

St Clement's Surgery

Quality Report

St Clement's Surgery
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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 St Clement's Surgery in Oxford on 10 November 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.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, as a member of OxFed

(Oxford Federation for General Practice and Primary Care), St Clement's Surgery utilised an OxFed pilot project and accessed local Care Navigators, who coordinated support for the most vulnerable patients and liaised with GPs, families and carers to ensure care was proactive.

- The practice had adapted and accessible facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.

The areas where the provider should make improvement are:

- Continue to complete retrospective reviews of all national safety and medicines alerts ensuring appropriate action is taken in relation to the care and treatment of patients.
- Ensure that the practice engages with patients whilst reviewing the outcomes of the July 2016 national GP

Summary of findings

patient survey to determine appropriate action. Notably, improve patient satisfaction for aspects of care provided by the nursing team and the overall patient experience.

- Ensure appropriate arrangements are put in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users arising from

low uptake of cancer screening programmes. Also ensuring the risks to service users with a learning disability are assessed with a view to increasing uptake of annual health checks.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- When we commenced the inspection the practice was unable to demonstrate that medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were received or shared with the team. However, on the inspection day the practice had registered to receive alerts and carried out retrospective searches to identify patients who may need a review
- We found that St Clement's Surgery did not have an emergency medicine usually available in the fitting of contraceptive devices. Following the inspection evidence was submitted which showed the practice immediately ordered the emergency medicine and added it to the emergency medicines kit.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. This included additional safeguarding training for one of the GPs.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national averages. In 2015/16, the practice had achieved 99% of points (the local CCG was 98% and the national average was 95%).
- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

Summary of findings

- There was an extensive clinical audits programme; the audits we reviewed demonstrated quality improvement.
- There was a programme of staff appraisals and evidence of performance monitoring, identification of personal or professional development.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Verbal and written patient feedback highlighted patients felt involved in decision making about the care and treatment they received. Patients also told us they felt listened to and supported by staff.
- Data from the latest national GP patient survey (published in July 2016) showed that patients rated the practice lower than local clinical commissioning group (CCG) and national averages for several aspects of care. For example, 83% of patients said the last nurse they saw or spoke to was good at treating them with care and concern. This was lower when compared to the local CCG average (92%) and national average (91%).
- Information for patients about the services available was easy to understand and accessible.
- As a member of OxFed (Oxford Federation for General Practice and Primary Care), St Clement's Surgery utilised an OxFed which enabled access to local Care Navigators, who coordinated support for the most vulnerable patients and liaised with GPs, families and carers to ensure care was proactive.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population (a high number of young adults from the local University colleges) and engaged with the NHS England Area Team and Oxfordshire Clinical Commissioning Group to secure improvements to services where these were identified.

Summary of findings

- The practice had adapted and accessible facilities and was well equipped to treat patients and meet their needs.
- Data collected via the national GP patient survey reported patients were not satisfied with some aspects of how they access care and treatment at St Clement's Surgery. For example, 76% of patients said they found it easy to get through to the practice by telephone, CCG average was 84% and national average was 73%.
- Furthermore, 79% of patients said the last appointment they got was convenient. This was significantly below the CCG average (93%) and national average (92%).
- However, all of the verbal and written feedback received on the day of the inspection, was highly positive about access. Patients highlighted excellent access to appointments including high praise for the daily 'walk in and wait' service.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver a high standard of patient-centred care to St Clement's Surgery patients. Staff we spoke with were clear about the vision and their responsibilities in relation to it.
- All staff were aware of their own roles and responsibilities and felt supported by the management team. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a focus on continuous learning and improvement at all levels. This included a study which had been undertaken to identify St Clement's Surgery internal strengths and weaknesses, as well as its external opportunities and threats.

