East 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.

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Summary of findings

Overall summary

East Oxford Health Centre is located in Cowley Road, Oxford, Oxfordshire, OX4 1XD

The surgery which is also known as Dr Stevens & Partners is a GP practice in Oxford. It provides primary medical services to approximately 7,600 NHS patients. The practice is situated in a purpose-built building which opened in 2007. The practice is accessible by for patients with mobility issues.

As part of the inspection we talked with six patients, including a member of the patient participation group (PPG). We also received 12 comment cards from patients expressing their written views about the practice.

During our visit we spoke with a range of staff, including the practice manager, GPs, registered nurses and health care assistants, receptionists and other administrative staff.

The practice is open from 8.30 am to 6 pm on Monday to Friday. During these hours the practice provides telephone triage consultations, a duty doctor system and bookable appointments. Patients could book appointments either in person, over the phone or on-line.

The majority of patients we spoke with during our inspection told us that they were happy with the treatment that they received. Patients described staff as caring and told us they were always treated respectfully by staff. We found that the practice had listened to patient comments and taken action to improve their service.

We saw the practice had a clean and hygienic environment and there were systems in place to safeguard patients from abuse. Clinical decisions followed best practice.

We found the practice was meeting the wide ranging needs of its patients and the varying levels of demand that were placed on it.

Patients received a caring service. We saw patients being treated with sensitivity by reception staff, and patients we spoke with confirmed the reception staff were polite and respectful.

Governance and risk management measures were in place but we found that some governance arrangements needed strengthening to ensure the systems identified and addressed minor issues we found in recruitment, the storage of medicines and the identification of training needs.

The practice was well-led and responsive to the needs of patients attending the practice. Staff were positive about the management and leadership team and felt supported in their roles. They said their suggestions to improve the service were always listened to. All staff attended staff meetings and contributed positively to developing the practices service.

We found that the practice had met the regulations and provided services that were safe and effective.

During our inspection we looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups we reviewed were:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing mental health problems

We found the practice provided a responsive service for patients within each population group. Patients were able to access appointments and there were systems in place to ensure patients received an individualised and caring service. The surgery had carefully considered the needs of vulnerable patients and worked in partnership with other organisations to ensure that these patients were supported with their health and social care needs.

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 protected the safety of its patients by ensuring staff had the knowledge and skills to recognise signs of abuse and protect children and vulnerable adults.

In addition, the practice had systems in place to enable them to manage incidents and safety alerts. Staff told us the practice had an open and transparent culture which discussed incidents and significant events with all staff to improve services for patients.

The practice managed medicines safely and had the correct equipment, training and emergency drugs to manage a medical emergency safely.

All areas of the practice were seen to be visibly clean. Staff received infection control training and the practice demonstrated their understanding of the importance of following infection control procedures.

Are services effective?

The practice managed the demands on the service to ensure they could meet patient needs and feedback from patients was positive about the service they received. Patients were assessed and care and treatment was delivered in line with current legislation and best medical practice.

New patients were offered a consultation to identify long term conditions and explore their past medical history, family history, and other risk factors. This enabled the practice to identify where patients might be at risk of developing a long term condition. The practice also had programs in place to support patients with diet or exercise and stopping smoking.

Patients received coordinated care and support where more than one provider was involved or they were moved between services. For example, the practice worked closely with other health and social care services to ensure the needs of their patients were met. There were a range of in-house and multiagency meetings to discuss patient care which ensured patients received a joined up service.

The practice provided its patients with a range of information about health promotion in the waiting area and on the practice website.

Staff had annual appraisals and told us that their training needs were supported by senior staff which enabled them to help patients to manage their healthcare needs better.

Summary of findings

Are services caring?

Most of the patients we spoke with were complimentary about the care and service that staff provided, and confirmed that care was provided with respect to patients' privacy and dignity. Throughout the inspection we noted that staff communicated with patients in a caring manner. Patients told us that GPs and other clinical staff took time to listen to them and discussed their treatment options to ensure they were able to make informed choices.

Our discussions with practice staff confirmed that the practice strived to provide a person centred, compassionate service for patients. The practice had a policy on confidentiality and staff were able to describe how they protected patient privacy.

The practice understood capacity and consent and applied their knowledge of the Mental Capacity Act 2005 to ensure patients were able to make informed decisions, and they protected patients when they lacked capacity to make a decision about their care or treatment options.

The practice offered bereavement support to patients and families through either home visits or by telephone calls.

A chaperone service was available to those who required it.

Are services responsive to people's needs?

Patients were generally satisfied with the accessibility of the GP's and other clinicians. Patients could make appointments or request repeat prescriptions online to enable them to access the service at times that were convenient to them.

The practice obtained and acted on patients' feedback and learned from people's experiences to improve the quality of care patients received. The practice had a patient participation group (PPG) whom it actively engaged with to obtain and act on patient views. The practice had sought to involve a cross-section of their patient population, including vulnerable patients, to ensure the feedback was representative of the wider practice population.

The provider had a clear complaints policy and responded appropriately to complaints about the practice.

Are services well-led?

Staff told us that the culture within the practice was open and transparent, that they were involved and listened to and that they felt the practice was well-led. There was a strong and visible leadership team, with a clear vision and purpose. We found that staff were committed to improving standards and were encouraged to have good working relationships amongst the staff and other stakeholders.

