

King Edward Street Medical Practice

Quality Report

King Edward Street Medical Practice, 9 King Edward Street, Oxford, Oxfordshire
OX1 4JA

Tel: 01865242657

Website: www.kingedwardst.nhs.uk

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 King Edward Street Medical Practice on 14 November 2016. Overall the practice is rated as requires improvement. Specifically requirements were required in providing safe, effective and well led services. Our key findings were as follows:

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

- There was a system in place for reporting and recording significant events and for learning to be circulated to staff and changes implemented where required. Reviews of complaints, incidents and other learning events were thorough.
- Risks to patients were not all assessed and well managed. Fire risks were not fully identified and mitigated.
- Staff assessed patients' ongoing needs and when they delivered care to patients it was in line with current evidence based guidance.
- The practice was performing above average on most clinical outcomes in terms of national data.
- There was low exception reporting of patients indicating that the practice was reluctant not to include patients in their data even if they did not attend for health reviews.
- Reviews of patients on repeat medicines were not always recorded properly to ensure this system was monitored properly. This was mainly caused by a recent transition to a new patient record system but the need to prioritise monitoring of certain patient groups, such as on high risk medicines, not been identified as an area for improvement.
- The practice planned its services based on the needs and demographic of its patient population, particularly students from Oxford colleges.
- The building was a converted Victorian house and was leased meaning alterations to the building were difficult. However, there was limited risk assessment on the means of access by prams, those with limited mobility or wheelchair users.
- Patients' feedback suggested they felt well cared for and supported.

Summary of findings

- Staff were trained in order to provide them with the skills, knowledge and experience to deliver effective care and treatment. Training was used to improve the service where possible.
- The planning of care for vulnerable groups such as patients with mental health problems, dementia and complex health needs enabled responsive care. However, there was a risk due to the lack of planning in the care for patients with learning disabilities.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- All patients deemed at high risk of admission to hospital had a home visit planned within three days of any admission to hospital, or if more appropriate, a phone call. This was supported by the fact the patient record system enabled quick information sharing with external services.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patient feedback on the appointment system was highly positive and where feedback showed improvements could be made this was acted upon.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was an ethos of continuous learning and improvement.

- There was a business plan underway to improve the service which had been implemented following the formation of the new partnership in 2015.

Areas the provide must make improvements are:

- Improve the monitoring of patient care and welfare to ensure care is delivered safely and improvements are made where necessary. Specifically to ensure that that care policies and protocols are followed, improve the monitoring and recording of medicine reviews and the monitoring and care of patients with learning disabilities. Monitor the system for flagging of patients on the record system to enable identification of individual needs to staff.
- Assess, monitor and mitigate risks relating to the health, safety and welfare of patients related to the premises and medicines management.

Areas the provide should make improvements are:

- Consider implementing a hearing loop.
- Review the use of the consent protocol.
- Identify a means of improving breast cancer screening uptake.

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.

- Risks to patients were not always assessed and well managed. There were no full risk assessments for fire or physical access to the building despite there being potential hazards to patients with limited mobility, wheelchairs, prams or buggies.
- Medicines stored within the practice were not always managed in line with national guidance.
- 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.
- Equipment was checked and calibrated.
- There were health and safety policies in place.

Requires improvement



Are services effective?

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

- The practice was not monitoring medicine reviews appropriately to ensure that patients always received timely reviews of their medicines.
- There was not process to ensure learning disability physical health checks were undertaken, despite very low number of patients on the register.
- Breast cancer screening rates were low.
- Although we saw consent was always sought from patients, the practice's written consent protocol was not always followed.
- The most recent published national care data results from 2015/16 showed 99% of the total number of points available compared to the clinical commissioning group (CCG) average of 98% and national average of 95%. The practice has a rate of 4.5% exception reporting compared to the national average of 10% and regional average of 10%. This indicated patients with long term conditions received care in line with national guidelines.

