Hollow Way Medical Centre

Quality Report

Hollow Way Medical 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.

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hollow Way Medical Centre (OxFed) on 8 March 2017. Due to the nature of the service inspected we did not apply ratings. OxFed Health and Care Limited (OxFed) is a health federation that works with the 21 GP practices in Oxford City. The Hollow Way Medical Centre site is used

Summary of findings

by the federation as their administrative headquarters. Clinical services are not provided by the federation at this location. At the time of inspection OxFed was providing two services. These were:

- A team of seven care navigators that work with patients in their own home. Following inspection we found this service did not undertake any regulated activities and is out of scope of CQC registration. Therefore it is not included within this report.
- A college nursing service delivered by two nurses employed by OxFed offering nursing support to students at colleges of the Oxford University. Clinical oversight and supervision is also given to 16 more nurses employed by various university college sites.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The provider had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available.
- The college nursing service operated from appropriate facilities and staff were equipped to treat patients and meet their needs.
- Information was shared with the patient's GP and other agencies when relevant to the care of the patient and where consent was taken.
- There was a clear leadership structure and staff felt supported by management. The provider proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- Prioritise the development of quality improvement monitoring of the services provided.

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 provider was able to demonstrate:

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety across the service. When things went wrong patients were informed as soon as practicable and received reasonable support. They were told about any actions to improve processes to prevent the same thing happening again.
- The provider had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding vulnerable adults relevant to their role.
- The provider had adequate arrangements to respond to emergencies and major incidents.
- Appropriate checks of college medical facilities had been undertaken to ensure they were safe environments in which to consult with students.
- The provider had appropriate policies and procedures for lone workers and staff carried out their duties in accordance with these policies.

Are services effective?

The provider was able to demonstrate:

- Staff were aware of voluntary and statutory services available to patients and there was evidence of appropriate referral and follow up.
- Staff had the skills and knowledge 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.
- Information was shared securely and promptly with the patient's registered GP.

Are services caring?

The provider was able to demonstrate:

Summary of findings

- Information from college welfare departments and student unions showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The provider was able to demonstrate:

- Patients we spoke with said nurses were prompt to respond to their needs and to urgent requests for advice and support.
- The provider had ensured college medical rooms had good facilities and were well equipped to treat student patients and meet their needs.
- Information about how to complain was available.
- Information on how to access services was available in easy to understand formats and could be accessed via the provider website as well as from colleges and the patient's registered GP.

Are services well-led?

The provider was able to demonstrate:

- The provider 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 provider had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider encouraged a culture of openness and honesty. The provider had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The provider proactively sought feedback from staff and we saw examples where feedback had been acted on.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Summary of findings

The six population groups and what we found

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

People with long term conditions

The provider was able to demonstrate.

- College nursing staff were appropriately trained to support patients diagnosed with long term diseases. For example, in management of asthma.
- Staff were aware of support groups in the area that supported patients with long term conditions.
- If a student patient with a long term condition required additional medical support with their condition they were referred back to their registered GP in a timely manner.

Working age people (including those recently retired and students)

The provider was able to demonstrate:

- The needs of the student population had been identified and the provider had responded by offering services that met their needs. For example, drop in clinics that were appropriately promoted.
- The provider made health promotion material and advice leaflets available in electronic formats which students could access at any time. Similar electronic access to health promotion material was available via the university websites and in hard copy format from college medical rooms.
- Staff were aware that many student patients were living away from their families for the first time. They made time to listen to these patients by offering open ended consultations giving students time to talk through their concerns.

People whose circumstances may make them vulnerable

The provider was able to demonstrate:

- The college nurses worked with other health care professionals in the case management of vulnerable patients.
- Staff had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Nurses worked with GP practices when new students entered college at the start of autumn term. Additional clinics were held to ensure students were up to date with immunisations and identify any students with long term medical conditions.
- Staff we spoke with knew how to recognise signs of abuse in adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was able to demonstrate:

- They held information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations. Staff were able to refer to student counselling services.
- Staff were aware of local support groups outside of the colleges to which students could be directed when appropriate

Summary of findings

What people who use the service say

This type of service is not included in the national GP patient survey. Students were registered with GP practices in Oxford and could have been included in the national survey for their practice.

