

University of Sussex Health Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Health Centre University of Sussex on 11 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able to make an appointment with a GP and there was continuity of care, with a popular urgent appointments system available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
 - The practice worked regularly with the university student support unit to care for students who required extra support and care.
- Alcohol screening was completed for all new registrations, and offered on a regular basis to all patients.
- The practice had a care protocol for supporting patients with drug problems and referred them to the local substance misuse support service.

Summary of findings

- The GPs and nursing team provided nurture and support to patients and guided them in making decisions about their health during the first time away from the family home when they might feel isolated from parental guidance.

The area where the provider should make improvement is:

- Establish a system to monitor the overall trends in significant events to help prevent them from happening in the future.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. However the practice did not have a system in place to monitor the overall trends in significant events to help prevent them from happening in the future.
- 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.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The GPs and nursing team provided nurture and support to patients. They guided them in making decisions about their health during the first time away from the family home when they may feel isolated from parental guidance.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group to secure improvements to services where these were identified.
- The practice had a significant number of temporarily registered and transitional patients and registered over 2200 new patients each October with each intake of students at the university.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with a popular urgent appointments system available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had created population specific treatment protocols which were available on the computer system. This helped clinicians to give thorough and appropriate assessment and treatment.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient reference group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good



- Patients over 65 years of age made up only 0.3% of the practice population. This was well below the clinical commissioning group (CCG) average of 13% and the national average of 17%.
- The practice offered proactive, personalised care to meet the needs of the small number of older people in its population.
- The practice was responsive to the needs of older people. The practice offered home visits for patient who were housebound, transport to attend the practice for those who were unable to attend and urgent appointments for those with enhanced needs.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for asthma related indicators was in line with the clinical commissioning group (CCG) and national averages. For example, the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 81% compared to the CCG average of 71% and the national average of 76%.
- Longer appointments and home visits or transport to attend the practice were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



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

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

Summary of findings

- 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.
- 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 and health visitors.
- The practice worked jointly with the local family and children centre to provide support for families.

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 student population had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered text reminders to patients who booked their appointments online.
- There were notice boards with information relevant to young people such as sexual health, mental health, healthy eating, sexual orientation and gender identity issues, information about local social groups, alcohol and drug awareness and support groups.
- Sexual health screening kits were available to patients.
- Alcohol screening was completed for all new registrations, and offered on a regular basis to all patients.
- The practice had a care protocol for supporting patients with drug problems and referred them to the local substance misuse support service.
- There was an on-site 'sick room' which was used regularly for patients living at the university who presented with acute symptoms but did not require hospital admission. This reduced the number of inappropriate attendees at the accident and emergency department and patients were cared for by the nursing team.
- The practice worked regularly with the university student support unit to care for students who required extra support and care.

Good



Summary of findings

- The GPs and nursing team provided nurture and support to patients and guided them in making decisions about their health during the first time away from the family home when they may feel otherwise isolated from parental guidance.

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 and travellers.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice results for the management of patients with poor mental health was in line with the local and national averages. For example, 86% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months compared to the CCG average of 76% and the national average of 89%.
- 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 how to access various support groups and voluntary organisations. Information about the support available was displayed in the waiting room on posters and in leaflets.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- The practice offered dementia screening and referral to the local memory assessment clinic and carried out advance care planning for those diagnosed with dementia.
- The practice were able to refer patients to the university counselling service.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results were mixed: some showed the practice was performing above and some in line with national averages. Of the 366 survey forms which were distributed, 26 were returned. This represented 0.1% of the practice's patient list.

- 96% of patients who responded found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 84% of patients who responded described the overall experience of this GP practice as good compared to the national average of 85%.

- 80% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards which were all positive about the standard of care received. Patients praised the care from GPs and nurses saying they felt at ease to discuss difficult issues and told us they found the reception staff to be polite and courteous.

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

University of Sussex Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser and a practice manager specialist adviser.

Background to University of Sussex Health Centre

The Health Centre University of Sussex is situated within the University of Sussex, Falmer, near Brighton, East Sussex.

The practice provides services for approximately 18,080 patients and around 96% of these are students at the university. The practice holds a general medical services (GMS) contract and provides GP services commissioned by NHS England. (A GMS contract is one between the practice and NHS England where elements of the contract such as opening times are standard).

