to administer vaccines against PSDs and PGDs by a prescriber.
- 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. We saw all staff were requested to provide Hepatitis B vaccination records and had a DBS undertaken where required.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There were health and safety related policies available. Staff had received relevant in health and safety. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and fire.

- There was nitrogen stored onsite and a generic risk assessment in place, but this did not refer to the specific storage on the premises. For example, no staff were aware of the ventilation required for liquid nitrogen in case of a leak but this was a key component of the risk assessment. The premises had been designed with the storage of liquid nitrogen considered and partners took assurance that the design of the building would therefore be appropriate. There was ventilation in the storage area but it was not clear if this met requirements for its storage in line with a robust risk assessment.
- There was annual testing for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Staff at the practice had received fire training. Fire equipment had been tested and maintained. The practice provided us with a completed fire risk assessment.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. The planning for medical emergencies was risk assessed:

- The practice had an automated external defibrillator and clinical staff received training in how to use this.
- There were appropriate emergency medicines onsite and these were available to staff. All staff had received basic life support training.
- Panic alarms were available in treatment rooms to alert staff to any emergencies.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

# 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 reviewing templates used to deliver patient reviews.

### 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 showed 99% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice has a rate of 12% exception reporting compared to the national average of 9% and regional average of 10%. (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). This indicated the practice was performing well in terms of national data, although exception reporting was higher than average. In 2016 the practice achieved 100% of its clinical QOF targets and exception reporting had reduced to 10% in line with local average. A lead GP for diabetes was working towards reducing exception reporting as they had identified this as a concern. The practice wrote to patients three times requesting the make an appointment or make other relevant contact to enable the practice to provide care in line with NICE guidelines.

Data from 2015 showed:

- Performance for diabetes related indicators was 100% compared to the national average of 89% and regional average of 93%. Diabetes exception reporting was 20% compared to the CCG average of 13% and national average of 11%.
- Performance for mental health related indicators was 91% compared to the national average 92% and regional average of 95%. Exception reporting for mental health indicators was lower than the national average (11%) and regional average (11%) at 9%. The proportion of patients on the mental health conditions register with a care plan was 84% compared to the local average of 89%.

There was evidence of clinical audit which led to improvements in care:

- The practice participated in local audits, identified their own audits and national benchmarking. They had an audit planner which highlighted when audits needed to be repeated. This was discussed quarterly at clinical meetings. There was a broad selection of audits underway which demonstrated improvements.
- For example, there was an audit into anti-biotic prescribing against local targets, specifically to look at antibiotics with a higher risk of developing a condition which can occur in patients taking these medicines. The re-audit showed improvement in the levels of anti-biotics prescribed.

Findings were used by the practice to improve services. Outcomes were discussed in team meetings. Where improvements were identified, audits were undertaken to investigate what changes in practice were required. For example, the practice identified that repeat prescriptions were sometimes not processed in a timely way. They undertook an audit into electronic prescribing and identified means to improve repeat prescribing. The re-audit identified improvements to the timeliness of prescriptions. The audit was also undertaken in response to concerns over how many patients were recorded as having up to date medicine reviews for their repeat prescriptions in the last year. For patients on four or more medicines this was 83% and for less than four medicines it was 67%. This indicated that the monitoring of patient medicine reviews needed improving. The audit had



# Are services effective?

## (for example, treatment is effective)

identified means of improving the figures. We reviewed the process for checking patients on repeat medicines and saw that this enabled patients who required a review to be flagged to GPs.

### 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.
- Staff told us they could access role-specific training and updates when required and that there was a comprehensive programme of training. GPs had undertaken training to provide specialist care within the practice. Nurses were also supported to undertake specific training to enable them to specialise in areas such as respiratory and diabetes care.
- 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. However, the lack of appropriate monitoring of vaccines fridges by some staff identified a training need.
- Staff received training that included: safeguarding, fire safety awareness, and 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.

- To enhance the recording and secure sharing of patient information during home visits the practice had purchased computer tablets which enabled staff to record information during home visits. This also enables staff to access information offsite which provide efficiency in working and timely access to information related to patient care.

Staff worked together 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 regular basis when care plans were routinely reviewed and updated for patients with complex needs. There was a list of 184 patients deemed at risk of unplanned admissions and 178 had a care plan in place. The remaining patients had declined a care plan. Care plans were shared digitally with out of hours and other services.

### 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 (MCA).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- There was a protocol for the MCA and this was available to staff.

### Supporting patients to live healthier lives

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

- There was a register of end of life patients.
- Additional support for carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation was available. Patients were signposted to the relevant service when necessary.
- There were 1028 patients listed as requiring support to stop smoking and 92% had been offered support with 1% of those recorded as quitting.



# Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 81%, which was similar than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

In the last year no patients were deemed at risk of developing dementia or screened for the condition. There were 41 patients on the dementia register.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Of those eligible 50% had undertaken bowel cancer screening compared to the national average of 59%. Of those eligible 64% of had attended breast cancer screening within six months of being invited, compared to the national average of 73%. GP practices have limited knowledge of those patients who do not attend bowel cancer screening because they do not manage the service, they can only encourage their patients to attend these programmes. For those who did not attend breast cancer screening, the practice identified the patients and they were called by a GP.

The practice offered annual health checks to patients with a learning disability and this was the first year they had undertaken this enhanced service. One out of 23 patients with a learning disability had received a health check within the current year from April 2016 to March 2017. We saw evidence that the checks for these patients were planned for the rest of the year.

In 2015/16, 4% of eligible patients undertook chlamydia screening.