Summary of findings

There were governance structures in place to ensure the care and treatment patients received was caring, effective and responsive. However some of the quality assurance systems required minor improvements to ensure the practice could easily check staff training needs, the safe storage of medicines and that their recruitment processes had been followed.

The practice conducted clinical audits to ensure they were adhering to national guidelines and had a nurse led peer review system with a neighbouring GP practice.

Staff told us about a variety of meetings, both single discipline and full team meetings where a variety of topics were discussed and appropriate actions drawn up and carried out. Staff told us they were involved and engaged in the practice to improve outcomes for patients.

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 met the needs of older patients. Older patients had a named GP to ensure there was continuity of their care and GPs visited frail patients in their own home. The practice told us that this ensured that links with other relevant health and care professionals were effective.

The practices computer system alerted staff to patients with an impairment including patients with memory issues, or if they were carers. GPs were aware of local services for carers and told us about how they signposted new carers to other services that could provide additional support.

The practice had systems in place to ensure patients end of life care and treatment wishes would be known and respected. All the GPs we spoke with told us about how they supported patients, and how they shared information within the practice to ensure patient's end of life wishes were known and adhered to.

We reviewed the practice's policies and procedures on safeguarding vulnerable adults. We found there were appropriate systems in place to respond to any concerns relating to older patients. GPs described situations where they had reported a concern to the lead safeguarding agency and told us about how this had safeguarded vulnerable adults.

People with long-term conditions

The practice met the needs of patients with long-term conditions by ensuring that they had systems in place to identify, manage and monitor patient health and by providing patients with information about other services that could offer additional support. For example, the practice offered new patients a consultation to identify contributing factors of long term conditions such as their past medical history, family history, and other risk factors such as patient lifestyle. This identified patients with an existing long term health condition such as diabetes or asthma, and enabled the practice to identify where patients might be at risk of developing a long term condition. The practice also had programs in place to support patients with diet or exercise and stopping smoking.

Nursing staff managed the needs of patients with long-term conditions through individual clinics. GPs explained they supported the clinics with advice and were alerted by the nurse if they felt the individual required further GP support such as a medicine review. GPs also met with the nurses on a weekly basis to offer support and

mentoring, therefore, nurses had the opportunity to discuss concerns and increase their knowledge and skills. Practice nurses confirmed this and told us they were able to quickly and easily discuss patient needs with GPs to gain clinical advice about treatment options for patients.

Practice nurses met regularly with other health professionals. For example, meetings with district nurses were held to discuss current patients and ensure they shared relevant information about patient care and treatment.

Patients with long-term conditions were members of the PPG which enabled them to actively share their views with the practice on how to meet their needs.

The practice accommodated the needs of disabled patients. We saw that the practice was housed on the ground floor with level access internally, and a ramp outside for patients with mobility issues. The front door was wide enough for wheelchairs and opened electronically. There was also a toilet adapted for patients with mobility needs.

Mothers, babies, children and young people

The practice met the needs of mothers, babies, children and young people by having specific services to meet their needs. The practice actively sought to meet childhood immunisation targets and followed up on the health of babies through post-natal checks.

Triage systems ensured young children were seen on the same day as they presented.

The practice had safeguarding children policies and procedures in place. We found there were appropriate systems in place to respond to any concerns. The practice nurses regularly met with the health visitors to ensure they offered the care and treatment families with babies and young children needed.

The practice had a range of child health clinics and these were promoted by posters and through the practices website.

Mothers, babies, children and young people had a named GP to promote continuity of their care.

The working-age population and those recently retired

Patients could request repeat prescriptions and make appointments on-line to enable them to access the practice at times that suited them. The practice did not offer extended opening hours which meant that patients who were employed were more likely to have to take time off work to access a GP.

Summary of findings

The practice promoted the health of patients of working age and those recently retired. They were involved in NHS health checks for patients between the ages of 40 and 74.

Patients of working age and those recently retired were represented on the patient participation group. This ensured that their views about the service they received were shared with the practice.

People in vulnerable circumstances who may have poor access to primary care

The practice worked closely with other organisations to ensure patients could access services at the practice that were run by other agencies such as the Citizens Advice Bureau and a statutory substance misuse service. For example, the practice was recognised locally as the service that supported asylum seekers with both their health needs, and by supporting these patients' to access other services such as the citizen's advice bureau to promote their well-being and independence.

In addition, the surgery ensured patients who had issues with substance misuse were supported by working in close partnership with the local substance misuse service to provide advice and information and caring and responsive medical treatment.

The practice told us about how they responded to individuals "walking in off the street" in recognition of the chaotic circumstances that some of these patients find themselves in. They confirmed that the on-call GP system meant there was always a GP available to meet these patients' urgent healthcare needs.

The patient participation group had representation of patients who would be perceived as vulnerable, such as, asylum seekers, patients with learning disabilities and patients who may have experienced domestic violence. Another practice in the area worked with patients who were homeless, but the practice told us they did not turn anybody anyway who was in need of urgent healthcare.

People experiencing poor mental health

Staff had received training in managing challenging situations to enable them to assist patients in a sensitive and compassionate way.

There was a counsellor based at the practice that patients accessed via a GP referral.