We spoke with two student patients during the inspection. Both said they were satisfied with the support and advice they received when attending the college medical room service.

Hollow Way Medical 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 second CQC inspector, a practice nurse specialist adviser and an Expert by Experience.

Background to Hollow Way Medical Centre

Hollow Way Medical Centre is the administration headquarters of OxFed Health and Care Ltd (OxFed). Patient services are not delivered from the Medical Centre but the management team are based here. OxFed formed in late 2014 when 21 GP practices in the City of Oxford were successful in obtaining funding for the service. OxFed is managed by a board comprising three GPs and a practice manager, supported by three senior officers. There are two services currently managed by OxFed.

- A team of seven care navigators (care navigators are health or social care professionals who support patients to access the health and care services they need to continue to live independently). This service was found to be outside of the scope of regulation and is not included within this report.
- Since September 2016 clinical co-ordination of the work of Oxford University college nurses has been provided. Two of the college nurses, including the senior nurse, are employed by OxFed. A further 16 nurses employed directly by their colleges receive the clinical supervision service. The 18 nurses work across 30 university colleges from medical facilities that are the responsibility of the colleges to maintain. The nursing staff offer students a walk in service at all 30 college sites. The student patients are not registered with OxFed and can register with any GP practice within Oxford.

The staff that provide the college nursing services are supported by 10 administration staff. The provider does not hold responsibility for scheduling or managing the college clinics. These are organised by the college welfare departments and are all established as drop in clinics without appointments. OxFed provides a clinical advice and support service to the nurses between 8am and 6pm Monday to Friday.

The services delivered by OxFed are reliant upon short term contracts paid for from project funds and contributions from member practices. Consequently staff are issued with short term contracts that are scheduled to expire when project funding comes to an end. The OxFed governing board maintain an operational plan that timetables when the next round of bidding for funding is due. Evaluation of the services provided is agreed with commissioners of the service and has been limited by both the contract agreements and support staffing until recently.

In addition OxFed led the implementation of the patient record viewer in the Out of Hours service. This enables Out of Hours clinicians working at bases in Oxford and Abingdon to view the patient record of patients registered with OxFed practices during the Out of Hours consultation. OxFed developed this service in consultation with GP practices and the Out of Hours service

We visited the Hollow Way Medical Centre at : Hollow Way Medical Centre, 18 Ivy Close, Cowley, Oxford, Oxfordshire, OX4 2NB.

We also visited six college medical rooms that are owned and managed by the respective university colleges.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the provider and asked both Oxfordshire Clinical Commissioning Group (CCG) and Oxfordshire Healthwatch to share with us what they knew about the service. We carried out an announced visit on 8 March 2017. During our visit we:

- Spoke with three nurses, two members of the administration team and met with senior managers and directors.
- Also spoke with two patients who used the services.
- Spoke with five senior college staff who managed or commissioned the college nursing service.
- Visited six university college medical centres.
- Looked at information the service used to deliver care.

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:

- people with long-term conditions
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

The provider did not deliver services to older people or families and young children.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the lead nurse of any incidents and there was a recording form available. This could be accessed from the lead nurse or via the e-mail account all college nurses held. 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).
- Since taking on clinical oversight of the college nursing service the provider had reviewed and shared learning from five significant events.
- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed. The provider had carried out a thorough analysis of the significant events. Minutes of meetings showed that the learning had been shared with the college nursing team and managers within the colleges where the incidents had occurred
- We saw evidence that lessons were shared and action was taken to improve safety. For example, when a student diagnosed with diabetes had problems managing their condition they received appropriate support from the staff. The nurse also took the opportunity to brief the college welfare team on management of diabetes to ensure all who may be involved had an insight into the management of this long term condition. The patient received appropriate support and were told about any actions to improve processes to prevent the same thing happening again. The patient's GP was also informed of any actions and the learning from the incident.
- Safety alerts were reviewed by senior leaders in the organisation and distributed to colleges to take action when appropriate to the service.

