Imperial College Health Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Imperial College Health Centre on 25 February 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 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.
- Patients said they found it easy to make an appointment with a preferred GP and daily walk in clinics and a triage system enabled the availability of urgent appointments on 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.

The areas where the provider should make improvements are:

- Ensure the arrangements in hand for GPs to receive safeguarding update training are concluded.
- Continue to seek improvements in the uptake of childhood immunisations.

We saw one area of outstanding practice:

During the first month of the academic year the practice actively promoted registration of new undergraduates to the colleges it served, running additional clinics for immunisations against meningitis and MMR. During the first weekend of term, practice staff were are on site in the student halls of residence to facilitate the registration process. GP staff presented lectures to educate students

Summary of findings

about the practice's services and the NHS system. This was of particular benefit to the 50% or so students who came from abroad who were not familiar with the health service and how to access it.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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. Staff were trained to the appropriate level in safeguarding although two of the GPs were due update training for which arrangements were in hand.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the National GP Patient Survey showed patients rated the practice higher for some aspects of care, and broadly or in line or below average for others. An action plan was in place to address less favourable ratings.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care. The practice proactively reviewed the results to identify areas for improvement.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had led a local email consultation pilot which was positively received by patients and as a result regularly responded to patient queries in this form.
- Patients said they found it easy to make an appointment with a preferred GP and daily walk in clinics and a triage system enabled the availability of urgent appointments on 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.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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

Summary of findings

openness and honesty. The practice had systems in place for knowing about 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 but steps were being taken to increase student representation on the group.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its, albeit relatively small proportion of the patient population within this group.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over 75 years old had a named GP of which they had been informed in writing. This named GP was primarily responsible for overseeing their care which included routine consultations, home visits, post-hospital discharge and medication reviews.
- The practice worked closely with a multidisciplinary team (MDT) to review and co-ordinate the care and treatment of older people. including other GPs in acute settings, practice nurses, community nursing services and the locality care coordinator, an in-house health trainer (lifestyle/diet/exercise) and complementary practitioners (for example, osteopathy and acupuncture).
- They actively promoted the uptake of appropriate immunisations for this age group, such as flu (84% uptake of over 65s), pneumococcal and shingles, and followed up non-responders.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performance for the majority of 2014/15 QOF indicators for long-term conditions was similar to or above average including diabetes related indicators.
- Longer appointments and home visits were available when needed.
- Given the practice population group the majority of long-term conditions were those seen in younger people. This included asthma, epilepsy, type 1 diabetes, inflammatory bowel disease and mental health conditions including eating disorders.

Summary of findings

- Patients with long-term conditions were invited for regular reviews with a GP or nurse as appropriate. This could be in a dedicated clinic (for example for COPD) or during routine consultations. Following Patient Group feedback the practice offered these reviews flexibly rather than in fixed time clinics.
- The practice had an in-house 'Health Trainer' who sees patients with long-term conditions for lifestyle, diet and exercise advice.
- There were close links with local pharmacies, with which the practice liaised to review patients who were taking multiple medicines particularly when they had been discharged recently from hospital.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. The practice held a child health surveillance clinic fortnightly with the local health visitor, practice nurse and GP. The GP and health visitor discussed any children/families about which there was a health or safeguarding concern.
- 2014/15 rates for the standard childhood immunisations were mixed. For example , childhood immunisation rates for the vaccinations given to under two year olds ranged from 47% to 57% and five year olds from 33% to 87%, compared to CCG rates of 61% to 77% and 50% to 72% respectively. The practice had comparatively low numbers of children under the age of 5 which could skew their data. However, in the current year at 1 January 2016 the practice had achieved 90% of its CCG target for these immunisations.
- The practice's uptake for the cervical screening programme was 72%, which was below the CCG and national average of 82%. The relatively lower rate was mainly due to the predominantly student population.
- 78% of patients with asthma, on the register, had had an asthma review in the last 12 months that included an assessment of asthma control. This was comparable with the national average of 75%.
- The practice provided ante and post-natal care which was provided by all of the doctors. Longer appointments were provided for both ante and post-natal checks.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- A large proportion of the practice's population were students and the services were specifically tailored for this group. During the first month of the academic year the practice actively promoted registration of new undergraduates, running additional clinics for immunisations against meningitis and MMR. During the first weekend of term, practice staff were on site in the student halls of residence to facilitate the registration process. With explicit patient consent the practice liaised with the students' colleges about student health issues that may be impacting on their studies.
- A full contraception service was offered, including contraceptive implants and coil fitting. The practice promoted sexual health during consultations and encouraged attendance at local sexual health clinics if appropriate.
- The practice had a GP with an interest in sports and musculoskeletal medicine who offered joint injections, if clinically indicated.
- Patients could see a 'Life Coach' who worked with them to build their confidence and introduce clarity and focus.
- There was on-site access to a broad range of complementary therapies including osteopathy, chiropractic and acupuncture.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice had responded to patient comments regarding access, by introducing telephone consultations, appointments throughout the day, online appointment booking. And electronic prescribing.

