

Summertown Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Summertown Health Centre on 13 July 2016. Overall the practice is rated as good.

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

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

Summary of findings

- Patient registers were used to identify patients who might require flexible access to appointments or longer appointments.
- Leaders at the practice identified that development of staff skills, competence and knowledge was integral to delivery of high quality care.
- The practice worked with a care navigator and with local drug and alcohol services to meet the needs of patients with complex medical and social requirements.
- Services were delivered flexibly to provide clinics at local university colleges and boarding schools. There was close liaison with school and university college nurses.

We saw areas of outstanding practice,

- The practice had recently responded to a request from the local hospital to act as medical officers for a summer school for people learning English. The hospital asked for this cover to reduce the number of foreign language students attending A & E.

- The local drug and alcohol service held a weekly clinic at the practice. This aided close working between this specialist service and the GPs and provided patients with a service close to their home. The GPs were responsible for shared care agreements with this service for patients prescribed heroin substitutes.
- One of the GPs provided specialist Dermatology services which reduced the number of referrals to hospital and lengthy visits to outpatient departments.

The areas where the provider should make improvement are:

- Review provision of access to the main surgery premises for patients with mobility problems if the project to build new premises does not go ahead.
- Ensure the defibrillator is installed and commissioned at the Wolvercote branch surgery.
- Consider means of encouraging eligible patients to attend for breast screening.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. There were examples of close working with other agencies to identify and support patients who had been subject to abuse.
- Risks to patients were assessed and well managed.
- Significant events and near misses were robustly reviewed to identify trends or themes and action taken to address such trends to avoid recurrence.
- The safety of patients was a top priority for the practice team. All staff felt confident to report any concerns they had about the safety of patients.
- Medicines were held securely and there were safe systems in place for prescribing.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- One of the GPs at the practice was responsible for ensuring clinical guidelines were current. They led the local 'hot tips' forum to keep GPs up to date with clinical advances and best practice.
- Clinical protocols covered a wide range of topics and were embedded in the practice procedures. These contributed to delivery of consistent care for patients.

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.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was close working with a local care navigator to support the needs of vulnerable patients, the elderly and avoid hospital admissions.

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 and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice hosted a care navigator who worked for the local GP federation.
- Patients said they found it easy to make an appointment. Generally there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had recently responded to a request from the local hospital to act as medical officers for a summer school for people learning English. The hospital asked for this cover to reduce the number of foreign language students attending A & E.

Summary of findings

- The practice held a vulnerable patient register of 83 patients. The patient records for these patients held an alert which enable reception staff to identify the need for an urgent appointment, a longer appointment or an immediate home visit.
- The local drug and alcohol service held a weekly clinic at the practice. This aided close working between this specialist service and the GPs and provided patients with a service close to their home. The GPs were responsible for shared care agreements with this service for patients prescribed heroin substitutes.
- The practice held registers of patients living with dementia and those with mental health problems. These enabled reception staff to identify patients who may have needed flexible access to appointments or longer appointments.

Are services well-led?

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

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

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- 100% of patients aged over 75 years with a fragility fracture were prescribed bone sparing medication compared to the CCG average of 92% and national average of 93%.
- GPs undertook regular visits to 28 patients registered at three local care homes.
- The practice worked with a care navigator, who was based at the practice. There were examples of the care navigator organising aids and adaptations to patient's homes when these assisted with daily living for this patient group.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved 100% of the diabetes clinical indicators which was better than the CCG average of 94% and national average of 89%.
- Longer appointments and home visits were available when needed.
- The practice worked with respiratory nurses who were able to offer home visits to carry out annual reviews for patients with COPD (lung disease).
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 97%, which was above the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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.
- 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.
- The GPs and nurses worked closely with college nurses at the local university to provide coordinated care for students.
- New university students received assistance to register with the practice and were given a wide range of health promotion advice at the time of registering. Any missed immunisations were brought up to date during the registration process.
- Extended hours clinics were offered on a Monday morning, Wednesday evening and every Saturday between 8.30am and 10.30am for patients who found difficulty in attending appointments during working hours.
- Telephone consultations were available.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability. The registers were used to inform reception staff that these patients may require flexible access to appointments or longer appointments.
- The practice offered longer appointments for patients 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.
- 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.
- Over 70% of patients diagnosed with a learning disability had a care plan agreed and had an annual health check-up.

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).

- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the clinical commissioning group (CCG) average of 85% and the national average of 84%.
- 96% of patients diagnosed with a severe and enduring mental health problem had their alcohol consumption recorded in their records compared to the CCG average of 89% and national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

- The local drug and alcohol service held a weekly clinic at the practice. This aided close working between this specialist service and the GPs and provided patients with a service close to their home. The GPs were responsible for shared care agreements with this service for patients prescribed heroin substitutes.
- The practice dementia and mental health registers were used to identify patients who required flexible access to appointments or longer appointments.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 12 July 2016. The results were from questionnaires completed between July and September 2015 and January to March 2016. There were 352 survey forms distributed and 128 were returned. This represented 0.8% of the practice's patient list. This feedback showed the practice was performing in line with local and national averages. In some areas the practice was performing better than these averages.

- 80% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 84% and the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and the national average of 85%.

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Patients commented that all staff were caring, kind and supportive.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We reviewed the results of the friends and family recommendation test that had been completed by 91 patients in the last year. The results showed 94% said they were either likely or very likely to recommend the practice to others.

Areas for improvement

Action the service **SHOULD** take to improve

- Review provision of access to the main surgery premises for patients with mobility problems if the project to build new premises does not go ahead.
- Ensure the defibrillator is installed and commissioned at the Wolvercote branch surgery.
- Consider means of encouraging eligible patients to attend for breast screening.

Outstanding practice

- The practice had recently responded to a request from the local hospital to act as medical officers for a summer school for people learning English. The hospital asked for this cover to reduce the number of foreign language students attending A & E.
- The local drug and alcohol service held a weekly clinic at the practice. This aided close working between this specialist service and the GPs and provided patients with a service close to their home. The GPs were responsible for shared care agreements with this service for patients prescribed heroin substitutes.
- One of the GPs provided specialist Dermatology services which reduced the number of referrals to hospital and lengthy visits to outpatients.

Summertown Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor and an Expert by Experience. Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Summertown Health Centre

Summertown Health Centre is the main surgery in the Summertown suburb of Oxford and has two branch surgeries in the villages of Wolvercote and Cutteslow on the outskirts of Oxford. The main practice is located in a three storey converted school. Both branch practices are in converted premises of single storey. The main practice is served by a number of bus routes. The branch surgeries have limited public transport access. All three sites offer disabled parking bays.

There are approximately 15,500 patients registered with the practice. Patients can be seen at any of the three practice sites. The practice has a higher than average number of patients aged under 18 and a large student population. This is because they are college doctors for five Oxford University colleges and for three local boarding schools. There are also a higher than average number of registered patients over the age of 75. Nationally reported data shows a low level of income deprivation among the practice population. However, the practice is aware of areas where income deprivation is an issue for their patients. This is most relevant among the population around the Cutteslow

Surgery. Whilst there are a large number of non- British patients registered, mostly overseas students, use of English is not a significant issue among the registered population.

There are 12 GPs working at the practice. Five are partners and seven are salaried GPs. Four are male and eight female. They make up eight whole time GPs. Five practice nurses are supported by three health care assistants and phlebotomists. The practice manager is supported by a team of administration and reception staff. The practice is accredited to provide training for qualified doctors who are seeking to become GPs. Placements are offered for medical students.

The Summertown Health Centre practice is open between 8am and 6.30pm Monday to Friday. Opening times at the branch practices varied. At Wolvercote Surgery the opening hours are: Monday 8.30am to 1pm and 2pm to 6pm, Tuesday and Wednesday 8.30am to 1pm, Thursday 8.30am to 1pm and 2pm to 4pm on Friday. Cutteslow Surgery is open from 8.30am to 1pm and 2pm to 6.30pm on a Monday, Tuesday, Wednesday and Friday. It opens from 8.30am to 6.30pm on a Thursday. Appointments are from 8.30am to 12pm and 3pm to 5.30pm daily. Extended hours appointments are offered on a Monday morning from 7am, Wednesday evening until 7.30pm and every Saturday morning between 8.30am and 10.30am.

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by Oxford Health NHS Foundation Trust and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained in the practice leaflet, on the patient website and on a recorded message when the practice was closed.

Services are provided from:

Detailed findings

Summertown Health Centre, 160 Banbury Road, Summertown, Oxford, Oxfordshire, OX2 7BS;

Wolvercote Surgery, 73 Godstow Road, Wolvercote, Oxfordshire, OX2 8PE and

Cotteslow Surgery, 9 Kendall Crescent, Cotteslow, Oxfordshire, OX2 8NE

We visited both Summertown Health Centre and Wolvercote Surgery. We did not visit Cotteslow Surgery.