Requires improvement



Summary of findings

- There was a broad range of clinical audits which demonstrated quality improvement.
- There was an ethos of staff development and training. They had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patient feedback from 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified. For example:
- The practice altered the appointment system to meet the needs of their patients. For example, the timings for nurse appointments were altered to enable after school appointments between 3pm and 5pm.
- There was regular liaison between clinical staff and Oxford college nurses, with students' permission, in order to support students in college.
- There were links with the welfare teams in Oxford colleges, including attendance at welfare meetings, student induction sessions and exam preparation sessions.
- Practice staff attended Oxford colleges in October to provide information on registering at a GP practice and provide health advice and support.
- A pathway to refer patients for contraceptive implants and coils to another local GP practice was organised to enable local access and a shorter wait time than referral to a family planning clinic.

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 requires improvement for being well-led.

- Monitoring of clinical care and patient outcomes did not always ensure improvements were made where necessary. Specifically the recording and monitoring of medicine reviews and recording of patient information on the patient record system.
- The practice had a clear vision and staff were clear about the vision and their responsibilities in relation to it.
- The partners took over the practice 18 months prior to the inspection. They and the practice manager identified a number of areas which required improvement and developed a business plan. This included improvements to the premises and the planning and recording of care.
- There was ongoing negotiation with the practice's landlord regarding a proposed move of premises in approximately three years and what the practice would require from new premises.
- There was an open culture and all staff groups were committed to the need of the patient population.
- 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.
- Some risks were not assessed and well managed.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff so that appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and the partners and practice manager were involved in it.
- There was a strong ethos of continuous improvement and learning. Staff were encouraged to undertake training and new roles where they wished to.

Requires improvement



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 requires improvement for the care of older people.

- The provider was rated as requires improvement for safety, effectiveness and for being well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice
- There was a lack of monitoring risks related to fire safety and physical access to the building.
- There was not appropriate monitoring of medicine reviews.
- Breast cancer screening rates were low.
- The practice offered proactive, personalised care to meet the needs of the high proportion of older people in its population.
- GPs offered personalised care to patients in care and nursing homes.
- The premises were accessible for patients with limited mobility.
- The system for monitoring medicine reviews did not ensure they were always done when required.
- There was not a full risk assessment for physical access to the building despite there being potential hazards to patients with limited mobility and wheelchairs.
- Patients over 75 had a named GP to maintain continuity of care.
- Care planning was provided for patients with dementia.
- If a patient was assessed as high risk of a hospital admission they were provided with a care plan and if they were admitted to hospital, the practice organised a home visit on most occasions within three days of a patient's discharge or a phone call if more appropriate.
- Home visits were provided where patients found it difficult to attend the practice.

Requires improvement



People with long term conditions

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

- The provider was rated as requires improvement for safety, effectiveness and for being well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice
- There was not appropriate monitoring of medicine reviews.

Requires improvement



Summary of findings

- Breast cancer screening rates were low.
- Nursing staff had lead roles in chronic disease management and had appropriate training.
- Patients at risk of hospital admission were identified as a priority.
- The most recent published results showed the practice was performing well compared to national averages and local averages.
- 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.

Families, children and young people

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

- The provider was rated as requires improvement for safety, effectiveness and for being well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice
- There was a lack of monitoring risks related to fire safety and physical access to the building.
- There was not appropriate monitoring of medicine reviews.
- 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.
- There was not a full risk assessment for physical access to the building despite there being potential hazards to patients with prams and buggies.
- The practice's uptake for the cervical screening programme was 82%, which was similar to the national average of 82%.
- Immunisation rates were similar to average for all standard childhood immunisations.
- Staff explained how they treated children and young people in an age-appropriate way including recognition of their rights to access treatment.
- We saw positive examples of joint working with midwives and health visitors.
- Joint working with external organisations took place in the management of children at risk of abuse.

Requires improvement



Summary of findings

- A pathway to refer patients for contraceptive implants and coils to another local GP surgery was organised due to the inability for this to be provided at the practice. Organising this service through the practice enabled local access and a shorter wait than referral to a family planning clinic.
- The practice provided staff with guidance on female genital mutilation and how to report and respond to any instances or risks of this occurring.

