

# South Oxford 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at South Oxford Health Centre on 5 January 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.
- Most risks to patients were assessed and well managed.
- Medicines were managed safely, including controlled drugs.
- 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 named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Review the levels of repeat prescription reviews to ensure patients receive medicine which always meet their needs.
- Implement temporary patient group or specific directives while awaiting these from the CCG.

# Summary of findings

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- 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 safety incidents occurred, investigations took place and any action to improve processes was undertaken 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.
- Medicines were managed in a way that kept patients safe.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and planned its services accordingly.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 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.
- Research projects provided alternative means for patients to access ongoing care and treatment for their long term conditions.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Care plans were available for patients deemed at high risk of unplanned admissions.
- Access for patients with limited mobility was good including for those with mobility scooters.
- There were named GPs for this group of patients.
- Screening for conditions which patients in this population group may be at risk of was provided, such as dementia.

### People with long term conditions

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

Good



- The practice followed guidance in the management of chronic diseases.
- Patients at risk of hospital admission were identified and had care plans written where appropriate.
- The practice achieved 95% on its quality outcomes framework scores in 2015 (QOF – A national monitoring tool for the performance of GP practices).
- The care of long term conditions was audited to identify where improvements in the management of a specific condition could be made.
- Longer appointments and home visits were available when needed.
- There was a process to offer a structured review to check patients' health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



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

# Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations. Childhood immunisation rates for the vaccinations given to under two year olds were 91% and for five year olds they were 95% compared to the local average of 89%.
- Staff were aware of the circumstances and rights when gaining consent from patients under 16.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- GPs worked with midwives and health visitors in the provision of care.

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

**Good**



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available on various weekdays over a calendar month to provide greater flexibility to patients.
- Phone consultations were offered to patients.
- Online appointment booking was available

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

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

**Good**



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for vulnerable patients.
- GPs 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.

# Summary of findings

## People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- 89% of patients eligible for mental health care plans had one in place. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- During 2015 43 patients were offered memory screening, of whom 14 have had a formal memory assessment. Five of those patients were referred to a memory clinic.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. 389 survey forms were distributed and 118 were returned. This represented 3.2% of the practice's patient list.

- 94% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 95% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 94% said the nurse gave them enough time compared to the local average and national average of 92%.
- 94% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.
- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 95% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%

- 96% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.
- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 98% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 94% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 71% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 65% and national average of 65%
- 82% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards of which nearly all were positive about the standard of care received.

We spoke with 13 patients during the inspection. They all said they were happy with the care they received and thought staff were approachable, committed and caring.

The friends and family test was used at the practice and 95% of patients stated they were extremely likely to recommend the practice.

## Areas for improvement

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

- Review the levels of repeat prescription reviews to ensure patients receive medicine which always meet their needs.

- Implement temporary patient group or specific directives while awaiting these from the CCG.

# South Oxford 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 and an Expert by Experience.

### Background to South Oxford Health Centre

South Oxford Health Centre has a patient list of 3800. It is located near Oxford city centre. There is a higher proportion of patients between 25 and 45 than the national average. The number of patients over 65 is significantly lower than the national average. The practice provided all services on the ground floor and was accessible to wheelchairs. There was on road parking nearby and disabled parking available for patients.

The practice is registered to provide services from: South Oxford Health Centre, Lake Street, Oxford, Oxfordshire, OX1 4RP

There are three GPs working at the practice who are all partners, including one female and two male GPs. There are two practice nurses and a healthcare assistant who also participates in providing care as part of research projects at the practice. A number of administrative staff and a practice manager support the clinical team.

The practice was open between 8.30am and 6.00pm Monday to Friday. There was an arrangement to ensure patients could access the duty GP between 8am

and 8.30am and 6pm and 6.30pm. Extended surgery hours were offered on at varying times on Saturdays, Tuesdays, Wednesdays and Thursdays over the course of each calendar month.

The practice is registered for the correct regulated activities in relation to the services it provides and there is a registered manager in post.

### 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 5 January 2015. During our visit we:

- Spoke with a range of staff including a nurse, a health and research practitioner, GPs, reception staff and the practice manager. We spoke with patients who used the service.
- Observed how patients were being cared for.

# Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Looked at records related to the management of the service.
- We spoke with the patient participation group.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording incidents referred to as 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.
- Significant events were discussed at meetings and any action required disseminated to the relevant staff.
- The practice carried out a thorough analysis of the significant events.
- Events were revisited at a subsequent meeting to ensure any changes to policy or procedure were embedded.
- We saw examples of significant events. One example where there was a delayed diagnosis of a patient with a serious condition led to changes in the monitoring of specific symptoms and sharing awareness among GPs of these symptoms. This action was to significantly reduce the risk of a missed diagnosis in the future.

National patient safety alerts were shared with relevant staff and action taken to ensure any risks identified were acted on.

When there were incidents which affected patient care patients received acknowledgement and an apology where necessary. They were also informed 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 from harm 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 policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received training in safeguarding vulnerable adults and children relevant to their role. GPs were trained to Safeguarding level three.