The practices computer system alerted staff to patients with poor mental health and the practice described how they had changed the

Summary of findings

services following feedback they had received from a patient with mental health needs. The changes showed the practice was committed to providing a sensitive, individualised service for patients who were experiencing mental health problems.

Summary of findings

What people who use the service say

As part of the inspection we talked with six patients, including a member of the patient participation group. We also received 12 comment cards from patients expressing their written views about the practice.

Most patients were very happy with the service they received. Some patients commented that appointment times often ran late, although they appreciated the length of time GPs spent with them during appointments.

Most of the people we spoke with and the written feedback we received complimented the staff working at the practice in terms of the care and treatment they provided.

Areas for improvement

Action the service SHOULD take to improve

- The practice should make improvements to their quality assurance system in relation to staff training, recruitment and the storage of medicines.
- The practice should ensure clinical audit cycles are completed to measure the effectiveness of improvements and performance.
- The practice should ensure their medicines management policies and procedures are followed.

Outstanding practice

Our inspection team highlighted the following areas of good practice:

- The practice was recognised locally as the service that supported asylum seekers with both their health needs, and by supporting these patients' to access other services such as the citizen's advice bureau to promote their well-being and independence. Our discussions identified the practice had a system in place that enabled them to provide advice and information, and provide caring and effective medical treatment. One patient who was an asylum seeker was on the practice patient participation group which helped the practice to understand how their service could better meet the needs of patients seeking asylum.
- The practice had a specialist service to support substance misuse patients. The practice ensured patients who had issues with substance misuse were supported by working in close partnership with the local substance misuse service to provide advice and information and caring and responsive medical treatment.
- A practice nurse had been on diabetic educator training so they could help diabetic patients manage their condition better. This helped the practice meet national guidelines on managing diabetes and developed the skills of practice nurses.

East Oxford Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector, and a GP specialist advisor. The team included a second CQC inspector, a practice manager and an Expert by Experience. Experts by Experience are people who have experience of using care services. They take part in our inspections of health and social care services.

Background to East Oxford Health Centre

East Oxford Health Centre is based at Cowley Road, Oxford, Oxfordshire, OX4 1XD and provides a general practice surgery. The practice provides a general practice service to approximately 7,600 NHS patients.

The practice has both male and female GPs to enable patients to see a GP of their choice. There are three GP partners and three salaried GPs. They are supported by three practice nurses and a health care assistant. Clinical staff are supported by a team of receptionists and admin staff, a secretary and the practice manager.

The practice opens between 8:30 and 6 pm on Monday – Friday and patient appointments are available between 8:30 am and 5:30 pm. Outside normal surgery hour's patients were able to access emergency care from an alternative out-of-hours service.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. These included organisations such as the local Healthwatch, NHS England and the Oxfordshire Clinical Commissioning Group.

We carried out an announced visit on the 10 July 2014.

As part of the inspection we talked with six patients, including a member of the patient participation group. We also received 12 comment cards from patients expressing their views about the practice.

During our visit we spoke with a range of staff, including the practice manager, GPs, registered nurses and health care assistants, receptionists and other administrative staff.

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

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

Detailed findings

• Is it well-led?

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

• Older people

• People with long-term conditions

• Mothers, babies, children and young people

• The working-age population and those recently retired

• People in vulnerable circumstances who may have poor access to primary care

• People experiencing a mental health problem

Are services safe?

Our findings

Safe Track Record

The practice responded to safety alerts which were disseminated by email. All the staff we spoke with about this confirmed they received patient alerts and that the system ensured they received alerts quickly by email and were able to act upon them as they needed to.

The practice had a range of meetings to discuss patient care. These were both whole practice, and specific clinical meetings for GPs that were held on a weekly basis. This gave staff the opportunity to share information and discuss any aspect of patient care to make sure patients were safely cared for.

Learning and improvement from safety incidents

The practice has a system in place for reporting, recording and monitoring significant events. Significant events were recorded, investigated and discussed at a variety of practice meetings. We noted significant events were also subject to an annual review to enable the practice to detect any themes or trends. We saw that action plans were developed to ensure the practice changed their systems where necessary to promote patient safety. However, we noted these action plans were not always reviewed, therefore, the practice might not be aware if actions had not been carried out, or if the actions had not achieved the plans objectives. The practice acknowledged that the system required a final review to ensure that learning from incidents was robust. The practice told us they would amend their system of reviewing significant events to ensure they could check actions had been taken and that the aims of the action plan had been met. All the staff we spoke with about significant events told us that incidents, investigations and learning were shared with the staff team to ensure the practice learnt from incidents to improve outcomes for patients. In addition, staff told us about an example of a significant event where they had noted a trend of similar incidents occurring with another organisation. They said they had raised this externally to ensure patient safety was protected. All the staff we spoke with about significant events were aware of this incident. We saw that significant events were shared openly with the team to protect the safety of patients.