Working age people (including those recently retired and students)

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

- The provider was rated as requires improvement for safety, effectiveness and for being well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice
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- The needs of the working age population, those recently retired and students had been considered and the practice had adjusted the services it offered enable continuity of care.
- Patients' feedback on the appointment was higher than the national and local GP survey averages.
- The practice responded to long waiting times by implementing more breaks between GP appointments.
- Extended hours appointments were available two mornings a week.
- There was regular liaison between clinical staff and Oxford college nurses, with students' permission, in order to support students in college. There were links with the welfare teams in Oxford colleges, including attendance at welfare meetings, student induction sessions and exam preparation sessions.
- Practice staff attended Oxford colleges in October to provide information on the registering at a GP practice and provide health advice and support.
- Students were actively recruited onto the PPG
- The practice was proactive in offering online services
- A full range of health promotion and screening was available that reflects the needs for this age group.
- Travel vaccinations were available both privately and on the NHS.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

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

- The provider was rated as requires improvement for safety, effectiveness and for being well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice
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- There was not appropriate monitoring of medicine reviews.
- Patients with learning disabilities were not offered annual health checks or a means of undertaken these via alternative services.
- The practice held a register of patients living in vulnerable circumstances including patients with dementia and learning disabilities.
- The practice offered longer appointments for vulnerable patients.
- A temporary registration process was available to patients who may be in the area for a short period of time and who needed to see a GP.
- Patients with no fixed address could register at the practice if needed and homeless patients could be referred to a local specialist GP service.
- 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.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

- The provider was rated as requires improvement for safety, effectiveness and for being well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice

Requires improvement



Summary of findings

- There was not appropriate monitoring of medicine reviews.
- Performance for mental health related indicators in 2016 was 100% compared to the national average 93% and regional average of 96%.
- The proportion of patients on mental health register with an up to date care plan was 93% 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.
- Ten eligible patients were offered dementia screening in the last year. Of those two had diagnoses of dementia. There were 11 patients on the dementia register. This number reflected the low proportion of elderly patients registered at the practice.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

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. Of 366 survey forms that were distributed and 96 were returned. This represented 2% of the practice's patient list.

- 96% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 90%.
- 88% 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 29 patient Care Quality Commission comment cards. All of the cards contained positive feedback about the practice. There were two which also contained minor negative comments about the appointments system. Comment cards noted how well supported patients felt by all staff. We spoke with two patients and a member of the patient participation group (PPG). They were all very positive about the service provided by the practice and the caring nature of staff.

The practice undertook the friends and family test. Figures from 2016 showed 16 out of 17 patients were highly likely to recommend the practice.

King Edward Street Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector accompanied by a GP specialist adviser.

Background to King Edward Street Medical Practice

We undertook an inspection of this practice on 14 November 2016. The practice provides services from: King Edward Street Medical Practice, 9 King Edward Street, Oxford, Oxfordshire, OX1 4JA

King Edward Street Medical Practice is located in a converted Victorian building. There were consultation rooms on two floors and a stair lift to support patients with limited mobility. There was not an appropriate assessment or mitigating action regarding the risks of accessing the premises via the front door, or for patients with limited mobility who choose to use the stairs.

The partners took over the practice 18 months prior to the inspection. They and the practice manager identified a number of areas which required improvement and developed a business plan. This included improvements to the premises and the planning and recording of care. For example, the practice had moved to a new record system to improve the monitoring and recording of care. Although the new system was in place, it was not yet embedded. Improvements to the premises included a new fire alarm system.

The practice had considered the demands on its premises and the need to invest in improvements. They were currently in discussion with their landlord regarding a potential move to other premises located nearby.

The practice is contracted with NHS England to provide a General Medical Services (GMS) to the patients registered with the practice. The practice serves 5,056 patients from Oxford with a large proportion of these being students studying at Oxford colleges. The practice demographics show that the population has a much higher prevalence of patients between 15 and 30 years old compared to the national average and a significantly lower prevalence of children and patients over 40. The student population included patients from abroad for some of whom English was not their first language. National data suggested there was minimal deprivation across the local population. 32% of patients registered have a health condition compared to the national average of 54%.