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 8 October 2015. During our visit we:

- Spoke with five GPs, a registrar in training, three practice nurses and six members of the administration and reception team.

- Also spoke with 10 patients, including three members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had recorded an incident when the blood test results for a patient had been entered onto the record of another patient. The practice first identified that no breach of confidentiality had occurred. The results were redirected to the correct patient's record and followed up by a GP. As a result the practice reinforced a double check system of identifying the date of birth of patients receiving blood tests to ensure results were entered correctly.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Practice nurses were trained to either level three or at least level two. All administration staff were trained to level one. The practice had a system in place to record and follow up any safeguarding concerns. This was achieved via a safeguarding register which one of the GP partners regularly updated. There was regular liaison with health visitors and with school and college nurses to ensure safeguarding concerns were picked up quickly.

- A notice in the waiting room, and in treatment and consulting rooms, advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Both nursing and administration staff undertook chaperone duties. We spoke with two nurses and two members of the administration team about their role and they were clear in their understanding of where they should stand when undertaking chaperoning and their knowledge of the purpose of acting as a chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best

Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. He/she received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice had their previous stock of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) appropriately destroyed by the authorised officer in early 2016. At the time of inspection no controlled drugs were held. Partners were re-assessing whether there was a requirement to hold controlled drugs.
- We reviewed six 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. There was a summary record of the DBS checks for all staff and of the immunisation status of both GPs and nurses.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice ensured that the majority of administration staff were trained to undertake both reception and administrative duties. This enabled cover to be maintained for all duties during staff absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available at the health centre and at Cutteslow Surgery. However, at the time of inspection a defibrillator was not available at the Wolvercote Surgery. We discussed this with the practice. GP partners told us they had assessed the need for a defibrillator at this site and had concluded it was not required. Within 24 hours of inspection the senior GP contacted CQC to advise the practice risk assessment had been reviewed. Following this review an order was placed for a new defibrillator to be delivered to Wolvercote Surgery. We received evidence that the defibrillator was on order and staff at the Wolvercote Surgery would receive training on how to use it.
- We saw that a first aid kit and accident book were available at both the health centre and Wolvercote Surgery. We were told that these were also available at Cutteslow Surgery.
- Emergency medicines and oxygen with adult and children's masks were easily accessible to staff in a secure area at both the health centre and Wolvercote Surgery and all staff knew of their location. We checked medicines at both sites and found they were in date and stored securely. We did not visit Cutteslow Surgery during our inspection but were told these were also available at that site.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. We noted that it covered all three practice sites. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- One of the GPs was the lead GP for the local 'hot tips' group. They held responsibility for updating colleagues on new clinical guidelines and developments. These were then shared more widely within the CCG.
- Clinical guidelines were regularly reviewed and kept up to date. The practice held a wide range of clinical protocols that GPs were aware of and followed. For example there was a clear protocol for promoting the health of students. By following the protocol GPs ensured they delivered consistent advice and care to the students registered with the practice.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.9% of the total number of points available for clinical indicators. The numbers of patients that the practice made exceptions from these indicators was below the national averages in most disease groups. Where the practice had higher than average exception rates they were able to demonstrate clear rationale for these. 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 practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 identified:

- Performance for diabetes related indicators showed that 79% of patients diagnosed reached target blood pressure compared to the clinical commissioning group (CCG) average of 80% and national average of 78%.
- Performance for mental health related indicators also showed that 94% of patients diagnosed with a severe and enduring mental health problem had an agreed care plan in place. This was better than the CCG average of 89% and national average of 88%.
- Performance for COPD (a type of lung disease) indicators showed the practice had confirmed diagnosis by using a specific test for 82% of patients compared to the CCG average of 80% and national average of 81%.

There was evidence of quality improvement including clinical audit.

- There had been 16 clinical audits undertaken in the last 18 months. Six of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included, reviewing patients diagnosed with diabetes who had not achieved the recommended blood pressure target. The first audit showed 70% of patients achieved the target (there were 370 patients on the diabetes register). GPs and nurses were reminded of the benefits to patients maintaining an appropriate blood pressure and of the advice that should be given to patients. The second audit showed that the number of patients achieving target blood pressure had increased to 83%.