- 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 followed appropriate guidance. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw an audit from June 2015 led to significant changes to improve infection control. For example, disposable curtains replaced fabric ones used to provide patients with privacy in consultation rooms. Alcohol gel dispensers had been installed to improve hand hygiene. There was also a longer term action plan to improve the infection control including improvements to the premises.
- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicine checks to ensure medicines were safely stored and within their expiry dates. Fridges used to store medicines were monitored appropriately. 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. Some of these were out of date as the practice was awaiting updated PGDs from the local CCG.
- There was a stock of controlled drugs stored in the practice. They were stored securely and recorded appropriately to indicate when they were received and

## Are services safe?

dispensed. Two members of staff including a GP signed for the receipt and dispensing of controlled drugs. We checked the log which matched the controlled drugs stored.

- We reviewed five 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.
- Equipment was calibrated in line with manufacturers' instructions. There was a programme of portable appliance testing in place.

### Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There were health and safety policies available for staff. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that regular checks on the water system were undertaken in line with the risk assessment.
- The practice had up to date fire risk assessments and carried out regular fire drills. There were appropriate procedures for evacuation including signage and assembly points.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

### 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There were medicines for the treatment of several medical emergencies including cardiac arrests and hyperglycaemia. All the medicines we checked were in date and fit for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as flooding. The plan included emergency contact numbers for staff and external agencies. These contact details were available offsite also.

# 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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- 

Patients with long term conditions were offered periodic reviews of their health based on national guidelines. These reviews included a pre-check which included basic questions about lifestyle and blood tests. These were followed up with the full review of the patient's health when any test results were received.

### 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 95% of the total number of points available compared to the CCG average of 97% and the national average of 94%. Exception reporting was 9% compared to the local average of 10% and the national average of 9%. (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). Performance for diabetes related indicators was 80% compared to the CCG average of 94% and national average of 89%. The GPS at the practice accounted for this low score and had implemented action to improve diabetes care as a result. A practice nurse had left in the previous year and this had impacted on the diabetic care for patients. The plan to improve diabetes care included ensuring the new nurse had appropriate expertise in diabetes care. The nurse told us they were involved in the planning of diabetic reviews. GPs told us they were on course to achieve high QOF scores for diabetes in 2015/16.

- Performance for hypertension (high blood pressure) related indicators was 100% compared to the CCG average of 99% and national average of 98%.
- Performance for mental health related indicators was 89% compared to the CCG average of 95% and national average of 93%. The CQC GP specialist adviser looked at the processes for reviewing the health and wellbeing of mental health patients and found this was in line with national guidance. The practice's prevalence of patients with mental health problems was 0.6% higher than the national average at 1.4%. 89% of these patients had care plans and 6% were not suitable or had declined care plans.

Clinical audits demonstrated quality improvement.

- There was a programme of clinical audits undertaken and this indicated a broad range of clinical care was monitored.
- We saw that audits were repeated to identify whether improvements were being made as a result of audit cycles.
- For example, an audit of diabetes care was undertaken in 2015 to identify where improvements were needed and this is due to be repeated in February 2016 to check that improvements were being made to diabetic care. An audit on osteoporosis was undertaken in 2015. This showed that between January and July 2015 the coding and recording of patients' treatment had improved. For example, the rate of treatment reviews within 12 months was 49% in January and went up to 93% by July.

The practice monitored repeat prescribing to ensure that patients received reviews of their medicines when they required these, in line with national guidance. For patients on four or more medicines 89% of patients had up to date medicine reviews. For those on less than four 76% had up to date reviews. This indicated that 24% of patients with repeat prescriptions were overdue medicine reviews meaning they should be reviewed before having further medicines prescribed to them. GPs explained that the process for reviewing patients with long term conditions was to be organised into one annual review in order to provide one holistic review for any number of conditions they may have. This was partly aimed at improving medicine reviews. The practice was a low prescriber in



# Are services effective?

## (for example, treatment is effective)

terms of the targets set by the local CCG for prescribing limites and a saving was achieved on the practice's prescribing budget which was re-invested in patient services.

### 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.
- There was training provided to all staff including topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions
- The practice nurse told us they were encouraged to obtain qualifications and attend training which supported them to provide a broad range of care to patients.
- 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.

### Coordinating patient care and information sharing

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

- This included care plans, medical records and test results. Information such as NHS patient information leaflets was also available. The practice used IT systems to share information effectively. For example, patients at risk of unplanned admissions to hospital who had care plans, benefitted from their plans being available on the Oxfordshire care summary records. This enabled other services to access these when required.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together 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, such as when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a 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 practice had a process for assessing patients' capacity to consent and making best interest decisions.

### Supporting patients to live healthier lives

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

- Patients at risk of hospital admissions were offered care plans and the practice achieved their target of 2%. Where the patients declined a care plan, they were allocated a named GP and advised of their place on the register.
- The practice provided support to smokers. Of the 374 patients who had been advised to stop smoking during 2014/15, 54 were recorded as ex-smokers by the end of the year, indicating that 14% of smokers successfully stopped.
- At the end of 2014-15, 4 patients were on a palliative care register, and all had received advanced care plans recorded.