Reliable safety systems and processes including safeguarding

The practice had a system in place to ensure that all staff had the knowledge and skills to recognise where a vulnerable adult or child may be at risk of abuse, and the correct guidance to raise a concern with other agencies where this was required. The practice had weekly meetings where vulnerable adults and children were discussed, and quarterly meetings with health visitors to share information of concern. The practice had policies and procedures in place for safeguarding children and vulnerable adults. These were up to date. They set out how staff should respond when they suspected a child or vulnerable adult was at risk of harm. They contained up to date contact details of agencies to report concerns to, or which could give further advice about managing a concern. The practice told us they had a lead GP for adult and children's safeguarding who had received enhanced safeguarding training. They confirmed that all other staff had undertaken training for the safeguarding of adults and children. Staff particularly commented on the quality of the training which was presented in a variety of formats including presentations, quizzes and discussion groups. Staff told us this enabled them to explore both obvious and more subtle signs of abuse and understand the actions they needed to take. All the staff we spoke with confirmed they received training and were clearly able to describe signs of abuse and understood what action they needed to take if they were concerned or worried about a patient. In addition, GPs described situations where they had reported a concern to the lead safeguarding agency, and where they had received information of concern from other organisations such as the accident and emergency department and how they acted upon it.

We noted a chaperone policy was in place and this was publicised in the waiting area and in clinical rooms. A chaperone is a person who, with their consent, accompanies another person or child during their consultation or treatment.

Monitoring Safety & Responding to Risk

The practice was accommodated in a purpose-built premises built in 2007 that were not owned or managed by the practice. The practice told us they checked the premises on a regular basis to ensure it was safe for

patients. We saw evidence of cleaning checks and risk assessments such as fire, legionella and falls. The practice had information prominently displayed on what action to take in the event of a fire.

The practice had health and safety policies and they told us that they had a system for reporting any building issues which were quickly resolved.

Records showed the practice had a policy on minimum staffing levels and that the practice assessed potential need, including capacity and demand, in advance to ensure that there were enough staff on duty. The practice told us about how they identified pressure points and how they addressed them to ensure there were sufficient numbers of staff on duty to respond to patient needs.

Medicines Management

Arrangements were in place to manage medicines safely. Vaccinations and other medicines that required storage at low temperatures were kept in suitable fridges. All the medicines and vaccines that we checked were within their expiry date, and the practice had a system in place to ensure expiry dates were regularly monitored. The practice maintained a log of temperature checks on the fridge. The records we checked showed all recordings of the temperature being within the correct range. All medicines fridges had locks and staff told us that they were kept locked when they were not in use.

On the day of the inspection the practice drew our attention to some controlled drugs that were stored on site. They told us that they no longer kept controlled drugs on the premises. However, an oversight in their system in 2011 had led to these medicines being stored on site and not being appropriately disposed of. We saw that the practice had taken immediate action to rectify this upon their discovery of the controlled drugs. In addition the practice wrote to us immediately following the inspection and confirmed the action they had taken to safely dispose of the medicines including reporting and seeking assistance from the local accountable controlled drugs officer.

Cleanliness & Infection Control

The practice had a copy of the Health & Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. The practice nurse was the infection control lead and was responsible for completing audits in accordance with best practice guidance. The practice had policies relating to infection control and the decontamination of consulting rooms used for minor surgery. Staff undertook training in infection control including spillages and hand washing. The practice used contracted cleaners and there was a cleaning checklist in place. The practice informally checked cleanliness on a daily basis.

We saw that a risk assessment and regular checks had been undertaken to ensure that people were not at risk of contracting Legionella (a water borne bacteria which can cause significant illness). We saw a variety of other checks the practice undertook such as safety of the building, trips, slips and falls and other incidents to ensure they identified and managed risks.

Staffing & Recruitment

The practice had a recruitment policy. We checked three recruitment files. We found two recruitment files showed that the practice had undertaken satisfactory checks of the applicant's suitability and all the files contained an employment history. However, one of the three files did not show that appropriate references had been sought. The practice wrote to us following the inspection and advised us of what measures they had put in place to ensure recruitment checks were robust and protected patients' safety.

We spoke with a member of staff (locum nurse) who worked at the practice intermittently. They told us they were well supported by the practice to understand their role, and always provided with enough information to care for patients safely.

Dealing with Emergencies

Records showed that emergency medicines including oxygen were in place, stored correctly, within their expiry dates and checked by staff weekly. Staff knew where the emergency medicines were stored and confirmed they were able to access them quickly in the event of a medical emergency. The practice had access to an automated external defibrillator (AED) to enable them to support a patient in the event of a cardiac arrest. We saw guidance for staff in terms of the action they needed to take in the event of different types of emergency. The practice manager confirmed that all staff had up to date training in basic life support.

Are services safe?

The practice had plans in place to ensure they were able to manage potential safety risks such as major incidents or disruptions to the service.

Equipment

Equipment used for patient care and treatment was safe. We saw that equipment had been tested to ensure it operated safely. We saw that clinical equipment was serviced in accordance with the manufacturer guidelines.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care & treatment in line with standards

The practice took into account national guidelines such as those issued by the National Institute for Health and Care Excellence (NICE). The practice had regular meetings where clinical and business issues relevant to patient care were discussed. There were well time tabled multi-disciplinary meetings with other health and social care organisations such as meetings with health visitors or the palliative care team, which GPs and nursing staff attended to discuss the care of people.