- There are one male and three female GPs working at the practice. There are two nurses. A number of administrative staff and a practice manager support the clinical team.
- There are 1.85 whole time equivalent (WTE) GPs and 0.8 WTE nurses. King Edward Street Medical Practice is open between 8.00am and 6.30pm Monday to Friday. There are extended hours appointments available two mornings a week from 7am.
- 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 provided placements for medical students.

The practice had not been previously inspected by CQC.

Detailed findings

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.

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 14 November 2016. During our visit we:

- Spoke with a range of staff, including two GPs, one member of the nursing team and support staff based at the practice, including the practice manager.
- 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, 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. Incidents were discussed in meetings initially to identify any learning or changes to practice and then reported to staff via minutes, one to one meetings or staff meetings. Significant events were then revisited every to ensure learning was embedded in practice.
- 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, an incorrect dose of a medicine had been given to a patient. This was identified immediately and advice sought from a specialist. Although the correct dose was recorded in the patient's notes the practice recognised the system for administering medicines that were infrequently administered within practices, could be improved. Any patients who had specific medicines delivered into the practice had these entered onto a new log with specific doses, so that any staff would refer to the log before administering them.

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. 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. GPs were trained to child protection or child safeguarding level three and received appropriate adult

safeguarding training. Nurses received level two child safeguarding training. GPs attended multidisciplinary team meetings to discuss vulnerable patients and also provided information to case conferences where required. There was a lead GP on female genital mutilation (FGM) and staff had been provided with appropriate awareness. Any patients with a history of FGM were recorded on the system for clinicians to be aware. Safeguarding meetings for vulnerable adults and children were attended by GPs. There was an alert on the patient record system to alert staff to any children deemed at risk of abuse or harm. However, when we looked at a sample of children, not all were appropriately flagged. The partners explained this was due to the recent transition of record systems.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained 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). There was a supporting policy for chaperones.
- 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 and we saw the last audit was undertaken in December 2015. This identified hand hygiene awareness needed improving. The infection control lead informed us of the training provided and a hand hygiene audit was undertaken. All staff received relevant infection control training. This included training for reception staff on the handling of specimens handed in by patients at reception. Checks of cleanliness were undertaken and regular conversations with the cleaners took place where improvements were required. There was an infection control protocol in place. This included a sharps injury protocol (needle stick injury). This was available to staff. Clinical waste was stored appropriately. Appropriate sharps containers were used and removed before becoming overfull. Privacy curtains were used and cleaned periodically.
- Medicines were managed safely. We checked medicine fridges and found fridges were monitored to ensure temperatures were within recommended levels for storing vaccines and other medicines. One domestic

Are services safe?

fridge was used to store vaccines awaiting storage in the main medicine fridges, as a means of maintaining the cold chain. This was also a specimen fridge and specimens were bagged and stored away from the vaccines. However, this is not recognised as good practice by Public Health England. Records showed fridges were within recommended levels. Nursing staff received training and had access to necessary information on administering vaccines.

- Blank prescription forms were not logged out of storage when placed into printers. This would make it difficult to identify the serial numbers of any scripts that went missing. The practice had put a prescription log in place by the day after the inspection. The scripts were locked away safely and rooms where printers were located were locked when not in use.
- We saw that medicines stored onsite were within expiry dates and stored properly.
- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- A stock of controlled drugs were stored securely on the premises. These were locked in a secure cabinet and a register of the medicines was kept. This included regular checks of the medicines which was countersigned.
- We reviewed four personnel files and looked at a log of staff recruitment and background checks. We 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. This ensured that staff were fit to work with patients.

Monitoring risks to patients

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

- The premises were situated in a Victorian building. There were steps at the front of the building to access the reception area. Removable ramps had been purchased but users of wheel chairs and prams would still have difficulty accessing the practice due to the positioning and pitch of these ramps. Staff informed us they would usually help lift buggies and prams over the steps. However, patients who would need assistance were not always flagged on the record system to alert

reception or other staff to patients who may need assistance, although there was a doorbell which the patient could ring to summon help. No full assessment had been undertaken on the premises to determine whether any alterations which could be made had been to ensure disabled accessibility was as safe as possible.