The practice undertook a programme of screening for health conditions:

The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 82%. Of the remaining patients who had not had the screening, the practice had recorded that the majority had

# Are services effective?

(for example, treatment is effective)

been invited to take part in screening within the previous five years. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 46% of eligible patients were screened for bowel cancer compared to the CCG average of 59%. To improve this achievement the practice has popup alerts on the patient record system so that when consulting with a patient in the cohort who has not completed a test, they can raise the issue with the patient.
- 70% of eligible patients had been screened for breast cancer compared to the CCG average of 75%.
- During 2015, 43 patients were offered memory screening, of whom 14 had a formal memory assessment. Five of those patients were referred to a memory clinic.

- 15% of patients eligible for chlamydia screening undertook a test, which is the second highest achievement of testing in the city of Oxford.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. Childhood immunisation rates for the vaccinations given to under two year olds were 91% and for five year olds they were 95%. This was compared to the overall CCG average of 89%.

Flu vaccination rates for at risk groups in 2015 were as follows:

- For over 65s was 79% compared to national average of 73%.
- For patients at risk due to health problems flu vaccination rates were 56% compared to the national average of 55%.



# 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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Nearly all of the 46 Care Quality Commission comment cards we received from patients were positive about the service experienced. There were no trends in the three negative comments received. All of the patients we spoke with told us the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 94% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 95% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 94% said the nurse gave them enough time compared to the local average and national average of 92%.
- 94% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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 above local and national averages. For example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 95% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 96% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 carers which was 1.2% of the practice list. 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. There was a counselling service available for patients.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and planned delivery of its services based on the needs of this population. The patient list had a high proportion of patients from the age range of 25 to 45 years old and lower than average patients over 65.

- There were longer appointments available for patients with a learning disability or complex health problems.
- To encourage continuity of care there were named GPs for patients with complex conditions and older patients.
- The practice considered the needs of with hearing difficulties. A hearing aid loop was available.
- Home visits were available for any patients who would benefit from these.
- The premises were accessible for patients with limited mobility.
- There were same day appointment slots protected to enable any emergency appointments to take place.
- Language line was available and any patients who had difficulty in using English were flagged on the patient record system to enable staff to book interpreters if needed.

### Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday. There was an arrangement to ensure patients could access the duty GP between 8am and 8.30am and 6pm and 6.30pm. Extended surgery hours were offered on one Saturday every month from 9.30 to 11.30 and one evening per week from 6.30pm to 8.30pm, rotated between Tuesdays, Wednesday and Thursdays. The variation in these extended hours provided flexibility to patients. Appointments could be pre-booked and same day appointments were also available. Phone consultations were available if this suited patients' needs.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 98% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 94% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 71% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 65% and national average of 65%.
- 82% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

Online appointment booking was available and 314 patients (8% of total population) had registered for the service.

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.
- We saw that information was available to help patients understand the complaints system

We looked at complaints received in the last 12 months and complaints were acknowledged and responses were sent once investigations were completed. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# 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 charter which was displayed on the website.
- The practice had a robust strategy and structure to deliver aims and objectives.

### 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 and were available to all staff and these were kept up to date.
- A comprehensive understanding of the performance of the practice was maintained through clinical audit, patient satisfaction and risk assessing.
- There were arrangements for identifying, recording and managing risks.

### Leadership and culture

The partners in the practice supported staff. They included the practice manager in the running of the service. This enabled the practice manager to be proactive in implementing changes to non-clinical processes where required. 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. The partners encouraged a culture of openness and honesty. The practice had systems in place for acting on notifiable safety incidents

When safety incidents occurred:

- The practice gave information, investigation outcomes and an apology when required.
- Where investigations found concerns this led to changes in practice or learning outcomes for staff.

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

- Staff told us the practice held regular team meetings for all staff groups including nurses and reception staff.
- Partners meetings were held monthly with ad hoc meetings held in addition.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. This was reflected in the changes implemented by the lead nurse in infection control and in assisting in the redesign of diabetic care.

### 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). The PPG met regularly and we spoke with two members of the group. They told us they felt involved in the running of the practice. For example, they PPG was working with the local council to try and improve parking around the practice.
- The friends and family test was used at the practice and 95% of patients stated they were extremely likely to recommend the practice.
- The partners and manager discussed patient feedback regularly at meetings and improvements were identified and made to booking appointments and better communication when GPs were running late.

The practice had gathered feedback from staff through appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

### Continuous Improvement

## Are services well-led?

Good 

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

The practice was very involved in local research projects in partnership with other healthcare providers such as local hospitals. There was a health and research practitioner who had a qualification in healthcare research and supported research pilots. This provided patients with new

approaches to care and treatment, through projects that were focused on specific conditions. For example, a trial of alternative c (COPD) monitoring and chronic kidney disease monitoring was underway.