

# The Nuffield Practice

## 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 Nuffield Practice on 22 August 2016. Overall the practice is rated as good. Our key findings were as follows:

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

- There was a system in place for reporting and recording significant events. Reviews of complaints, incidents and other learning events were thorough.
- Risks to patients were assessed and well managed. However, there were issues with the organisation of emergency medicines.
- Staff assessed patients' ongoing needs and delivered care in line with current evidence based guidance.
- National data suggested patients received appropriate care for long term conditions.
- The practice planned its services based on the needs and demographic of its patient population.
- Staff were trained in order 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. Improvements were made to the quality of care as a result of complaints and concerns.
- However, feedback from the national GP survey was not fully considered and responded to.
- Patient feedback in CQC comment cards suggested patients felt staff were caring and considerate.
- 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.

We found one area of outstanding practice:

- The practice's uptake for the cervical screening programme was 92%, which was higher when compared to the national average of 82%.

Areas the provider should make improvements are:

# Summary of findings

- Ensure all emergency medicines are easily accessible to staff.
- Review the process and levels of exception reporting to ensure as many patients as possible are included in reviews and treatment in line with national guidance.
- Continue to undertake infection control audits in the frequency suggested by national guidance.
- The provider should consider acting on feedback from patients and evaluate poor feedback on waiting times and consultations from the national survey in respect of the processing of such information towards improvement.

**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.

- Risks to patients were assessed and well managed.
- Lessons were shared to make sure action was taken to improve safety in the practice as a result of significant events.
- 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.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- Equipment was checked and calibrated.
- There were health and safety policies in place.
- The practice was clean and hygiene checks were undertaken. However, the infection control audit had not been completed since 2014. The practice provided evidence shortly after the inspection to demonstrate this had been undertaken once we highlighted the concern.
- Medicines were managed safely. However, emergency medicines were stored in different locations of the practice and may not always be accessible when needed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Clinical audits demonstrated quality improvement.
- The most recent published results showed 99% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%.
- The practice has a rate of 9% exception reporting compared to the national average of 9% and regional average of 10%. There was a system for reviewing patients on repeat medicines to ensure they received medicines safely.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Health screening programmes were available to eligible patients.

Good



# Summary of findings

## 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 similarly to others for several aspects of care but lower than average in some aspects of care. This was not reflected in CQC patient comment cards.
- Patient feedback from comment cards stated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## 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 to secure improvements to services where these were identified.
- The appointment system enabled patients to see a GP when required. However, patient feedback from the national survey showed that waiting times were long for patients and there was low overall satisfaction with making an appointment.
- Although no extended hours appointments were available, the practice did provide flexibility to patients who needed early and late appointments.
- The practice planned its services to meet the demands of the different groups of patients it served. For example, at Christmas the practice worked with a local charity to identify vulnerable families or individuals who may benefit from a hamper supplied by a local supermarket and refugee families were able to register at the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- Complaints were formally reviewed to identify trends and ensure changes to practice had become embedded.

Good



## Are services well-led?

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

- The practice had a clear vision and staff were clear about the vision and their responsibilities in relation to it.

Good



# Summary of findings

- The practice used comparators with other practices, patient feedback and clinical audit to drive improvement.
- Patient feedback was not always considered and responded to in order to make improvements to the service.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- 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 participation group was active and involved by the partners and practice manager.
- There was an ethos of continuous improvement.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the high proportion of older people in its population.
- High chairs had been purchased to make it easier for patients with limited mobility to sit in the waiting room
- GPs offered personalised care to patients in care and nursing homes.
- The premises were accessible for patients with limited mobility and there was a hearing aid loop available for patients with poor hearing.
- Patients over 75 had a named GP.
- Care planning was provided for patients with dementia.

Good



### People with long term conditions

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 had appropriate training.
- Patients at risk of hospital admission were identified as a priority.
- The most recent published results showed the practice was performing well compared to the clinical commissioning group (CCG) averages.
- All these patients were offered 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 multi-disciplinary package of care.