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 patients.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- St Clement's Surgery was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.
- The practice provided GP services to a local nursing and residential home. This included weekly ward rounds. There were regular GP sessions at the home to review patients with non-urgent health problems. The time was also used to proactively identify and manage any emerging health issues and undertake medication reviews.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were higher when compared with local and national averages. For example, St Clement's Surgery performance for osteoporosis (osteoporosis is a condition that weakens bones, making them fragile and more likely to break) indicators was higher than both the local and national averages. In 2015/16, the practice had achieved 100% of osteoporosis targets which was higher when compared to the CCG average (97%) and the national average (88%).

People with long term conditions

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

Good



- The number of patients registered at St Clement's Surgery with a long-standing health condition was significantly lower than local and national averages. For example, 36% of patients had a long-standing health condition, this was lower than the local CCG average (50%) and national average (54%).
- Performance for diabetes related indicators showed St Clement's Surgery had achieved 94% of targets which was similar when compared to the CCG average (95%) and higher when compared to the national average (90%).
- Performance for Chronic Obstructive Pulmonary Disease (known as COPD, a collection of lung diseases including chronic

Summary of findings

bronchitis and emphysema) indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (98%) and higher when compared to the national average (96%).

- Longer appointments and home visits were available when needed.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were lower when compared with local averages and higher when compared to national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- St Clement's Surgery Patient Participation Group (PPG) was the first PPG within Oxford to include children into the group. We saw the practice implemented children's suggestions, for example a children's comment book to capture younger patient's opinions, this book was called 'young views'.
- The practice's uptake for the cervical screening programme was 73%, which was lower when compared to the CCG average (82%) and the national average (81%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and the very high numbers of students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



Summary of findings

- Visits to local University colleges took place to enable new students to register at the practice and also provide them with information about NHS services. Students were also offered face to face registration, checking and updating any immunisations required and reviewing of medical histories during their first week at university.
- St Clement's Surgery provided primary care GP services for students at one of the colleges within Oxford University. We saw the practice actively supported patients to live healthier sex lives, provide sexual health advice, offer chlamydia screening kits and recently supported the college in facilitating a chlamydia awareness and screening event called 'chlamydia and cookies'. In the last 12 months, 91 patients had a chlamydia test via St Clement's Surgery, this represented 8% of patients eligible for chlamydia tests overall, which was the top performing practice when compared to the other GP practices in the CCG which provided GP services for students at the colleges within Oxford University.
- There was a range of appointments including early morning, evening and telephone consultations available for patients. Online appointments can also be booked for appointments with GPs, the practice nurse and health care assistant.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, those with caring commitments and those with a learning disability.
- The practice offered longer appointments (double appointments, 20 minutes in length) for vulnerable patients and patients with a learning disability.
- We saw there was written information available to direct carers to the various avenues of support available to them. This included information for young carers which aligned with the practice populations significantly higher proportion of patients aged between 15-34.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, including a monthly meeting with the district and palliative

Good



Summary of findings

care nurses. The practice employed a colour coded prioritisation system that identified the requirements and specific needs of the patients to ensure each patient received the most appropriate care and treatment.

- 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.

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).

- 98% of people experiencing poor mental health had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was higher when compared to the CCG average (91%) and the national average (89%).
- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher when compared to the local CCG average (87%) and the national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had an in-house practice counsellor who ran a weekly clinic, which improved access and speed of appointments for patients with mental health issues. This was a busy service, especially around university exam and subsequent results.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice had mixed levels of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages. For example, St Clement's Surgery patient's satisfaction for aspects relating to accessing and receiving care and treatment at the practice was lower when compared with the CCG and national averages. On behalf of NHS England, Ipsos MORI distributed 346 survey forms and 105 forms were returned. This was a 30% response rate and amounted to approximately 2% of the patient population.

- 76% of patients found it easy to get through to this practice by telephone (CCG average 84%, national average 73%).
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 82% of patients described the overall experience of this GP practice as good (CCG average 90%, national average 85%).
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 83%, national average 78%).