People whose circumstances may make them vulnerable

Good

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

- Patients living in vulnerable circumstances including children and families at risk, patients with mental health problems and those with a learning disability were flagged on the practice's computer system.

Summary of findings

- The practice offered longer appointments for patients with a learning disability and provided an annual health check, including a medicines review.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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. Cases were discussed in a regular Clinical Governance meeting.

People experiencing poor mental health (including people with dementia)

Good

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

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average. QOF performance for the majority mental health related indicators was above national averages.
- Patients screened for dementia were referred to the local memory service, if indicated, for assessment. Their care would then be coordinated by the named GP along with community nursing services.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All GPs had particular mental health expertise and worked closely with a visiting psychiatrist, psychodynamic psychotherapists, cognitive behaviour therapists and with the local Improving Access to Psychological Therapies(IAPT) service, who saw patients on-site.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There were close links with Imperial College's disability service and the practice liaised regularly with the service regarding patients with a wide range of difficulties including Attention

Summary of findings

deficit hyperactivity disorder (ADHD) and those on the autistic spectrum. The practice also had access to student counselling services and the educational psychologist assessment service at Imperial College.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing broadly in line with local and national averages for the majority of ratings but below for some of them. However of 418 survey forms distributed only 37 were returned. This represented a relatively low response rate of 9% and less than 1% of the practice's patient list.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 82% national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 61% described the overall experience of their GP surgery as fairly good or very good (CCG average 78%, national average 85%).
- 51% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 72%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. The majority of the 16 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. Three patients commented on the delay in getting a routine appointment and another said it was difficult to see their preferred doctor.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. In response to the ongoing NHS Friends and Family Test, 86% of patients (of 14 who responded) would recommend the practice.

Imperial College Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Imperial College Health Centre

Imperial College Health Centre provides primary medical services through a General Medical Services (GMS) within the London Borough of Westminster. The practice is part of NHS Central London (Westminster) CCG. The services are provided from a single location to around 15,500 patients within premises owned by Imperial College. The practice has close links with Imperial College and the Royal College of Music. The majority of these colleges' students (around 12,000) are registered with the practice, as well as many of the staff (around 1,500). There was a high turnover each year as students completed their studies and were replaced by the new intake. The services are specifically tailored for this group but the practice also provides services to around 2,000 local residents. In this group, there are significantly below average numbers of patients in the 0-4 years, 5-14 years, over age 65, 75 and 85 age groups.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.

At the time of our inspection, there were 5.23 whole time equivalent (WTE) GPs comprising the four partner GPs (two female and two male), three salaried GPs (all female); a trainee Registrar GP (female); a business manager (1 WTE) and a practice manager (1 WTE). The practice also employed two practice nurses (both female, 2 WTE); a healthcare assistant (0.71 WTE); two psychotherapists (0.9 WTE); and a reception manager, three receptionists, two apprentice receptionists; an administrator; and a medical secretary (a total of 7.4 WTE).