The practice screened patients for long-term conditions as part of their registration as a new patient, and through clinical reviews and health promotion programs. The practice managed patients with long-term conditions and staff were aware of procedures to follow to ensure that patients on the Quality and Outcomes Framework (QOF) disease registers were contacted and recalled at suitable intervals. Practice nurses said they felt skilled to manage patients with long-term conditions and told us how they reviewed patient's in-line with best practice recommendations.

Management, monitoring and improving outcomes for people

The practice had screening programs in place and told us about how they addressed issues to promote patient health. For example, the practice told us that bowel cancer screening was a particular issue in the area. They told us they were part of a current promotion to increase the uptake of screening for bowel cancer. This was advertised to patients in the waiting area.

Nursing staff managed the needs of patients with long-term conditions through individual clinics. GPs explained they supported the clinics with advice and were alerted by the nurse if they felt the individual required further GP support such as a medicine review. GPs also met with the nurses on a weekly basis to offer support and mentoring, therefore, nurses had the opportunity to discuss concerns and increase their knowledge and skills. Practice nurses confirmed this and told us they were able to quickly and easily discuss patient needs with GPs to gain clinical advice about treatment options for patients.

GPs described to us a variety of clinical audits which included cervical cytology (the screening method to detect pre-cancerous cells) and an audit of the use of hypnotic medicines. These are medicines used to reduce anxiety, depression or help with sleep. We saw that the practice developed action plans in response to the audit findings. The practice acknowledged they needed to ensure that actions resulting from clinical audits were reviewed to complete the audit cycle.

Effective Staffing, equipment and facilities

The practice had a staff handbook to ensure staff were aware of their responsibilities and to provide them with the essential information they required to safely undertake their role.

Staff told us they had received suitable training and guidance to provide them with the knowledge and skills required to carry out their role effectively. We saw the practice also had regular monthly staff training meetings that included updates on infection control, prescribing and risk assessing. However, the practice did not have a system in place to ensure they could quickly identify when staff required training or where there might be gaps in team members training. The practice advised us that they were confident that all required training had been undertaken although they acknowledged that workload constraints had meant they had not been able to develop a system for checking.

Staff told us they had regular supervision and annual appraisals. Records we saw confirmed this. Staff said that appraisals included key objectives in providing care and best practice. They told us they found their appraisal helpful in terms of their development. For example, nurses had been on diabetic educator training so they could help diabetic patients manage their condition better. This helped the practice meet national guidelines on managing diabetes and developed the skills of practice nurses.

The practice had a lead GP for human resources (HR) and they told us they had recently been involved in all the appraisals for reception staff. They believed that this process supported staff learning and furthered working relationships within the non-clinical and clinical teams.

We spoke with locum staff who worked at the practice occasionally. They told us they were given comprehensive

Are services effective?

(for example, treatment is effective)

handovers and felt part of the team. They said the open culture of the practice meant they could talk through any concerns with another member of the team or with the practice management team.

Working with other services

Patient information was received electronically from other organisations such as the local accident and emergency centre and the out-of-hours service. The practice had a system in place to ensure all information was reviewed by a GP.

The practice offered on-site services from other organisations such as local drug and alcohol services and the Citizens Advice Bureau. We spoke with some staff from other health and social care agencies including a substance misuse professional and a health visitor. They described the practice as very effective at working in partnership to promote good outcomes for patients. They told us they felt well supported by the practice and part of the larger team.

There were a range of multi-agency meetings to co-ordinate care and meet patient needs. These included monthly meetings between practice nurses and health visitors, and quarterly meetings with other teams such as health visitors, district and palliative nursing teams and psychiatry services.

Health Promotion & Prevention

The practice offered new patients a consultation to identify contributing factors of long term conditions such as their past medical history, family history, and other risk factors such as patient lifestyle. This identified patients with an existing long term health condition such as diabetes or asthma, and enabled the practice to identify where patients might be at risk of developing a long term condition. The practice also had programs in place to support patients with diet or exercise and stopping smoking.

The waiting area contained a wide range of health promotion and prevention leaflets on subjects such as preventing strokes, restoring mental health and meningitis. We saw that some of these were provided in alternative languages.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Patient feedback showed that practice staff treated patients with dignity, respect and compassion. The standard of service was generally described by patients as very caring. Patients regarded staff as friendly, caring and helpful. The results of the 2013 National Patient Survey showed that 83.5% of patients who responded to the survey rated the practice as good, or very good.

During the inspection we observed the reception staff spoke with patients politely. The practice told us that reception staff had received training on customer care. Reception staff confirmed this and said they had appreciated some recent training that enabled them to understand how best to manage challenging situations in the practice. Throughout the inspection we noted the practice team provided person centred care. For example in the way they discussed various aspects of the service, and in the way they communicated with patients and each other.

The practice had a policy on confidentiality and staff were able to describe how they protected patient privacy. There was a sign at the reception area to prompt patients to stand back from the desk to protect privacy. The practice had asked patients about confidentiality at the reception desk in a recent survey. The results showed that patients did not perceive this as a problem. Staff told us that they did not ask patients for personal or private information at the reception desk. There were quiet areas within the practice where reception staff could talk to patients privately if required.

The practice had arrangements in place to ensure patients' private medical information was protected. They had a "clear desk" rule to ensure that patient information was protected. We saw that filing cabinets were lockable, and that the practice had a system in place to manage confidential waste.