The practice undertook NHS Healthchecks and performed better than any other practice in Oxfordshire in terms of uptake.

Childhood immunisation rates were lower than average for many vaccines. Four out of the five childhood child immunisations at 24 months were significantly below average. Four of the ten indicators at five years old were significantly below average. Overall, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 99% (CCG 93%) and five year olds from 85% to 99% (CCG 95%).

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 14 patient Care Quality Commission comment cards we received were highly positive feedback about the service experienced, although two negative comments were also feedback alongside positive comments. There were no themes to these comments. Patients said they felt the practice offered an excellent and caring service. They reported staff were helpful and treated them with dignity and respect. Patients specifically noted how they rated the care and treatment they received very highly. We spoke with a patient participation group (PPG) member and they told us the service provided a caring service and they were respected by the staff and partners. We spoke with a patient who was very complimentary about the services they received. They told us staff always took time and listened to them during consultations.

Results from the national GP patient survey showed patients felt they were generally treated with compassion, dignity and respect. The practice was slightly below average for most satisfaction scores on consultations with GPs, but higher for nurses. The most recent results showed:

- 86% of patients said their GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 93% 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%

- 86% 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% national average of 85%.
- 95% of patients said the last nurse they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

These findings were not reflected in the comment cards and verbal feedback we received. Patients reported to us that they had positive experiences in consultations with GPs, particularly the caring nature of staff and their ability to listen. The practice had undertaken its own survey and identified some areas of improvement. The survey did not cover areas such as whether patients felt listened to or had enough time during inspections.

### 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 on CQC comment cards. 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. 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 compared to the national and local averages:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85% and CCG average of 84%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the national average of 90% and CCG average of 91%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

### **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 233 patients as carers 2% of the practice list.

The practice manager told us GPs contacted relatives soon after patient bereavements and if appropriate again in three months and a year on from the bereavement.

# 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 its services accordingly. For example:

- There were longer appointments available for vulnerable patients including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A care navigator which was part of a local GP federation venture was used by the practice to assist patients with complex needs including social problems. There had been 33 referrals to this service.
- Patients were able to receive travel vaccinations.
- Nurse home visits were offered for patients who needed long term condition reviews but who found it difficult to attend the practice.
- There was a dedicated seating area for smaller children
- The practice registered patients from two Oxford University colleges and had a lead GP responsible for managing and planning services for students
- A hearing loop and translation services were available.
- The building was modern and accessible for patients with limited mobility or disabled patients.
- There were disabled toilets, baby changing facilities and breast feeding area.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Between 8am and 8.30am the practice was supported by an external service to ensure patients could access support if they required. There were extended hours appointments on Tuesdays from 6:30pm to 7:30pm and Saturdays from 8:30am to 11:30am.

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

- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 89% and national average of 85%.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 95% found it easy to contact the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 90% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 75% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 59%.

Feedback from comment cards and patients we spoke with showed patients were able to get appointments when they needed them. There were 1751 patients registered for online appointment booking (16%).

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.

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. This included support from an external home visiting service. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at several complaints received in the last 12 months and there was a process for assessing and investigating the complaint. They were satisfactorily handled, dealt with in a timely way and that patients received a response with an outcome. For example, we saw

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

a complaint regarding correspondence being sent to a wrong address. The cause of this was identified, an apology was offered and where the systems used for mailing patients needed altering this took place.

# 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 staff shared a clear vision to deliver a high standard of patient care.

- There was an ethos of patient centred care at the practice and this was reflected in discussions with staff.
- The practice was undertaking a comprehensive review of its processes including all staff at an away day planned in 2016. This included an external facilitator to provide an objective review of the operation of the practice.

### Governance arrangements

- The practice had a governance framework which supported the delivery of the strategy and good quality care. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- 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.
- Most risks to patients were assessed and managed. However, risks regarding fridge monitoring and the storage of liquid nitrogen were identified.
- There was poor uptake in some child immunisations. Poor uptake in breast cancer screening had been identified and the practice contacted patients who did not attend when requested.

### Leadership and culture

The partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure quality care. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff felt included in the running of the practice.

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). 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 and we saw relevant minutes.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, 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 via its large patient participation group (PPG) of 68 members. The PPG reviewed patient feedback to identify and propose improvements. For example, the PPG had been involved in reviewing and improving the waiting area, including the purchase of an electronic screen with health messages and patient information. The partners and practice manager engaged closely with the PPG and attended meetings.
- The practice undertook the friends and family test and the data from August 2015 to July 2016 showed 92% of patients were likely or very likely to recommend the practice (likely was 14% of patients and extremely likely was 78% of patients).

# 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 appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with

colleagues and management

## Continuous improvement

- The practice was undertaking a comprehensive review of its processes including all staff at an away day planned in 2016. This included an external facilitator to provide an objective review of the operation of the practice.
- Staff told us they were provided with training, including some training they identified, which benefitted services provided by the practice.
- There was evidence of continuous improvement to clinical care through audit. For example, reducing anti-biotic prescribing when this was found to be higher than average.
- Patient feedback was considered and used to identify and make improvements. For example, there was feedback regarding difficulty in patients being able to attend PPG meetings. Therefore the practice was setting up a virtual PPG through which patients could be consulted via electronic communication.

This section is primarily information for the provider

## 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment
Maternity and midwifery services	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment
Surgical procedures	The provider was not fully managing all risks to the health and safety of service users. Specifically risks related to medicines management and the storage of liquid nitrogen.
Treatment of disease, disorder or injury	This was in breach of Regulation 12 Good governance (1)(2)(a)(b)(d)