The practice is a teaching practice for GPs. Each year the practice has registrar doctors working at the practice, studying for a postgraduate qualification to become a general practitioner.

During term time the practice is open between 8:00am and 6:30pm on Monday and Wednesday to Friday and 8:00am to 1:00pm on Tuesday. Out of term time the practice closes at 5:00pm on Monday and Wednesday to Friday. Routine appointments can be booked in advance. Patients are advised that if they feel their issue can be dealt with by telephone to book a telephone appointment and the doctor would phone them at the allotted time. For urgent treatment the practice runs a daily morning triage clinic between 8:30am and 10.00am and an afternoon emergency clinic Monday, Wednesday, Thursday and Friday. The practice offers a late clinic between 6:00pm and 8:00pm on Thursday and daily appointments between 5:00pm and 6:00pm during the university term-time.

Detailed findings

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

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 25 February 2016. During our visit we:

- Spoke with a range of staff (two partner GPs, a salaried GP, Registrar GP, a practice nurse, the practice manager, the business manager, a healthcare assistant, the reception manager, the medical secretary, a receptionist and an apprentice receptionist, and spoke with patients who used the service and representatives of the patient participation group..
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared at a monthly significant event meeting to make sure action was taken to improve safety in the practice. For example, we saw the minutes of the meeting in November 2015 at which an incident was discussed relating to a number of occasions where repeat prescriptions had not been issued due to problems with the electronic prescription system. This was subsequently discussed with practice administration to ensure that patients were informed immediately if a repeat prescription could not be issued as a result of these problems and a clear record made of this on the system.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The comprehensive 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. We saw also in meeting minutes that safeguarding issues were regularly discussed within the practice. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. Two of the GPs were, however, due update training and we saw that arrangements were in hand for this.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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, together with a needlestick injury policy, and staff had received up to date training. Hand hygiene posters were on display throughout the practice. 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable the Health Care Assistant to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Good

Are services safe?

- 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.

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 landlords of the practice premises had completed up to date health and safety and fire risk assessments and carried out regular fire alarm testing and evacuation 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. A variety of other risk assessments were 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 workforce planning system in place for all the different staffing groups to ensure that enough staff were on duty. There were robust arrangements for ensuring coverage during sick absence and leave. Additional resources were deployed to meet increases in workload, for example an additional GP had been appointed to ensure service levels were maintained.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94.3% of the total number of points available, with 12% exception reporting. (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). Data from 2014/15 showed:

- Performance for diabetes related indicators was above the CCG and national average: 98% compared to 80% and 89% respectively.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average: 84% compared to 80% and 84% respectively.
- Performance for mental health related indicators was similar to the CCG but below the national average: 81% compared to 83% and 93% respectively.

The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) reported in Health and Social Care Information Centre (HSCIC), Hospital Episode Statistics (HES) 2014/15 was 0.59 below the national average. This was identified by CQC prior to the inspection as a 'very large variation for further enquiry'. The practice had identified from its QOF review that the COPD indicator was below the national average (83% compared to 96%). However, there were very few elderly patients on the practice list and only 10 of these were on the practice's COPD register. The practice explained that this low number skewed the QOF percentage data, in that only having 10 patients on the register, one patient counted for 10% of the overall total for the category. The practice nurse had trained to do spirometry and all patients on the COPD register had been invited for an annual check.

Clinical audits demonstrated quality improvement.

- The practice submitted details of 11 clinical audits completed in the last two years, including two examples of 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 of a completed audit included the introduction of a template for doctors to use to improve the monitoring and management of patients on a new oral anti-coagulant (NOAC).

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. It 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, those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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

Good

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All established staff had had an appraisal within the last 12 months. Newly appointed staff had had appropriate probation reviews.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The training of some staff was due for updating, for example in infection control and safeguarding but arrangements were in hand for this.