Information about patients' outcomes was used to make improvements. For example, during the registration of university students the practice identified that many new students were not up to date with their immunisations. Having identified this in recent years the practice made arrangements to have vaccines available at the time of registration to bring students up to date with their required immunisations.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. One of the practice nurses was nearing completion of a course to enable them to support patients with respiratory diseases.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Practice GPs undertook regular visits to patients in three local care homes. The manager of one of the homes offered a written testimonial for the practice. This

confirmed the GPs liaised with the care home staff to provide co-ordinated care for the residents and were proactive in dealing with the prescribing requirements and end of life care for patients living at the home.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice had 64 patients registered who had been diagnosed as living with dementia. Fifty nine of these patients had an agreed care plan in place. Their medical record identified them and their carers as requiring extra support.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were identified. Patients in these groups were signposted to the relevant service.
- Smoking cessation advice was available from a local support group. The practice had given advice on the benefits of stopping smoking to 98% of patients with a specific range of long term conditions. This rate of advice was better than the CCG average of 95% and

Are services effective?

(for example, treatment is effective)

national average of 96%. Practice data showed that 62 patients who smoked had attended for smoking cessation support in the last year. Of these 28 had successfully stopped smoking

The practice's uptake for the cervical screening programme was 97%, which was above the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, the practice performance for

eligible women attending for breast cancer screening was below the national average at 69% compared to 72%. The bowel screening rate for the practice was 57% compared to the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 94% compared to the CCG average of 90% to 97%. For five year olds from 86% to 97% compared to the CCG average range of 92% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

There were 26 registered patients diagnosed with a learning disability. Of these 19 had an annual health check and 18 had a care plan.

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 positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 90% 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%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the 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%.

Care planning and involvement in decisions about care and treatment

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

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

- 91% 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%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available.
- GPs and nurses accessed online information leaflets and treatment guides to support the verbal information they gave patients about their condition or proposed treatment.

Are services caring?

We saw an example of the care provided to a patient who did not wish to enter the practice, or hospital, due to their medical condition. One of the GPs helped the patient without insisting they entered the practice premises. Staff provided the patient with refreshments and a care plan was agreed with the patient to support them and avoid the need for hospital admission. The GP involved advised their colleagues of the plan and recorded it to ensure all were aware of the support the patient required.

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 210 patients as carers (1.4% of the practice list). The practice promoted registering as carer by provision of posters and leaflets. A care navigator employed by the local federation of GPs was based at the practice. The practice demonstrated that they referred newly registered carers to the care navigator. There was also evidence of carers being advised of the availability of carers breaks allowance to enable the carer respite from their caring duties. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice hosted a care navigator employed by the local federation of GPs. The care navigator assisted patients with complex needs and their carers to access services, aids and adaptations to improve their quality of life.

- The practice offered extended hours clinics early on Monday mornings, late on Wednesday evenings and every Saturday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Staff from the practice attended 'freshers week' at colleges of Oxford University. This enabled new students to register with the practice as soon as they started their university courses. The GPs were able to give advice on a variety of health topics when they met the new students. For example, on contraception, sensible alcohol consumption and smoking cessation. We were given examples of these registration sessions being used to ensure that the student's immunisations were up to date. If they were not the practice organised delivery of vaccines, in temperature controlled boxes, to the sign up clinic and administered the required immunisations at that time. This helped avoid a further appointment at the practice for the student to receive their immunisation.
- The practice had recently responded to a request from the local hospital to act as medical officers for a summer school for people learning English. The hospital asked for this cover to reduce the number of foreign language students attending A & E.
- The practice held a vulnerable patient register of 83 patients. The patient records for these patients held an alert which enable reception staff to identify the need for an urgent appointment, a longer appointment or an immediate home visit.
- The local drug and alcohol service held a weekly clinic at the practice. This aided close working between this specialist service and the GPs and provided patients with a service close to their home. The GPs were responsible for shared care agreements with this service for patients prescribed heroin substitutes.
- The practice held registers of patients living with dementia and those with mental health problems. These enabled reception staff to identify patients who may have needed flexible access to appointments or longer appointments.

However,

- Although there was ramped access to the main entrance at Summertown Health Centre automated entry doors were not available. Patients who had difficulty opening doors had to call for assistance to enter the practice. The practice had undertaken a feasibility study for the installation of automated doors. This revealed the need to undertake costly building work to realign the main entrance. The practice had deferred making a decision to undertake this work whilst they awaited the outcome of their bid to build new premises.
- At the time of inspection the practice did not have a hearing loop to assist patients who used hearing aids. A hearing loop assists these patients by tuning staff's voices into their hearing aid frequency. It helps reduce the chance of patient's not hearing advice and instructions. We discussed this with senior staff at the practice. They ordered a hearing loop before we left the inspection.