During the inspection we discussed these survey results which indicated mixed levels of patient satisfaction. The practice was fully aware of these survey results which did not align to any other patient feedback and proactively encouraged patients to complete Care Quality Commission (CQC) comment cards which they believed would give a more accurate level of patient feedback.

We received 45 comment cards which all gave a highly positive view on the standard of care received. Patients commented on receipt of excellent service from the GPs

and nurses and highly praised levels of access and daily 'walk-in' appointments. One comment card highlighted they had specifically registered at St Clement's Surgery to access the 'walk-in' appointments.

We spoke with seven patients during the inspection and two members of the patient participation group. Verbal feedback aligned to the high level of satisfaction which was highlighted in the written feedback we received and did not align with the national GP patient survey results. All seven patients and both members of the patient participation group we spoke with praised the care they received and thought staff were approachable, committed and caring.

Further verbal and written feedback highlighted the compassion of practice staff when supporting patients at vulnerable stages within their lives, for example, when experiencing poor mental health and pregnancy complications.

We also spoke with a local residential and nursing home for frail, elderly and people with dementia which St Clement's Surgery provides GP services for. They told us the practice was very responsive to patients needs including complex medicine needs and treated them with dignity and respect.

During the inspection we reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed.

- St Clement's Surgery achieved a 92% satisfaction rate in the NHS Friends and Family Test in October 2016, 92% in September 2016, 85% in August 2016, 100% in July 2016 and 96% in June 2016.

St Clement's Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to St Clement's Surgery

St Clement's Surgery is a GP training practice located in a purpose built building which was renovated in 1991, in an area on the outskirts of Oxford city centre. St Clement's Surgery is one of the practices within Oxfordshire Clinical Commissioning Group (CCG) and provides general medical services to approximately 4,700 registered patients. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

All services are provided from one site:

- St Clement's Surgery, 39 Temple Street, Oxford, Oxfordshire OX4 1JS.

The practice population continues to grow; (it increased by 10% in the last 12 months. There is a significantly higher proportion of patients aged between 15-34 due to registering high numbers of university students (attending the local universities and colleges) and significantly lower numbers of older patients when compared with national averages. The student population includes high numbers of students from various different countries which creates a transient patient population; patients are often outside of

the country for long periods specifically when some students return home between periods of study and exams. This has an impact on screening and recall programmes.

The prevalence of patients with a long standing health condition is 36% compared to the local CCG average of 50% and national average of 54%.

Ethnicity based on demographics collected in the 2011 census shows there is ethnic diversity, especially in the student population the practice served. Although Oxford city centre is an area with low instances of social and economic deprivation, St Clement's Surgery sits within a pocket of deprivation which includes increased levels of addiction (drug and alcohol) alongside higher levels of patients experiencing poor mental health conditions.

St Clement's Surgery also provides primary care GP services for a local nursing and residential home (approximately 60 patients) and students at one of colleges within Oxford University and students at a private international boarding school.

The practice comprises of two GP Partners (one female and one male) who are supported by two salaried GPs (one female and one male), one female GP Registrar and one male FY2 Doctor. St Clement's Surgery is a training practice for GP Registrars and FY2 Doctors. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine. FY2 Doctors are Foundation Year 2 Doctors, they are 2 years qualified and complete placements within General Practice as part of their training programme. There is also an in house practice counsellor who runs a weekly clinic, improving access and speed of appointments for patients with mental health issues.

Detailed findings

The all-female nursing team consists of two practice nurses, one locum nurse prescriber and a health care assistant who also performs phlebotomy duties.

The practice manager (currently away from the practice) is supported by an interim practice manager and a team of reception, administrative and secretarial staff who undertake the day to day management and running of St Clement's Surgery.

St Clement's Surgery is open between 8.20am and 6pm Monday to Friday (appointments between 8.45am and 5.30pm). In agreement with the CCG the out-of-hours service provide a message handling service between the hours of 8am and 8.20am and 6pm and 6.30pm. Each week extended hours for pre-bookable appointments were available every Tuesday morning between 7am-7.45am and every Tuesday evening between 6.30pm – 8pm.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on both practices door and over the telephone when the surgery is closed.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included information from Oxford Clinical Commissioning Group (CCG), Healthwatch Oxfordshire, NHS England and Public Health England.