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 shared drive on the computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a bi-monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were then signposted to the relevant service.
- The practice had an in-house 'health trainer' who saw patients with long-term conditions for lifestyle, diet and exercise advice. Patients identified as obese were placed on the practice's obesity register and the health trainer contacted them and invited them in for an appointment. There was an in-house smoking cessation advisor. A total of 727 smokers had been identified and around 75% had been offered cessation advice.
- The practice's uptake for the cervical screening programme was 72%, which was below the CCG and national average of 82%. This had been identified by CQC as a large variation for further enquiry in relation to women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding five years. The practice explained thatit had a mostly young and mobile patient population, many of whom had come from overseas to study in the UK. These patients often had already had their smear test taken elsewhere (often abroad) before they register with the practice. They invariably did not give the practice accurate information about this when they registered and so they could not be included in the practice's data. There were appropriate follow up arrangements in place for patients who did not attend for their cervical screening test. Abnormal cervical smear tests were automatically referred to the colposcopy department from the Laboratory. Notification was sent to the practice and the practice also wrote to the patient and recorded the

Good

Are services effective?

(for example, treatment is effective)

recall date in the practice medical diary to ensure patients were reviewed. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

2014/15 rates for childhood vaccinations given were below CCG averages for under two year olds and below for some and above in other for five year olds. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 47% to 57% and five year olds from 33% to 87%, compared to CCG rates of 61% to 77% and 50% to 72% respectively. The practice acknowledged that achieving national targets had been a challenge for various reasons, including parent choice to have these done outside of the NHS schedule. In addition there were a small number of children registered at the practice which they suggested skewed the data. However, in the current year at 1 January 2016 the practice had achieved 90% of its CCG target for these immunisations.

Patients had access to appropriate health assessments and checks. Health checks for new patients were offered but not routinely completed given the large volume of new registrations each year. However, registration information was used to identify risk factors and appropriate follow up arrangements were made with the patient depending on services required and any urgent concerns were discussed with duty GP. NHS health checks were also offered for people aged 40–74 and 74 of 165 (45%) of eligible patients had received a check in the last year. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The majority of the 16 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. Three patients commented on the delay in getting a routine appointment and another said it was difficult to see their preferred doctor.

We spoke with two 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. Although there was a relatively low response rate of 37 out of 418 survey forms distributed (9%), the practice was above average for the majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 85% and national average of 87%.
- 77% said the GP gave them enough time (CCG average 82%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 87% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 91%).
- 68% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

For two of the overall satisfaction scores there were large variations between the CCG national average.

- 61% described their overall experience of their GP surgery as fairly good or very good (CCG average 78%, national average 85%).
- 54% would definitely or probably recommend their GP surgery to someone new to the local area (CCG average 72%, national average 78%).

In response to the survey results, the practice had conducted its own survey in January 2016. The overall feedback regarding the reception team and clinicians was positive. The action plan from the survey included steps to improve patient awareness of available in-house emergency services in consultation with the PPG; continuing the audit of waiting times for routine appointments and organising additional sessions where necessary; and improving awareness of reception open times and in particular that telephone lines were open between 8:00am and 6:30pm.

Care planning and involvement in decisions about care and treatment

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

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

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 82%.

Good

Are services caring?

- 69% said the last GP they saw was good at involving them in decisions about their care (CCG average 76% , national average 82%).
- 75% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81% , national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw a notice in the reception areas informing patients this service was available, although not all staff were aware of the notice when we asked.