- There were health and safety related policies available. Staff had received relevant training 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.
- There was a legionella risk assessment in place and legionella testing undertaken on all water outlets to identify any risk of legionella occurring (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Regular temperature checks took place.
- Staff at the practice had received fire training. There was no comprehensive fire risk assessment in place for the premises. There was an assessment of potential ignition sources and the practice had identified a risk of timely fire detection and so installed a fire alarm system. However, no risk assessment to determine whether the premises could be evacuated in a timely way or whether there were appropriate measures to reduce the spread of fire had been undertaken. Fire drills and alarm testing were undertaken.
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was calibrated to ensure it was working properly. There was a gas safety certificate.
- There were sufficient staff to provide care and ensure services provided were delivered by appropriate clinical staff.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. For example:

- The practice had an automated external defibrillator and clinical staff received training in how to use this. Oxygen was stored onsite and this was checked regularly to ensure it was working and well stocked.
- There were emergency medicines onsite and these were available to staff. These were within expiry dates. Some medicines were stored in a drug cupboard with ease of access to the key required and some medicines were

Are services safe?

stored on a trolley with emergency equipment. The use of the trolley enabled the equipment and drugs to be pulled up stairs and easily wheeled around the ground floor and externally, if required.

- However, there was no medicine to treat hypoglycaemia. A medicine was purchased and in place within 48 hours.

- Staff had received basic life support training.
- 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.
- Training was provided to nursing staff to enable them to assess and plan care for patients with long term conditions.
- The practice had implemented a new computerised patient record system within the last four months. This was aimed at improving the planning and monitoring of patient care. This had highlighted areas where the coding and recording of patient notes needed improving and the practice had an ongoing plan to improve this.

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 2015/16 showed 99% of the total number of points available compared to the clinical commissioning group (CCG) average of 98% and national average of 95%. The practice has a rate of 4.5% exception reporting compared to the national average of 10% 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 that patients received care and treatment in line with national guidance wherever possible and that care outcomes were higher than the national average.

Data from 2015 showed:

- In 2016 performance for diabetes related indicators was 100% compared to the national average of 90% and regional average of 95%. Diabetes exception reporting was low compared to the CCG average.

Performance for mental health related indicators in 2016 was 100% compared to the national average 93% and regional average of 96%. of patients on mental health register with an up to date care plan was 93% 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. The practice had undertaken seven audits in several clinical areas in 2016. We saw clinical audits undertaken by staff at the practice had been repeated and identified improvements in care.
- For example, there was an audit into the use of an anti-depressant which was aimed at ensuring all relevant patients received timely medicine reviews and where necessary had specific medicine stopped or changed. This led to 342 patients being reviewed and 68 prescriptions were deactivated. In addition there was a protocol created for the prescribing of anti-depressants to improve the safe prescribing of these.

Findings were used by the practice to improve some aspects of care. For example, patients at risk of diabetes were identified through testing and noted as pre-diabetic. This enabled the practice to monitor these patients and provide lifestyle advice. An audit was undertaken in 2015 and repeated in 2016 to review pre diabetic patients to ensure they were followed up. This ensured any new diabetics were identified as soon as possible and appropriate intervention was in place for anyone remaining in the pre-diabetic range. Of 20 patients 11 had seen their pre-diabetes indicators reduce to the extent they were no longer pre-diabetic due to lifestyle advice from the practice being adhered to. One patient was diagnosed with diabetes and due to the early detection received timely care planning.

The monitoring of medicine reviews required improvement to ensure patients were receiving their medicines safely. The practice identified prior to the inspection from the patient record system that 31% of patients on less than four repeat medicines and 63% of patients on four or more

Are services effective?