We carried out an announced visit to St Clement's Surgery on 10 November 2016. During our visit we:

- Spoke with a range of staff; these included GPs, a nurse, practice manager and interim practice manager.
- Also spoke with seven patients who used the service and the local residential and nursing home which St Clement's Surgery provides primary care GP services for.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 45 Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relevant to the management of the service.
- Carried out observations and checks of the premises and equipment used for the treatment of patients.
- Circulated three staff surveys at the inspection and received all three responses.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. This analysis also included sharing investigation findings and any relevant learning with external stakeholders. One of the incidents we reviewed highlighted a specific communication error between health services in the local area. We saw St Clement's Surgery escalated this concern via an electronic incident reporting tool to the Clinical Commissioning Group (CCG) to ensure changes in patient pathways were reviewed and improved.

We reviewed incident reports and minutes of meetings relating to significant events. We saw evidence that lessons were shared, minutes recorded in significant review meetings and when needed action was taken to improve safety in the practice. For example, we saw a full comprehensive significant event analysis following an incident when during a consultation a GP experienced an eye splash injury.

This investigation highlighted effective team work, instant assistance by a nurse, correct use of eye irrigation equipment and timely correspondence (occupational health referral, entered into the accident book and reported to the Health and Safety Executive). The Health and Safety Executive is the body responsible for the encouragement, regulation and enforcement of workplace health, safety and welfare in England, Scotland and Wales.

We reviewed safety records and national patient safety alerts and saw they were received into the practice and were then disseminated to the relevant staff and a log was kept of any actions taken.

However at the time of inspection, we saw medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were not systematically received and shared with the team.

This was brought to the immediate attention of the GP Partners and management team during the inspection. We saw the practice immediately registered to receive MHRA alerts, downloaded all relevant alerts for the last 12 months and carried out searches to identify patient at risk. Evidence supplied following these searches indicated no patients were at risk of harm or prescribed a medicine subject to a national MHRA alert.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. For example, GPs were trained to Safeguarding Children level three (due to high levels of younger patients within the practice patient population, one of the GPs had additional training and was trained to Safeguarding Children level four), the nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.
- Notices in the waiting area advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.

Are services safe?

(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).

- St Clement's Surgery maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse had been appointed as the infection control lead and had attended external training to complete this extended role which included liaison with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all practice staff had received up to date training. Infection control audits were undertaken every six months. We saw the last two audits completed in June 2016 and November 2016. We reviewed an action plan that was to be taken to address any improvements.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Whilst reviewing the PGDs we saw all were in date and correctly signed. The health care assistant was trained to administer influenza vaccines against a patient specific prescription.
- We reviewed three 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy displayed which identified local health and safety representatives. The practice had an up to date fire risk assessment completed in February 2016. All electrical equipment was checked (November 2016) to ensure the equipment was safe to use and clinical equipment was checked (November 2016) to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of staff and the premises such as control of substances hazardous to health (COSHH) completed in June 2016, lone working risk assessment and a legionella assessment. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty at peak times of the day.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to all possible medical emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines were available.
- St Clement's Surgery had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in secure areas of the practice, all staff knew of their location and were clearly signposted. All the medicines we checked were in date and stored securely. We found that St Clement's Surgery did not have an emergency medicine usually available in the fitting of contraceptive devices. Following the inspection evidence was submitted which showed the practice immediately ordered the required emergency medicine and added it to the emergency medicines kit.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 (October 2016) were 99% of the total number of points available; this was similar when compared to the local CCG average (98%) and higher when compared to the national average (95%). The most recent published exception reporting was similar when compared to the CCG and national averages, the practice had 11% exception reporting, the CCG average and national average exception reporting was 10%. (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).