Overview of safety systems and processes

The provider had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. College nurses were aware of their responsibility to report welfare concerns to the student's registered GP practice and the college welfare teams.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs on the management board were trained appropriately in safeguarding adults. We saw that the staff were also trained in safeguarding of adults.
- The services provided by college nurses involved lone working. A formal chaperone service was not therefore available. The college nurses sought consent from students if they needed to carry out intimate examinations. However, students could choose to have a friend or relative present when they saw the nurse.
- The service ensured that college medical facilities were maintained with appropriate standards of cleanliness and hygiene.
- We visited six college medical facilities and found all six to be clean and tidy. There were cleaning schedules and monitoring systems in place at the college which had been checked by a manager from the service.
- The lead nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol. An initial IPC audit had been completed in August 2016 and there was extensive evidence of improvements made to college medical rooms as a result of the audit.
- When a student required a prescription the college nurses advised the student to obtain the prescription from their GP. When a student required assistance to administer a medicine the college nurses received a written instruction from the student's GP that enabled them to assist the student to administer the medicine. For example, if the student required administration of an injectable medicine they would bring the medicine from the pharmacy and the nurse would administer it for them. We checked the emergency medicines held in the college medical rooms. These were held securely,

were within expiry date and appropriate to deal with the limited range of emergencies that arose at the college clinics. College nursing staff did not hold or issue prescriptions.

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the college GPs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, and the appropriate checks through the disclosure and barring service (DBS). (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) Because the provider did not employ the majority of the college nursing staff they were not responsible for recruitment processes. However, there was evidence to confirm that the provider had checked employment records to confirm that the colleges had conducted appropriate pre-employment checks. The provider was also assured that the nurses were appropriately registered with their professional body and that indemnity was in place for them to practice.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and staff were aware of the provider's health and safety protocols.
- The service did not operate from their own premises. The provider had checked and recorded that colleges had undertaken appropriate risk assessments. These included; fire risk assessments, control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. This was either undertaken by the provider or the provider had checked and recorded that the university colleges had completed these checks.
- The provider had commenced work, in conjunction with the university colleges, to identify if nurses could offer cover to each other during absence. This was complicated by the nurses working for different employers.

Arrangements to deal with emergencies and major incidents

The provider had adequate arrangements to respond to emergencies and major incidents.

- Emergency call systems or panic alarms were installed in college medical facilities.
- Staff had completed basic life support training and were confident in applying their learning to support patients requiring basic life support.
- The nurses had access, within the college clinic rooms, to telephones to call for emergency services should a student require emergency medical support.
- The service had a business continuity plan for major incidents. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

College nursing staff were aware of relevant and current evidence based guidance and standards. They had online access to a variety of guidelines including Royal College of Nursing and NICE best practice guidelines.

- The service had systems to keep all nurses up to date. Staff had access to guidelines and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

There was evidence of improvement arising from quality monitoring:

- One of the college nurses who had been appointed in 2016 had commenced compiling a termly report of the number of patients seen and the conditions the student patients required treatment and advice for. This had been shared with other college nurses and with the college that employed them. Monitoring of service delivery at each individual college was not an OxFed responsibility as the majority of nurses were employed directly by their respective colleges. It was too early to identify whether OxFed would have a role in monitoring the workload of the nurses.
- One of the nurses had undertaken a first cycle of an audit to identify the most common conditions students attended with. This was being used to inform their training requirements to ensure their skills matched the most common presentations of health conditions.

Once collected, Information about patients' outcomes would be used to inform discussion with the colleges that employed the nurses. We noted that clinical audit of the college nursing service was not yet co-ordinated. The provider had only recently taken responsibility for this service.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, manual handling, infection prevention and control, fire safety, health and safety, lone working and confidentiality.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and college nursing staff were able to attend update courses on specific conditions. The training summary compiled by the provider assured them that nurses were completing courses and updates relevant to the conditions they commonly encountered amongst the student population. This included wound management and counselling on sexual health matters.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of organisational 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 and one-to-one meetings. All employed staff employed for over a year had received an appraisal within the last 12 months. Nurses received clinical reviews every six months. This was because they were not employed by the service and the responsibility for appraisal rested with the college that employed them.
- Employed staff received training that included: safeguarding, basic life support, manual handling and information governance. Staff had access to and made use of e-learning training modules and in-house training. The provider had obtained assurance that all college nurses had received basic life support 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.