Patients were treated with respect. For example, the practice had a system of recalling patients for regular reviews. This involved a mixture of writing to and telephoning patients. The practice told us their system enabled them to recognise where a letter might not be helpful to the patients, for example where the patient was unwell or under a particular stress. The practice told how they would discuss the most appropriate way of contacting the patient both within the team and by talking to other healthcare professionals involved in the patients care. This system promoted a more sensitive person centred approach that empathised with patients in a compassionate way.

The computer system alerted GPs if a patient was also a carer. There was written information available for carers to ensure they understood the various avenues of support available to them.

The practice offered bereavement support to patients and families through either home visits or by telephone calls. The practice had a system in place to ensure staff were aware when a patient had died. Staff told us they had been supported to attend funerals when they had known a patient well.

Involvement in decisions and consent

Patients told us that GPs and other clinical staff took time to listen to them and discussed their treatment options to ensure they were able to make informed choices.

We spoke with a senior GP who told us that patients were involved in deciding what care or treatment they received. They described how they used leaflets on common procedures and online resources to support patients to understand their treatment options and make informed choices. Patients were able to choose the hospital where they wished to have further treatment if possible. GPs told us they discussed the different hospital options with patients in order to support them to make an informed choice.

The practice understood capacity and consent and applied their knowledge of the Mental Capacity Act 2005 to ensure patients were able to make informed decisions, and they protected patients when they lacked capacity to make a decision about their care or treatment options. GPs provided us with examples of the mental capacity assessments they had undertaken. They talked confidently about the way they would work with patients, carers or family members and other professionals when making best interest decisions for patients who lacked capacity.

The practice told us about circumstances when they might seek written consent to treatment such as flu vaccinations. They also explained that they gained written confirmation in other circumstances for example when a parent had declined treatment such as childhood immunisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to people's needs

The practice had an active patient participation group (PPG) to enable it to engage with a cross-section of the practice population and obtain patient views. The practice told us they held meetings every couple of months throughout the year. This enabled the practice to proactively seek the views of patients who used the practice. We spoke with one member of the PPG and they told us they felt listened to by the practice, and gave us an example of how the PPG were involved in changing the name of the practice. Minutes of meetings showed where the practice had made changes to their service as a result of the feedback they had received. For example, we noted the practice provided colouring books and crayons for children to use whilst they were waiting for their appointment as a result of suggestions made by the PPG. We saw a patient survey that had been completed in spring 2014, which identified that answering telephones was an issue. Patients also told us about this. The practice explained that this had been caused by a technical problem with a particular telephone, and described the action they had taken to address this to ensure patients were able to contact the practice when they needed to.

The practice had quarterly meetings with the palliative care team to discuss the needs of patients who were receiving end of life care, and patients who had palliative care needs had their own nominated GP to ensure they received an individualised service including home visits. Patients who had chosen to remain in their own homes were able to receive the palliative care they required. The practice had also received support from a GP from another practice who was the local area lead for end of life care. GPs described to us how they shared information with other organisations such as the out-of-hours service to ensure all agencies were aware of the patient's clinical needs and end of life wishes.

The practice was recognised locally as the service that supported asylum seekers and other surgeries would refer asylum seekers to the practice. The practice supported asylum seekers with their health needs and also enabled patients to access other services such as making benefit claims through the citizen's advice bureau that held regular sessions in the practice. The practice sought feedback from patients seeking asylum through their patient participation group to ensure they provided an appropriate service.

The practice confirmed that they had access to online and telephone interpreting and translation facilities. They told us they regularly used the telephone translation service to ensure that patients understood their care and treatment options. They also told us that GPs within the practice spoke a range of languages including French, Greek and Urdu. We saw that there was literature about various medical conditions in other languages available in the waiting room. We noted a poster displayed in Urdu inviting patients to become members of the PPG.

Access to the service

The practice accommodated the needs of disabled patients. We saw that the practice was housed on the ground floor with level access internally, and a ramp outside for patients with mobility issues. The front door was wide enough for wheelchairs and opened electronically. There was also a toilet adapted for patients with mobility needs.

The practice website outlined how patients could book appointments and organise repeat prescriptions online. Patients could also make appointments by telephone and in person to ensure they were able to access the practice at times and in ways that were convenient to them.

Patients we spoke with were generally happy with the appointment system. Appointments were available in a variety of formats including pre-bookable appointments, a telephone triage system and a daily 'duty doctor' system. These ensured patients were able to access healthcare when they needed to. Patients confirmed that they could see a doctor on the same day if they needed to. Patients told us there was a wait to see the doctor of their choice, and that appointment times often over-ran, but they were otherwise satisfied with the appointments system. The practice did not offer any extended opening hours such as in the evening or at weekends. They told us they were re-examining extended opening hour's options as this had been raised by patients in the recent 2014 patient survey.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. This was provided by an out-of hour's service. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances.

Are services responsive to people's needs?

(for example, to feedback?)

Information on the out-of-hours service was provided to patients in the practice waiting room and was also included in the practice leaflet and on the practice website.