St Clement's Surgery overall QOF performance for 2015/16 was a 1% improvement on the previous year's QOF performance.

Data from 2015/16 showed the practice was in line and above QOF (or other national) clinical targets:

- Performance for diabetes related indicators showed the practice had achieved 94% of targets which was similar when compared to the CCG average (95%) and higher than the national average (90%).

- Performance for hypertension (high blood pressure) related indicators showed the practice had achieved 100% of targets which was similar when compared to a CCG average (99%) and the national average (97%).
- Performance for mental health related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (96%) and the national average (93%).

There was evidence of quality improvement including clinical audit.

- St Clement's Surgery was a training practice; we saw evidence of a long tradition of audit activity to monitor the quality of care offered to patients. We saw audits were discussed at the practice team meetings, reflected upon and learning shared with the full practice team. Furthermore, we saw the practice participated in local audits, national benchmarking, accreditation and peer review.
- There had been 18 clinical audits completed in the last year, eight of these were completed audits where the improvements made were implemented and monitored. We saw a wide variety of clinical audits including chronic kidney disease, fatigue and ear infections. We also saw GP Registrars were active within the clinical audit programme and saw the GPs supported the GP Registrars in completed clinical audits.
- We reviewed two of the completed clinical audits. One of these audits we reviewed was from January 2016 and audited the practices management of middle ear infections (otitis media) ensuring patients were receiving care and treatment NICE guidelines.
- Although a small sample size (23 patients) the audit highlighted documentation within patient records could be clearer and there should be a consideration to delay or apply a zero antibiotic strategy.
- We saw plans for a further audit in January 2017 with a view to ensure adherence to the highlighted recommendations have been implemented.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, a medical secretary had recently joined St Clement's Surgery. This role includes handling questions from patients, updating patient records and typing letters and clinical reports. To support the new medical secretary in this role, the practice had arranged a medical terminology study course. The course built core knowledge of terms used for the body systems with diseases. The GP Partners had also supported the practice manager enrol and complete a Leadership in Health Care Post Graduate Degree.
- The learning needs of staff were identified by the practice manager through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff have had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- St Clement's Surgery was part of an organisation called OxFed (Oxford Federation for General Practice and Primary Care). OxFed launched a new Out-of-Hours GP

record sharing initiative to help patients receive safer, better coordinated care when their usual GP surgery is closed. We saw St Clement's Surgery was active in this initiative.

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

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 GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation received support or were signposted to the relevant service.
- Information from Public Health England showed 92% of patients who were recorded as current smokers had been offered smoking cessation support and treatment.

Are services effective?

(for example, treatment is effective)

This was similar when compared with the CCG average (89%) and higher than the national average (88%). Smoking cessation advice was available from members of the nursing team.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. All patients with a learning disability were invited to attend the practice for an annual health check. In 2015/16, St Clement's Surgery had carried out annual health checks for 20% of people with a learning disability. Current data for 2016/17 showed an improvement and this had increased to 33%.

St Clement's Surgery encouraged patients to attend national screening programmes. However, the practice had a high population of young adults who registered for three to four years during their University and College studies and most patients would transfer to other practices following their studies. Many also visited different GP practices out of term time and some patients returned home (often in different countries) for medical care and treatment. This was considered by the practice as a contributing factor to the lower than average uptake. For example:

- The practice's uptake for the cervical screening programme was 73%, which was lower when compared to the CCG average (82%) and the national average (81%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- 49% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was lower when compared to the CCG average (59%) and national average (58%).
- 71% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was lower when compared to the CCG average (76%) and similar when compared to the national average (72%).
- St Clement's Surgery provided primary care GP services for students at one of the colleges within Oxford

University. We saw the practice actively supported patients to live healthier sex lives, provide sexual health advice, offer chlamydia screening kits and recently supported the college in facilitating a chlamydia awareness and screening event called 'chlamydia and cookies'. Chlamydia is one of the most common sexually transmitted infections (STIs) in the UK. It is passed on from one person to another through unprotected sex and is particularly common in sexually active teenagers and young adults. In the last 12 months, 91 patients had a chlamydia test via St Clement's Surgery, this represented 8% of patients eligible for chlamydia tests overall, which was the top performing practice when compared to the other GP practices in the CCG which provided GP services for students at the colleges within Oxford University.