The practice specialises in student and young people's health care for people below the age of 25. The practice population includes students under the age of 25, overseas students, post graduate students and their dependents and a small number of patients over 65 years old residing in Falmer village. Staff working at the university were also registered at the practice along with people from a local travelling community. The practice has a significant number of temporarily registered and transitional patients and registers over 2200 new patients each October with each intake of students at the university.

As well as a team of four GP partners and one salaried GP (four male and one female), the practice also employs seven practice nurses and a phlebotomist. A practice manager and a reception manager are employed and there is a team of receptionists and administrative clerks.

The Health Centre University of Sussex is open between 8am and 6.30pm on weekdays. Appointments are available from 9am to 12pm and from 1.30pm to 6pm from Monday to Thursday and from 9am to 12pm and from 1.30pm to 5pm on Fridays during university term time. During university vacation times appointments are available from 9am to 12pm and from 1.30pm to 5pm Monday to Friday.

The practice offers walk in appointments and there are phone appointments available with GPs throughout the day according to patient need. Routine appointments are bookable up to six weeks in advance. Patients are able to book appointments by phone, online or in person.

Patients are provided with information on how to access the duty GP or the out of hours service by calling the practice or by referring to its website.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning; and surgical procedures.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 October 2016. During our visit we:

- Spoke with a range of staff (the practice managers, GPs, nursing and administrative team) and spoke with patients who used the service.
- Reviewed questionnaires completed by the administration team.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

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.
- Although the practice carried out a thorough analysis of the significant events, there was no system to monitor trends in the events to help prevent them from happening in the future.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, second vaccine was administered to a patient incorrectly. The practice was able to reassure the patient that the second dose would not cause harm. The practice also discussed the event in a meeting and concluded that as many patients attended from overseas, medical history was not always thorough. The practice reminded staff to take a full medical history before administering vaccines.

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. GPs were trained to child protection or child safeguarding level three, nurses were trained to at least level two and all other staff to at least level one.

- Notices in the waiting room and in clinic rooms 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. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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 clinical commissioning group (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 had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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 told us they were disadvantaged by Quality Outcomes Framework (QOF) being targeted mainly at patient groups not represented in the practice population. (QOF is a system intended to improve the quality of general practice and reward good practice). This included areas such as cancer, chronic obstructive pulmonary disease, dementia, learning disability, osteoporosis, palliative care and stroke. Other outcomes published in the QOF data were not representative of the practice performance due to the large numbers of patients who were temporarily registered at the practice during term time only and who chose to have annual reviews and treatment at another practice closer to their permanent residence. However, the practice results for clinical areas which were represented by the patient population were in line with local and national averages. For example data from 2015/2016 showed:

- Performance for asthma related indicators was in line with the clinical commissioning group (CCG) and national averages. For example, the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 81% compared to the CCG average of 71% and the national average of 76%.
- The practice results for the management of patients with poor mental health was in line with the local and national averages. For example, 86% of their patients

with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months compared to the CCG average of 76% and the national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit of antibiotic prescribing for sore throats improved unnecessary prescribing.

Information about patients' outcomes was used to make improvements. For example: the nursing team noticed a lack of understanding of contraceptive methods available in patients from some ethnicities. The nurses responded by giving annual talks to new students from ethnicities where this was evident and told us this educated these students giving them more understanding of contraception options.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This 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, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.

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 patients, 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:

- Those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice results were comparable to local and national averages. For example results from 2015/2016 showed:

- The percentage of women prescribed emergency hormonal contraception one or more times in the preceding 12 months by the contractor who have received information about long acting reversible methods of contraception was 93% compared to the CCG average of 87% and the national average of 93%.
- The percentage of patients aged 15 or over who were recorded as current smokers and who had a record of an offer of support and treatment within the preceding 24 months was 80% compared to the CCG average of 85% and the national average of 88%.

Childhood immunisation rates for the vaccines given were lower than national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 62% to 77% (73% to 95% nationally) and five year olds from 12% to 59% (81% to 94% nationally). The practice explained that these results were due to the transitional population group registered at the practice as many children had their vaccinations at another practice or in their country of origin.