Concerns & Complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handles all complaints in the practice. Patients were provided with information about how to raise a concern or make a complaint. The practice had a complaints policy in place which enabled patients to make a complaint in a variety of formats which included by telephone, in person or in writing. The complaints policy provided contact details for external organisations patients could contact if they were not satisfied with the outcome of the complaint investigation. The practice website, and posters displayed in the waiting area also described how patients could raise a concern or complaint about the practice. The practice had received a small number of complaints in the past 12 months and records showed that complaints were individually recorded, investigated and resolved in accordance with the policy. The practice also analysed complaints on an annual basis to ensure they could detect themes or trends and improve the service patients received as a result of feedback. We saw examples of where the practice had changed as a result of a complaint. We noted that complaints were openly discussed at team meetings to ensure all staff were able to learn and improve outcomes for patients.

The practice had a PPG group that met approximately every two months. The group was predominately made up of recently retired patients. However, there was also representation from other patients groups including patients who had a disability and patients who were vulnerable through a mental health condition or because of their social circumstances. The group had developed their own statement of purpose which was recorded as providing an independent patient view of the practice, identifying issues and helping to implement solutions.

Are services well-led?

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

Our findings

Leadership & Culture

The practice communicated its values to patients. The practice values were clearly displayed in the waiting area, the staff meeting room and outlined within the practice website. The values included an aim to offer a friendly, caring service that was accessible to patients and staff who listened to patient views. The aims made reference to having an open and honest team focussed on its continuing education to enable the practice to respond to medical, community and social change. Staff we spoke with told us they felt valued by the practice and felt comfortable to raise any concerns or suggestions.

All the staff we spoke with described their roles clearly and understood their responsibilities, including where they needed to seek advice about a course of action. Clinical staff such as nurses described the clinical decision making processes they used including where they would seek advice or guidance from a GP about care or treatment options. GPs we spoke with confirmed they supported nurses through mentoring and provided guidance on patient care and treatment.

Governance Arrangements

Governance arrangements supported transparency and openness and staff had lead roles to ensure the practice had clear direction in specific areas such as information governance, safeguarding and human resources.

Throughout the inspection we observed staff followed information governance guidance such as using a clear desk rule to ensure confidential patient information was protected.

The practice conducted a number of clinical audits to ensure they were adhering to national guidelines. They told us clinical audits were carried out by GP trainees and by GPs as part of their revalidation requirements. GPs told us audit results were shared electronically and presented during clinical meetings. However, there was not a system in place to ensure that actions resulting from clinical audits were reviewed. This meant the audit cycle was not completed. We talked with a senior GP about this and they advised us they would amend the audit system to ensure that the cycle of audit included reviewing actions plans to make sure that changes or improvements to practice had occurred.

There was a business continuity plan in place to ensure services continued running in the event of an emergency.

Systems to monitor and improve quality & improvement (leadership)

Practice nurses described to us the peer review system they had with a neighbouring GP practice. This gave the practice an opportunity to measure their service and learn from other practices in the area.

The practice mitigated risks to the service, such as staffing needs, by proactively reviewing the anticipated demands on the service to ensure the continued delivery of high quality care.

The practice required minor improvements to their quality assurance systems to ensure they could identify, assess and manage risks in respect of checking staff training needs, the safe storage of medicines and recruitment procedures.

Patient Experience & Involvement

Most of the patients we spoke with were complimentary about the care and service that staff provided, and confirmed that care was provided with respect to patients' privacy and dignity. Patients told us that GPs and other clinical staff took time to listen to them and discussed their treatment options to ensure they were able to make informed choices.

The practice had a proactive approach to seeking feedback from people who used the practice. The practice conducted their own survey and acted on the findings, for example by publicising the availability of longer appointment times on the website. The practice told us they had a suggestion box, although this was not on display on the day of the inspection. Patients were also directed to how to provide feedback, including making a complaint on the practice website.

Practice seeks and acts on feedback from users, public and staff

The practice had an active PPG group and further members were sought through posters in the waiting area and an invitation to join the group on the practice website. The PPG were involved in changes to the practice including choosing a new name for the service.

Are services well-led?

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

All the staff we spoke with told us they thought the practice was well-led. They described an open culture and said they felt able to express their views. Staff told us the leadership of the practice was inclusive and staff felt involved in decision making.

Staff told us about a variety of meetings, both single discipline and full team meetings. Records of these meetings showed a variety of topics were discussed and appropriate actions drawn up and carried out. Staff told us they were involved and engaged in the practice to improve outcomes for patients.

The practice did not have a whistle blowing policy. This meant staff may not have had clear guidance about what to do if they were concerned about an aspect of the practice. However, all the staff we spoke with confidently discussed what action they would take in the event of a concern about the practice. Staff told us about the open and transparent culture the practice adhered to, and explained that they would always feel confident to raise a concern within the practice. There was a risk that new team members might not have the same confidence in raising a concern, and there was a lack of guidance to enable staff to raise concerns to external organisations should they need to. Immediately following the inspection the practice wrote to us and told us they had written a whistleblowing policy to ensure staff had clear guidance about the action they could take in the event of a concern.

Management lead through learning & improvement

The practice described the ways in which they learnt to improve outcomes for patients. For example, one GP had recently spent time in another country on a GP exchange program. The practice told us about their learning from this which included an understanding of different cultural expectations of access to healthcare. Staff told us about the appraisal process which they found helpful and productive. Staff also told us that the practice supported them to maintain their clinical professional development through training, and mentoring. The practice completed reviews of significant events and other incidents and shared the learning with the staff team to ensure the practice learnt from incidents to improve outcomes for patients.