Childhood immunisation rates for the vaccinations given were lower when compared to CCG averages and higher when compared to national averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged between 77% to 97%, (CCG averages ranged between 95% to 97%, national averages ranged between 73% to 95%) and five year olds from 89% to 97% (CCG averages ranged between 91% to 97%, national averages ranged between 81% to 95%).

Ethnicity based on demographics collected in the 2011 census showed there was ethnic diversity within the area that St Clement's Surgery provide GP services in. The practice identified that a high proportion of families with young children came from several different countries and many of these families followed immunisation programmes in other countries or that information on their immunisation history made it difficult to plan immunisations.

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

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.
- There did not appear to be private room or private area away from the busy reception desk for staff to speak with patients when they wanted to discuss sensitive issues or appeared distressed.

All of the 45 patient Care Quality Commission (CQC) comment cards and the seven patients we spoke with were positive about the service experienced. Patients comments highlighted they felt the staff were helpful, caring and treated them with dignity and respect.

During the inspection we observed a member of the reception team compassionately supporting a family who had just entered the practice and required additional support prior to their appointment with a GP.

Following the inspection, we spoke with a local residential and nursing home for frail, elderly and people with dementia which St Clement's Surgery provides GP services for. They told us the practice was very responsive to patients needs including complex medicine needs and treated them with dignity and respect.

The majority of results from the latest national GP patient survey (published in July 2016) aligned with these views. However, survey results indicated patients were not entirely satisfied with how they were listened to. For example:

- 85% of patients said the last GP they saw or spoke to was good at listening to them (CCG average 92%, national average 89%).
- 90% of patients said the last GP gave them enough time (CCG average 89%, national average 87%).

- 84% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 87% of patients said the nurses was good at listening to them (CCG average 92%, national average 91%).
- 91% of patients said the nurses gave them enough time (CCG average 94%, national average 92%).
- 87% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

The verbal and written feedback we received did not highlight any concerns with GPs or nurses listening to patients.

Care planning and involvement in decisions about care and treatment

Verbal and written patient feedback highlighted patients 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. We also saw that care plans were personalised and patient specific which indicated patient and their carers were involved in decisions about care and treatment.

However, results from the national GP patient survey showed a low level of satisfaction in relation to questions about patient involvement in planning and making decisions about their care and treatment which aligned to the verbal and written feedback we received. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 89%, national average 86%).
- 76% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 76% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 91%, national average 90%).
- 70% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Are services caring?

During the inspection we discussed these survey results which indicated low levels of patient satisfaction. The practice was fully aware of these survey results which did not align to any other patient feedback and proactively encouraged patients to complete CQC comment cards which they believed would give a more accurate level of patient feedback. We received 45 comment cards which all gave a highly positive view on the standard of care received.

Patients registered at the practice and staff working within the practice spoke a variety of languages. All staff we spoke with were aware that translation services were available for patients who did not have English as a first language. We saw notices displayed throughout the practice informing patients a translation service was available. We also saw patient information leaflets were available in a range of languages. One leaflet contained a small credit card sized information card which patients could show to reception staff to indicate they required translation services and the language or dialect preferred.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting areas and on the practice website which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. In November 2016, the practice patient population list was 4,692. The practice had identified 36 patients, who were also a carer; this amounted to less than 1% of the practice list.

As a member of OxFed (Oxford Federation for General Practice and Primary Care), St Clement's Surgery utilised an OxFed pilot project and accessed local Care Navigators, who coordinated support for the most vulnerable patients and liaised with GPs, families and carers to ensure care was proactive.