(for example, treatment is effective)

medicines had up to date medicine reviews. We looked at five patients on repeat medicines and saw that all of them had up to date medicine reviews, but this had not been recorded properly on the new record system since the recent transition of patient record systems. We also reviewed patients on a potentially high risk medicine. Health checks were being undertaken but the full medicine reviews were out of date for three out of five patients we reviewed. The lack of proper recording on the record system caused difficulty in monitoring medicine reviews. There were medicine audits to be undertaken by March 2017 and these were designed to highlight patients who needed improved coding on the system.

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 programme of training.
- Training was used to identify improvement to practice. For example, a practice nurse attended spirometry (a device used to assess patients with respiratory conditions) training. This identified to the nurse that the infrequent use of spirometry at the practice and the lack of up to date equipment, meant that referring patients to another local practice provided better assessment of their needs. This was endorsed and implemented by the partners.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- 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.
- The computer system used enabled quick transfer of information from out of hours services to the GPs.

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. Care plans were linked to the patient record system which enabled some information to be automatically added to care plans when patients' needs or assessments changed. There was a list of 88 patients deemed at risk of unplanned admissions and 87 had a care plan in place. If one of these patients was admitted to hospital the practice organised a home visit on most occasions within three days of a patient's discharge or a phone call if more appropriate.

Consent to care and treatment

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

- GPs and nurses 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 policy for obtaining written consent and we saw written consent was obtained for particular procedures. However, the policy was not followed as intended.
- There was awareness of the Gillick competency (obtaining consent from patients under 16) and supporting guidance in consent policies.

Are services effective?

(for example, treatment is effective)

- There were processes for obtaining consent from patients either verbally or in writing where necessary.

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 five patients receiving end of life care and three had care plans.
- 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 273 smokers listed on the register and 246 had been offered stop smoking advice. Of those three were recorded as stopping smoking.

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

Ten eligible patients were offered dementia screening in the last year. Of those two had diagnoses of dementia. There were 11 patients on the dementia register. This number reflected the low proportion of elderly patients registered at the practice.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Of those eligible 53% had undertaken bowel cancer screening compared to the national average of 59%. Of those eligible 58% of had attended breast cancer screening within six months of being invited, compared to the national average of 73%.

The practice did not offer annual health checks to patients with a learning disability. There were three patients on the register and the practice had not planned how to deliver the health checks. A GP was aware of all three patients and their personal circumstances.

NHS Health checks were offered to patients and 245 of those eligible had received one in the last five years.

The practice offered chlamydia screening to its patients and 4.4% of those eligible had undertaken a test.

Childhood immunisation rates for the vaccinations were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% (CCG 93%) and five year olds from 83% to 100% (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.

We received 29 patient Care Quality Commission comment cards. All of the cards contained positive feedback about the practice. There were two which also contained minor negative comments about the appointments system. We spoke to two patients and one member of patient participation group (PPG). They were all very positive about the service provided by the practice and the caring nature of staff. Comment cards noted how well supported patients felt by all staff.

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

- 95% 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%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% 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%
- 94% 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%.

- 99% 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%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received 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:

- 93% 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%.
- 93% 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 88%.
- 97% 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:

- 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

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 46 patients as carers which was 1% of the practice list. There was information provided to carers which was obtained from local carers' support groups.

The practice manager told us GPs contacted relatives soon after patient bereavements if they felt this was appropriate. We were informed that GPs attended some patients' funerals where this was deemed appropriate. Bereavement support was also available.

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:

- The practice altered the appointment system to meet the needs of their patients. This was constantly reviewed and changes made where necessary. For example, the timings for nurse appointments were altered to enable after school appointments between 3pm and 5pm.
- There was regular liaison between clinical staff and Oxford college nurses, with students' permission, in order to support students in college. There were links with the welfare teams in Oxford colleges, including attendance at welfare meetings, student induction sessions and exam preparation sessions.
- Practice staff attended Oxford colleges in October to provide information on the registering at a GP practice and provide health advice and support.
- A pathway to refer patients for contraceptive implants and coils to another local GP practice was organised as the practice was unable to provide this service. Organising this service through the practice enabled local access and a shorter wait time than referral to a family planning clinic.
- There was the ability to book ground floor appointments for patients with limited mobility. However, patients with limited mobility were not flagged on the record system to enable this to happen. There was a stair lift to support patients who found it difficult to use the stairs.
- 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.
- There was no hearing loop. A loop is potentially useful for patients with limited hearing.
- Travel vaccines and advice were available
- There were disabled toilet facilities on the first floor.
- Private breast feeding and baby change facilities were available.