- Records for the treatments and advice offered to college students were held securely in the college medical rooms. Two colleges had computer links to GP practices that enabled direct entry into patient records. When a nurse identified an issue that the patient's GP needed to be advised of they made immediate contact with the relevant practice to ensure the patient record was updated. OxFed had identified installation of computer links to GP practices as a priority and terminals were due to be installed in all college medical rooms with a target date of June 2017.
- There was evidence of staff referring student patients to both statutory and voluntary services when students required additional support and advice. For example, lifestyle counselling.

Are services effective?

(for example, treatment is effective)

- The nurses worked closely with college welfare teams to ensure the colleges were aware of the medical needs of the student population.
- Information enabling prompt referral to student counselling services and other welfare services commonly required by students was held by staff in the college medical rooms. These referrals were made with the students consent to share relevant information.

Consent to care and treatment

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

- The nurses understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the college nurses assessed the patient's capacity and, recorded the outcome of the assessment. In circumstances where the nurse felt the patient was unable to give consent to treatment the patient was referred back to their GP for a more comprehensive assessment of their capacity.

Supporting patients to live healthier lives

The service provided by the nurses from the college clinics included giving students lifestyle advice and using local services to provide support or additional input required by the student. For example, referral to a local weight management or healthy eating service was available.

- Staff were trained to identify students requiring additional lifestyle support and advice. This was given and we saw a range of leaflets available to the college nurses to support the advice they gave to students. When the need for a higher level of support was required, for example a student wanted to attend a smoking cessation course, the student was referred on to the relevant service.
- Sexual health and substance misuse advice to students was offered. Managers of the college medical service confirmed that students often attended for this type of support and data from one of the colleges confirmed that such counselling was offered. When the nurses identified a student needing additional advice and support they either referred them back to their registered GP or to an appropriate local service.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in college medical rooms to maintain patients' privacy and dignity during examinations and consultations.
- College medical room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

We met two student patients face to face. These two students were very happy with the service. They described the college nurses as knowledgeable, very friendly and very efficient.

The views of external stakeholders were positive and in line with our findings. For example, the senior managers from three university colleges and the senior college doctor for the Oxford Universities provided us with positive feedback about the nursing service.

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. They confirmed they had sufficient time to make an informed decision about the choice of treatment or support available to them.

The provider had access to facilities to help patients be involved in decisions about the support and referrals they required:

- A range of information leaflets relevant to both student health and support organisations relevant to older patients and those with long term conditions were available.
- The provider website contained information about the services and the support that both college clinics were able to provide to student patients.

Patient and carer support to cope emotionally with care and treatment

College nurses were aware of support organisations to which a student suffering bereavement could be directed. They also informed the student patient's GP if they were made aware of a student who had lost a close relative or friend.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider worked with the university colleges and college medical practices to understand its target population and had used this understanding to meet the needs of the patients provided with a service:

- The college medical room clinics were all 'drop in' clinics with no appointments systems in place. This recognised that students preferred immediate access to advice and support and fitted their visits to the clinics around their studies.
- If a student was unable to attend the clinic and needed college nurse support, they were able to undertake a visit to the student in their halls accommodation.
- College managers we spoke with told us that feedback to welfare committees and student unions showed that students appreciated and preferred drop in clinics with the college nurses.
- The nurses maintained an up to date knowledge of local services to which students could be referred if they required additional support.
- There was evidence of prompt liaison between the nurses and the GP practices at which the student patients were registered.

Access to the service

The provider was not responsible for running the college medical room clinics. These were organised by the college welfare departments and were all established as drop in without appointment services. The provider worked with the colleges to promote the availability of the clinics and we saw samples of the promotional leaflets and posters that were in use to inform students about service availability. Clinical supervision and advice from OxFed was available to the nurses from 8am to 6pm Monday to Friday. The university management was responsible for deciding upon the clinic times. College nurses worked with GP practices when new students entered college at the start of Autumn term. Additional clinics were held to ensure students were up to date with immunisations and identify any students with long term medical conditions.