We saw there was written information available to direct carers to the various avenues of support available to them. This included information for young carers which aligned with the practice populations significantly higher proportion of patients aged between 15 and 34.

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

Patient feedback received during the inspection highlighted the compassion of practice staff when supporting patients at vulnerable stages within their lives, one example we received commented on the support from the practice when a patient was experiencing pregnancy complications.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Oxfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Notably, the needs of the significantly higher proportion of young adults and lower numbers of older due to registering high numbers of people from local University colleges.

- Visits to local University colleges took place to enable new students to register at the practice and also provide them with information about NHS services.
- Students were also offered face to face registration, checking and updating any immunisations required and reviewing of medical histories during their first week at university.
- The welfare teams at the University colleges were able to communicate directly with the practice if there were concerns about any patients.
- Longer appointments were available for patients. Double appointment slots could be booked for patients with complex needs. Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- St Clement's Surgery provided GP services to a local nursing and residential home. A practice GP held regular sessions at the home to review patients (approximately 60 patients) with non-urgent health problems; this time was also used to proactively identify and manage any emerging health issues and undertake medication reviews.
- The premises had been renovated in 1991, alterations to the building meant there was accessibility for people with disabilities and mobility difficulties had improved including step free access and a purpose built disabled toilet. If patients with limited mobility required a ground floor appointment, we saw they were offered the use of the treatment or consultation room on the ground floor. There was a portable hearing loop to help patients who used hearing aids. However, there wasn't an automatic

door entrance or lowered reception desk to assist people with mobility difficulties including wheelchair users. Any assistance and support that was required, was requested via a bell.

Access to the service

St Clement's Surgery was open between 8.20am and 6pm every Monday, Tuesday and Friday (appointments between 8.45am and 5.30pm). In agreement with the CCG the out-of-hours service provided a message handling service between the hours of 8am and 8.20am and 6pm and 6.30pm. Each week extended hours for pre-bookable appointments were available every Tuesday morning between 7am-7.45am and every Tuesday evening between 6.30pm – 8pm.

The practice closed at 5pm every Wednesday and Thursday, if patients called during this time, a recorded voice message explained what to do in the event of an emergency or if the call required the urgent attention of a GP. During this time telephones were monitored and answered by the designated GP.

Following a review of patient needs, increased demand and as a result of patient feedback, each weekday morning there was a highly popular 'walk in and wait' GP service. Written and verbal feedback we received praised this 'walk in and wait' service, one of the Care Quality Commission (CQC) comment cards we received highlighted a patient had specifically registered at St Clement's Surgery to access the 'walk-in' appointments.

The practice advised they were reviewing elements of the 'walk in and wait' service for the winter months. This was corroborated by members of the Practice Participation Group (PPG) who advised they had been involved in the practice review.

In addition to pre-bookable appointments, same day appointments were made available daily and urgent appointments were also available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed when compared to local and national averages. Notably, access to services was much lower than local CCG averages, whilst in line with national averages. For example:

Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients said they could get through easily to the practice by telephone (CCG average 84%, national average 73%).
- 69% of patients said they usually got to see their preferred GP (CCG average 68%, national average 59%).
- 87% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 79% of patients who say the last appointment they got was convenient (CCG average 93%, national average 92%).
- 71% of patients were satisfied with the practice's opening hours (CCG average 77%, national average 76%).
- There was a designated responsible person who handled all complaints in the practice. We reviewed the annual review of complaints received in 2015 and saw a 'live' up to date record of all verbal and written feedback received so far in 2016.
- We saw that information was available to help patients understand the complaints system. This information was displayed within practice and all staff we spoke with were aware of their role in supporting patients to raise concerns.
- We looked at a random sample of complaints received in the last 12 months and found all the complaints were satisfactorily handled and dealt with in a timely way. We saw lessons had been learnt from individual concerns and complaints. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with the practice manager and/or one of the GP Partners. For example, one complaint highlighted several members of the practice team did not fully understand the referral pathway to one of the local hospitals. We reviewed the full investigation of this complaint including an apology to the patient and minutes from the proceeding practice team meeting which clearly explained the different referral pathways available. Further learning was shared including raised awareness of the clinical decision support tool used by the practice. We saw this tool clearly displayed local clinical pathways, referral criteria, referral forms and patient leaflets.