Identification & Management of Risk

The practice carried out checks to ensure they could respond appropriately in the event of a fire. There were prominent notices around the practice to ensure staff and patients understood what to do in the event of a fire. The practice was accommodated in a separately owned and managed building. The practice told us they were developing a system to ensure they were aware of fire safety advice provided by other organisations such as the fire and rescue centre.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Our findings

The practice met the needs of older patients. Older patients had a named GP to ensure there was continuity of their care and GP's visited frail patients in their own home. The practice told us that this ensured that links with other relevant health and care professionals were effective.

The practices computer system alerted staff to patients with an impairment including patients with memory issues, or if they were carers. GPs were aware of local services for carers and told us about how they signposted new carers to other services that could provide additional support.

The practice had systems in place to ensure patients end of life care and treatment wishes would be known and respected. All the GPs we spoke with told us about how they supported patients, and how they shared information within the practice to ensure patient's end of life wishes were known and adhered to.

We reviewed the practice's policies and procedures on safeguarding vulnerable adults. We found there were appropriate systems in place to respond to any concerns relating to older patients. GPs described situations where they had reported a concern to the lead safeguarding agency and told us about how this had safeguarded vulnerable adults.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Our findings

The practice met the needs of patients with long-term conditions by ensuring that they had systems in place to identify, manage and monitor patient health and by providing patients with information about other services that could offer additional support. For example, the practice offered new patients a consultation to identify contributing factors of long term conditions such as their past medical history, family history, and other risk factors such as patient lifestyle. This identified patients with an existing long term health condition such as diabetes or asthma, and enabled the practice to identify where patients might be at risk of developing a long term condition. The practice also had programs in place to support patients with diet or exercise and stopping smoking.

Nursing staff managed the needs of patients with long-term conditions through individual clinics. GPs explained they supported the clinics with advice and were alerted by the nurse if they felt the individual required further GP support such as a medicine review. GPs also met with the nurses on a weekly basis to offer support and mentoring, therefore, nurses had the opportunity to discuss concerns and increase their knowledge and skills. Practice nurses confirmed this and told us they were able to quickly and easily discuss patient needs with GPs to gain clinical advice about treatment options for patients.

Practice nurses met regularly with other health professionals. For example, meetings with district nurses were held to discuss current patients and ensure they shared relevant information about patient care and treatment.

Patients with long-term conditions were members of the PPG which enabled them to actively share their views with the practice on how to meet their needs.

The practice accommodated the needs of disabled patients. We saw that the practice was housed on the ground floor with level access internally, and a ramp outside for patients with mobility issues. The front door was wide enough for wheelchairs and opened electronically. There was also a toilet adapted for patients with mobility needs.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Our findings

The practice met the needs of mothers, babies, children and young people by having specific services to meet their needs. The practice actively sought to meet childhood immunisation targets and followed up on the health of babies through post-natal checks.

Triage systems ensured young children were seen on the same day as they presented.

The practice had safeguarding children policies and procedures in place. We found there were appropriate systems in place to respond to any concerns. The practice nurses regularly met with the health visitors to ensure they offered the care and treatment families with babies and young children needed.

The practice had a range of child health clinics and these were promoted by posters and through the practices website.

Mothers, babies, children and young people had a named GP to promote continuity of their care.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Our findings

Patients could request repeat prescriptions and make appointments on-line to enable them to access the practice at times that suited them. The practice did not offer extended opening hours which meant that patients who were employed were more likely to have to take time off work to access a GP.

The practice promoted the health of patients of working age and those recently retired. They were involved in NHS health checks for patients between the ages of 40 and 74.

Patients of working age and those recently retired were represented on the patient participation group. This ensured that their views about the service they received were shared with the practice.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Our findings

The practice worked closely with other organisations to ensure patients could access services at the practice that were run by other agencies such as the Citizens Advice Bureau and a statutory substance misuse service. For example, the practice was recognised locally as the service that supported asylum seekers with both their health needs, and by supporting these patients' to access other services such as the citizen's advice bureau to promote their well-being and independence.

In addition, the surgery ensured patients who had issues with substance misuse were supported by working in close partnership with the local substance misuse service to provide advice and information and caring and responsive medical treatment.

The practice told us about how they responded to individuals "walking in off the street" in recognition of the chaotic circumstances that some of these patients find themselves in. They confirmed that the on-call GP system meant there was always a GP available to meet these patients' urgent healthcare needs.

The patient participation group had representation of patients who would be perceived as vulnerable, such as, asylum seekers, patients with learning disabilities and patients who may have experienced domestic violence. Another practice in the area worked with patients who were homeless, but the practice told us they did not turn anybody anyway who was in need of urgent healthcare.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Our findings

Staff had received training in managing challenging situations to enable them to assist patients in a sensitive and compassionate way.

There was a counsellor based at the practice that patients accessed via a GP referral.

The practices computer system alerted staff to patients with poor mental health and the practice described how they had changed the services following feedback they had received from a patient with mental health needs. The changes showed the practice was committed to providing a sensitive, individualised service for patients who were experiencing mental health problems.