Access to the service

King Edward Street Medical Practice was open between 8.00am and 6.30pm Monday to Friday. There were extended hours two mornings a week from 7am.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher compared to local and national averages. For example:

- 100% found it easy to contact the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 96% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 86% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 59%.
- 96% 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%.
- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.

A total of 170 patients were registered for online appointments. Patients could also request repeat prescriptions online.

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. 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.

Are services responsive to people's needs?

(for example, to feedback?)

- 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, the one complaint from 2016 was a patient who was upset after seeing different members of staff for their care needs. This complaint was discussed at a meeting and the patient received a letter which resolved the complaint to their satisfaction.

Are services well-led?

Requires improvement 

(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 and patient feedback suggested it was reflected in care delivery.
- The partners took over the practice 18 months prior to the inspection. They and the practice manager identified a number of areas which required improvement and developed a business plan. This included improvements to the premises and the planning and recording of care. For example, the practice had moved to a new computerised record system to improve the monitoring and recording of care. Although the new system was in place, it was not yet embedded. Improvements to the premises included a new fire alarm system.

The practice had considered the demands on its premises and the need to invest in improvements. They were currently in discussion with their landlord regarding a potential move to other premises located nearby.

Governance arrangements

The practice had a governance framework which supported the delivery of its strategy. Although this had undergone improvements within the last 18 months, there were still areas where governance was not fully effective.

- Risks to patients were not always assessed and well managed. The risks associated with physical access and fire had not been identified and mitigated. Medicines review data had not prompted additional monitoring such as audit or patient record searches, to drive further improvements in the system for recording these reviews.
- A broad programme of continuous clinical and internal audit demonstrated improvements in care and reflected national guidance.
- Where the system of clinical governance identified improvements these were planned and implemented. For example, improving the access to contraceptive implants via referral to a local GP practice rather than a family planning clinic.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff had been involved in developing and implementing the changes to the practice.
- Practice specific policies were available to all staff. These were regularly updated and provided specific information on providing safe and effective services.

Leadership and culture

The partners and manager demonstrated they had the experience, capacity and capability to run the practice. Staff told us the leadership team was approachable and always took the time to listen to all members of staff. The nursing team was enabled to undertake training they requested and partners proactively encouraged the nursing team to implement learning in care protocols and policies.

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

Are services well-led?

Requires improvement 

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

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 patient participation group (PPG). The PPG was very involved in the running of the practice. They reviewed the practice's own patient survey and compared the results from 2016 to 2015. Where any improvements were identified they made an action plan with the practice. For example, they were working with the practice to improve the website.

The practice undertook the friends and family test. Figures from 2016 showed 16 out of 17 patients were highly likely to recommend the practice.

Continuous improvement

- The partners reviewed patient feedback to improve the service. For example, there was feedback from patients regarding long waiting times past allotted appointments. The practice worked with the PPG to implement more breaks during GP sessions to enable catch up time between seeing patients and reduce their waits.
- The nursing team was able to undertake training they requested and partners proactively encouraged the nursing team to implement learning in care protocols and policies. For example, following a spirometry course a nurse proposed referring patients to another practice for spirometry to ensure better access to equipment and expertise. This was endorsed by the partners and will be reviewed in March 2017.

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 Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. The provider did not always assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Specifically they were not assessing whether the premises were safe to use for their intended purpose. There were not appropriate risk assessments and related actions to mitigate risk related to fire. The monitoring of medicines management and medicine reviews was not fully effective. The risks to the health and welfare of patients with learning were not fully assessed and managed.</p> <p>This was in breach of Regulation 17 Good Governance(1)(2)</p>