Access to the service

The Summertown Health Centre practice was open between 8am and 6.30pm Monday to Friday. Opening times at the branch practice varied. At Wolvercote Surgery the opening hours were: Monday 8.30am to 1pm and 2pm to 6pm, Tuesday and Wednesday 8.30am to 1pm, Thursday 8.30am to 1pm and 2pm to 4pm on Friday. Cutteslow Surgery was open from 8.30am to 1pm and 2pm to 6.30pm on a Monday, Tuesday, Wednesday and Friday. It opened from 8.30am to 6.30pm on a Thursday. Appointments were from 8.30am to 12pm and 3pm to 5.30pm daily. Extended

Are services responsive to people's needs?

(for example, to feedback?)

hours appointments were offered on a Monday morning from 7am, Wednesday evening until 7.30pm and every Saturday morning between 8.30am and 10.30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and the national average of 73%.

The practice demonstrated that they kept their appointment system under regular review and adjusted appointment availability to meet patient demand. We saw communication from the practice manager to the practice team setting out the adjustments needed to appointments when they identified the service was coming under pressure.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Although, some patients said they often had to wait for approximately two weeks to see their preferred GP.

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.

The duty GP reviewed requests for home visits and either contacted the patient, or their carer, or passed the request to the patient's usual GP to do so. The practice held a vulnerable patient's register and patient's on this register were prioritised for home visits. In all other cases contact was made to assess the clinical urgency or requirement for the requested visit. 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.
- We saw that information was available to help patients understand the complaints system. It was available at the reception desk and was included on the practice website and in the patient leaflet.

The practice held records of all complaints received, whether verbal or written. There were records of 55 complaints received in the last 18 months. We looked at five of these complaints in detail. We found that they had been dealt with in a timely manner. They were subject to a thorough investigation and all complainants had received a written or verbal response to their concerns. The practice reviewed complaints regularly and identified any trends or common themes. For example, there had been over 20 complaints relating to prescriptions being ready for collection or being sent to the appropriate pharmacy. Consequently the practice had reviewed their prescription processes. This resulted in a greater number of prescriptions being produced by GPs and a sharper focus on dealing with prescriptions in the order that requests were received. Staff we spoke with confirmed that the new processes were known to them and that everyone involved with producing prescriptions took greater care in preparing them accurately and in a timely fashion to improve the quality of care patients received.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had a patient charter that was displayed on the practice website.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a clear leadership structure with GPs taking a lead for clinical performance and oversight of management performance. Staff were aware of the leads for different aspects of delivering care and treatment. The lead GPs ensured that policies and procedures were kept under review and we saw that they authorised these policies and procedures when they were reviewed.

Leadership and culture

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

support when this was requested. For example, the three practice nurses we spoke with told us about the immediate support they received if they needed clinical advice when treating patients. Senior management and GPs kept the management structure under review and adjusted roles to meet the demands on the service. For example, a new role had been created in the last year to provide human resource and personnel support within 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected patients 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.
- 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. There was a team meeting structure in place and the teams met regularly. For example, the administration team and the practice nursing team met on a monthly basis. We saw minutes of the meetings of both groups and these demonstrated that a wide range of topics were covered. The nurse team meetings included updates in training and clinical guidelines.
- 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.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had undertaken work to level the flooring on the ground floor. This improved access for patients with mobility difficulties and visual impairment to the treatment rooms.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the administration and reception team had raised concerns about their mix of duties and timetabling of their daily routines. Their line manager reviewed and reorganised the work schedules to give staff more variety in their daily tasks. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice undertook regular visits to university colleges to ensure the medical needs of students were met. This fostered good relationships with college nurses.

The practice was accredited to deliver training for qualified doctors seeking to become GPs. Trainees were complimentary of the learning and development they received from the practice. We noted a positive report from the accrediting body about the high quality of training the practice offered.

The practice invested in training staff to undertake a variety of duties. Feedback from staff showed they valued the opportunities this gave them, It also meant the practice had sufficient resources to cover staff absences and maintain delivery of service to patients.

One of the GPs was the local lead GP for keeping abreast of updates in clinical guidance and protocols. This ensured GPs at the practice were delivering care and treatment in line with current best practice.