Patient and carer support to cope emotionally with care and treatment

Notices on the television in the patient waiting room told patients how to access a number of support groups and organisations. However, the information was CCG, rather than practice based. The practice manager told us the practice had recently gained a licence to display information tailored to the practice and would be updating the television messages in the near future.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20 patients on the practice list as carers. 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 to offer condolences and support. This call was either followed by a patient consultation or home visit if necessary at a flexible time and location to meet the family's needs and/or by referring them to in-house mental health support or giving them advice on how to find a local bereavement support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a late clinic between 6:00pm and 8:00pm on Thursday and daily appointments between 5:00pm and 6:00pm during the university term-time to meet the needs of students and working patients who could not attend during normal opening hours.
- During the first month of the academic year the practice actively promoted registration of the new undergraduates, running additional clinics for immunisations against meningitis and MMR.
- There were longer appointments available for patients with a learning disability. These patients were invited for regular reviews with a GP or nurse as appropriate in either a dedicated clinic or during routine consultations. These reviews were offered flexibly rather than in fixed time clinics.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. The practice runs a child health surveillance clinic fortnightly with the local health visitor, practice nurse and GP. Routine care started with an eight week baby check that involved assessment by the health visitor and an appropriately trained GP.
- The practice offered a wide range of services for people with poor mental health. These included GPs with particular mental health expertise, a visiting psychiatrist, psychodynamic psychotherapists, cognitive behaviour therapists and close liaison with the local Improving Access to Psychological Therapies (IAPT) service, who saw patients on-site.
- The practice nurses offered a travel service including full risk assessment and travel vaccinations.
- There were disabled facilities, and a minority of patients who do not speak English were provided with a phone interpreting service. Also some of practice staff were bilingual.

Access to the service

During term time the practice was open between 8:00am and 6:30pm on Monday and Wednesday to Friday and 8:00am to 1:00pm on Tuesday. Out of term time the practice closed at 5:00pm on Monday and Wednesday to Friday. Routine appointments can be booked in advance. Patients are advised that if they feel their issue can be dealt with by telephone to book a telephone appointment and the doctor would phone them at the allotted time. For urgent treatment the practice ran a daily morning triage clinic between 8:30am and 10.00am and an afternoon emergency clinic Monday, Wednesday, Thursday and Friday. The practice offered a late clinic between 6:00pm and 8:00pm on Thursday and daily appointments between 5:00pm and 6:00pm during the university term-time.

Results from the national GP patient survey (January 2016) showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 78%.
- 86% patients said they could get through easily to the surgery by phone (CCG average 82%, national average 73%).
- 54% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

The practice had reviewed these results and had taken a number of steps to improve access including an increase in doctors' appointments throughout the day; the appointment of an extra salaried GP; on the day appointments; and five minute telephone appointments. In addition, the practice provided clearer information about daily walk in clinics.

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

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system including a complaints leaflet available at the reception and details on the practice website. The television in the waiting area also provided advice to patients on how to raise comments and concerns.

We looked at three of the seven complaints on file received in the last 12 months. We found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. Complaints and their outcomes were discussed with appropriate staff and with the practice team to communicate wider lessons learned. We saw meeting minutes where complaints, lessons learnt and action taken to improve the quality of care were discussed. For example, following a patient being given the wrong vaccine the practice wrote to the patient explaining the error, apologising for it and informing them of the action taken to avoid a recurrence. The practice reviewed lessons learned and improved labelling was put on the vaccine storage fridge.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed on the practice website and staff knew and understood the values and practice ethos. However, the mission statement was not on display for patients or staff at the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, were available to all staff and were regularly reviewed and update.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. There was a policy in place for this. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 in doing so and felt supported if they did.
- We noted the practice held annual team away days and we saw the agenda for the March 2016 event.
- Staff said they felt respected, valued and supported, particularly by the practice managers and partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners and managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met termly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice provided the university warden members of the PPG with briefing on meningitis and septicaemia to help them support the university in the event that students contracted these conditions.
- The practice recognised that students were not well represented on the PPG and were taking action to encourage their increased involvement.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. For example, the practice:

- had led a local email consultation pilot which was positively received by patients and as a result regularly respond to patient queries in this form; and
- was about to participate in a local pilot 'GP to GP' relating to the more streamlined transfer of patient information from other practices, which was a big issue for the practice with its large influx of new student patients every year.

The practice was also proactive in encouraging patients to engage with the service through the use of information technology. For example, by offering services such as electronic prescribing, text reminders for appointments and the regular maintenance and updating of the website which we were told received a large number of hits. The practice was looking at ways to tailor the website to meet the needs of its largely student population including the increased use of social media.