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the ten patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help. Patients said they provided good support and guided them in making decisions about their health during the first time away from the family home when they may feel otherwise isolated from parental guidance.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared to the national average of 89%.
- 94% of patients who responded said the GP gave them enough time compared to the national average of 87%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw compared to the national average of 95%.
- 96% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients who responded said they found the receptionists at the practice helpful compared to the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 88% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to national average of 86%.
- 77% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. These patients were also encouraged to bring a friend along to the consultation which the practice told us not only assisted with language barriers but also helped younger patients to feel more relaxed.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. However, the practice did not have any patients who were also registered as carers as the majority of their patients were students under the age of 25 living independently.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability and those who did not have English as a first language.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice worked jointly with the local family and children centre to provide support for families.
- Same day appointments were available for children and patients with medical problems that require same day consultation. The practice offered a walk in clinic every morning which was popular among patients.
- The practice offered text reminders to patients who booked their appointments online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice had created population specific treatment protocols which were available on the computer system. This helped clinicians to give thorough and appropriate assessment and treatment.
- The practice offered dementia screening and referral to the local memory assessment clinic.
- There were notice boards with information relevant to young people such as sexual health, mental health, healthy eating, gender issues, information about local social groups, alcohol and drug awareness and support groups.
- Sexual health screening kits were available to patients.
- Alcohol screening was completed for all new registrations, and offered on a regular basis to all patients.
- The practice had a care protocol for supporting patients with drug problems and referred them to the local substance misuse support service.

- There was an on-site 'sick room' which was used regularly for patients living at the university who presented with acute symptoms but did not require hospital admission. This reduced the number of inappropriate attendees of the accident and emergency department and patients were cared for by the nursing team.
- The practice worked regularly with the university student support unit to care for students who required extra support and care.
- The GPs and nursing team provided nurture and support to patients and guided them in making decisions about their health during the first time away from the family home when they may feel otherwise isolated from parental guidance.
- The practice was able to refer patients to the university counselling service.

Access to the service

The practice was open between 8am and 6.30pm on weekdays. Appointments were available from 9am to 12pm and from 1.30pm to 6pm from Monday to Thursday and from 9am to 12pm and from 1.30pm to 5pm on Fridays during university term time. During university vacation times appointments were available from 9am to 12pm and from 1.30pm to 5pm Monday to Friday. The practice offered walk in appointments and there were phone appointments available with GPs throughout the day according to patient need. Routine appointments were bookable up to six weeks in advance. Patients were able to book appointments by phone, online or in person.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly better than national averages.

- 90% of patients who responded were satisfied with the practice's opening hours compared to the national average of 79%.
- 96% of patients who responded said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, preferring to make use of the same day appointment system.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website, on posters displayed in the waiting room and in leaflets available from reception.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained that they found the GP to be impatient during their consultation. The practice investigated and reflected that their patients came from various cultures and levels of understanding of the health service in England and for that reason it was sometimes necessary to spend longer explaining plans for treatments and referrals. An apology and an invitation to attend for another appointment was given to the patient.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a statement of purpose which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice had created population specific treatment protocols which were available on the computer system. This helped clinicians to give thorough and appropriate assessment and treatment.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff told us they were encouraged to attend training courses to help them in their role such as 'dealing with difficult behaviour' and 'conflict resolution'.
- Staff told us they enjoyed working at the practice and felt they made a good team.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. The PRG was

Are services well-led?

Good 

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

contacted electronically by the practice manager and asked to give their views. The practice advertised the PRG in the waiting room and on the practice website. The practice told us they had made efforts to establish a full PPG but had not had any interest from patients and felt this was due to the young age group and transitional patient population. (A PPG is a body of patients who meet regularly and work with the practice to improve services).

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the reception team suggested changes to the way prescription requested were distributed to the GPs improving the efficiency of the service. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

The practice had recently established an innovative mental health service in association with the clinical commissioning group (CCG). The new service was due to start in November 2016 and was to be run from the practice. A multidisciplinary team including GPs, nurses and counsellors was available to patients triaged to attend this service with the aim to improve care for patients with mental health problems and reduce the number of these patients who attended the accident and emergency department.