The practice and PPG advised that the popularity and subsequent increased demand on the 'walk in and wait' GP service may have contributed to survey results about appointment convenience and were reviewing alternative options to increase appointment convenience.

Written feedback on 45 CQC comment cards and verbal feedback from seven patients did not highlight access as a concern and patients commented they could always access appointments.

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.

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

St Clement's Surgery had a clear vision to work together with patients in providing the best possible primary care services.

- The practice was aware of national and local challenges, including increased demand on GP services and had a visible four year strategy to manage these challenges. The strategy and supporting business plans were regularly monitored by the GP Partners and practice manager.
- We reviewed the business plan, staff told us the introduction of a business plan had been a new concept but the production of the plan provided a learning opportunity for the full team.
- Our discussions with staff and patients indicated the vision and values were embedded within the culture of the practice. Staff told us the practice was patient and community focused.

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 had recently been several changes within the practice team, despite the changes, there was a clear staffing structure and staff were aware of their own roles and responsibilities. We saw regular meetings took place for different staff groups.
- We saw St Clement's Surgery specific policies were implemented and were available to all staff. All the policies we reviewed had been regularly reviewed and updated by the practice manager to ensure the policies were still current.
- An understanding of the clinical performance and needs of its local population was maintained.
- An extensive programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

Throughout the full inspection (pre inspection, inspection day and post inspection) the GP Partners and both the practice manager and interim practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

This included support training for all staff on communicating with patients about notifiable safety incidents. The GP Partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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 all patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through an active patient participation group (PPG) and through surveys and complaints received. We saw St Clement's Surgery PPG was a diverse group which represented the full community. Diversity was reflected by including members of all ages, ethnicities, genders and disabilities. The practice told us this diversity ensured new ways of thinking. The PPG received regular communication from the practice, were prepared to submit proposals for improvements to the management team and had a dedicated PPG noticeboard on display within the waiting area.
- We found the practice to be involved with their patients, the PPG and other stakeholders. We spoke with two members of the PPG and they were positive about the role they played and told us they felt engaged with the practice.
- There was evidence of patient involvement in undertaking practice supported initiatives. For example,

Are services well-led?

Good 

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

St Clement's Surgery PPG was the first PPG within Oxford to include children into the group. One of the children suggested a child specific tool to make suggestions. The practice subsequently arranged for a children's suggestion book to be placed in the practice to capture younger patient's opinions, this book was called 'young views'. Furthermore, the practice team supported the PPG initiative of health walks and we saw the PPG was in discussions and making suggestions to the practice regarding potential changes to the 'walk in and wait' service during the winter months.

- There was an appraisal programme for the full practice team; we saw the practice had gathered feedback from staff through staff meetings and discussions.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice had recently employed a nurse to lead a minor illness clinic, which increased patient access.

- Alliances were being strengthened with OxFed (Oxford Federation for General Practice and Primary Care). The practice told us being part of the Federation gave an opportunity to improve the quality and safety of services for all Oxford patients.

There was a strong focus on continuous learning and improvement at all levels within the practice. For example:

- At the start of the inspection, the practice presented a study which had been undertaken to identify St Clement's Surgery internal strengths and weaknesses, as well as its external opportunities and threats. The practice told us this study helped the team focus on the ever changing local health economy and allowed the team to take advantage of opportunities available. For example, an opportunity to provide appointments via Skype (a spoken conversation over the Internet using the software application Skype, frequently also viewing by webcam) and potential for an extension to the current practice premises.