Listening and learning from concerns and complaints

The service had a system 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 received by the provider.
- Staff were aware of the complaints system and demonstrated that they were able to advise patients on how to make a complaint.

The service had not received any complaints since the provider assumed responsibility for clinical oversight of college medical room staff There was a staff briefing system in place which would have been used to share the outcomes and learning from complaints had any been received.

Are services well-led?

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

Our findings

Vision and strategy

The provider had a clear vision to deliver responsive, high quality care and promote good outcomes for patients. It also sought to develop further services to compliment the work of the 21 practices that formed the federation.

- The provider had a statement of purpose and a set of values that were shared with the college nursing team.
- The provider had a strategy and business plan that had been agreed with the 21 member practices.
- The clinical supervision programme for the nurses had been agreed with the colleges that employed the staff. Quality measures were yet to be agreed with the colleges that employed the nurses but this service had only been commissioned in the last five months.

Governance arrangements

The provider had an overarching governance framework which supported the delivery of the strategy, good quality care and timely support. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the service was maintained. The governing board received monthly performance reports and held contract monitoring meetings with the clinical commissioning group. The development of quality monitoring measures had been, and continued to be, dependent upon the short term funding available to the provider for each of the services they operated. Quality monitoring measures were to be formulated with the colleges that employed the nurses.
- Meetings were held once a term with the college nurses. This offered the opportunity for staff to learn about the performance of the service. We saw evidence from minutes of meetings that the meeting format allowed for lessons to be learned and shared following significant events.
- A programme of internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The provider held a comprehensive risk register that was updated on a monthly basis. Regular checks of college medical room facilities were undertaken to identify any environmental risks and action was taken to resolve any identified.

Leadership and culture

On the day of inspection the leaders of the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us that managers and board members were approachable and always took the time to listen to all members of staff. College nurses received regular visits and support from the lead nurse employed by the federation.

The provider was aware of and had systems 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 training for all staff on communicating with patients about notifiable safety incidents. The provider encouraged a culture of openness and honesty.

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

- Staff told us the provider held regular team meetings. College nurses attended team meetings with the lead nurse once per college term at which information about developments in nursing practice and training opportunities were discussed and minuted.
- Staff told us that the provider operated with an open culture and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive. Minutes were distributed to all staff whether they attended or were unable to attend the meetings.
- Staff said they felt respected, valued and supported by managers and the clinical leaders in the organisation. The nurses were encouraged to hold discussions about how to run and develop the clinical oversight service as well as contributing to their college welfare teams. Staff were encouraged, through their team meetings and general discussions identify opportunities to improve the service delivered.

Are services well-led?

(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 provider encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Stakeholders such as university leaders and welfare committees.
- 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 Staff told us they felt involved and engaged to improve how the service was run.
- Student unions who conducted patient satisfaction surveys on the college nursing service. It was too early to view any feedback from student patients from this source.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The leadership team was forward thinking. For example, the provider had identified that updating patient medical records by college nurses was a priority. Funding to install computer terminals to link with GP practices in each of the college medical rooms had been secured. The terminals were due to be installed with a target date of June 2017.

The provider recognised that short term funding of projects had led to a focus on measuring responsiveness and quantity of service delivery. They had recruited a data analyst in late 2016 to develop a programme of measuring the quality of the service provided. The board would review proposals for quality monitoring and agree the programme with the 21 GP practice members and commissioners prior to implementation.

The ethos of the service was to implement local pilot schemes to improve outcomes for patients in the area. The provider had been funded to commence delivery of seven day access clinics that would provide GP appointments for patients every weekday evening and weekend mornings at two bases within Oxford City. This would give patients access to GP appointments when their practice was closed. The project had been planned with the 21 city practices and the out of hours service and was due to open in April 2017.

A clinic for people with poorly controlled diabetes and living in an area of social deprivation was due to start later in 2017.