Good



### 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 similar to average for all standard childhood immunisations.

Good



# Summary of findings

- Staff explained how they treated children and young people in an age-appropriate way including recognition of their rights to access treatment.
- We saw positive examples of joint working with midwives and health visitors.
- Joint working with external organisations took place in the management of children at risk of abuse.
- The practice's uptake for the cervical screening programme was 92%, which was much higher than the national average of 82%.
- Private breast feeding and baby changing facilities were available.

## **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 students had been considered and the practice had adjusted the services it offered enable continuity of care.
- However, feedback regarding appointment waiting times had not been fully considered or acted on. This meant that patients from the working age population may not have had appropriate access to appointments and other services provided by the practice.
- The appointment system was not fully monitored to identify improvements.
- 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.
- Travel vaccines were available.

Good



## **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 and those with a learning disability.
- The practice offered longer appointments for vulnerable patients.
- The practice participated in the enhanced service of offering annual health checks to patients with a learning disability. Eighty four patients had received an annual review. The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



# Summary of findings

- 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.
- Joint working with external organisations took place in the management of patients at risk of abuse or harm.

## **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).

- Performance for mental health related indicators was 100% compared to the national average 92% and regional average of 95%.
- The proportion of patients on the mental health register with an up to date care plan in 2015/16 was 93% compared to the regional average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing lower than local and national averages with regard to some areas of patient satisfaction. There were 235 survey forms that were distributed and 115 were returned. This represented 1% of the practice's patient list.

- 69% of patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 90%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and CCG average of 83%.

We received 44 patient Care Quality Commission comment cards. Of these 41 were entirely positive about the service received. Three cards contained some slightly negative comments about the appointment system and waiting times. We spoke with nine patients and members of the patient participation group (PPG). There were numerous positive comments about the time staff took during consultations with patients.

The practice undertook the friends and family test. Figures from May, June and July 2016 showed 90%, 96% and 85% of patients were likely or very likely to recommend the practice respectively.

# The Nuffield Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an expert by experience (a person who uses similar services and has an insight into the patient perspective).

## Background to The Nuffield Practice

We undertook an inspection of this practice on 22 August 2016. The practice provides services from Nuffield Health Centre, Witney, Oxfordshire OX28 6JQ.

The Nuffield Practice has a purpose built location with good accessibility to all its consultation rooms. The practice serves 11,700 patients from the surrounding town and villages. The practice demographics show that the population has a higher proportion of patients over 65 compared to the national average and lower prevalence of younger patients. According to national data there is minimal deprivation among the local population. There are patients from minority ethnic backgrounds, but this is a small proportion of the practice population.

- There are five GP partners working at the practice and three salaried GPs (three male and five female). There are three practice nurses, two healthcare assistants and two emergency care practitioners (ECPs). A number of administrative staff and a practice manager support the clinical team.
- There are six whole time equivalent (WTE) GPs, 2.1 WTE nurses 1.1 ECPs and 1.2 WTE healthcare assistant.

- The Nuffield Practice is open between 8am and 6.30pm Monday to Friday. There are no extended hours appointments available.
- The practice is a training practice and is accredited by the University of Oxford Deanery for training doctors in general practice.
- 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 the practice door and over the telephone when the surgery is closed.

This is the first inspection of The Nuffield Practice using the CQC comprehensive inspection methodology under regulations that came into force after April 2014.

## 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.

# Detailed findings

## 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 22 August 2016. During our visit we:

- Spoke with a range of staff, including GPs, members of the nursing team and support staff.
- Observed how patients were being cared for.
- 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.
- We circulated staff surveys at the inspection and received 14 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

The practice had a system in place for reporting, recording and monitoring significant events. We reviewed safety records, incident reports, 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:

- Staff told us that they would inform the practice manager of any significant events and complaints. We saw that there was a standard form for recording events.
- Complaints, incidents and concerns about care or treatment were recorded, reviewed and any action required to improve the service were noted.
- When a significant event had been investigated the findings would be fed back to the staff in clinical team meetings (GPs and nursing staff) or individually to staff. For example, when a patient was not informed about their repeat prescription being ready for collection this caused unnecessary concern and stress for the patient due to their condition. This was reported as a significant event, investigated and action taken to remind GPs that contact should be made when approving urgent repeat prescriptions when acting as duty doctors.
- There was evidence of formal reviews of significant events and complaints to ensure themes were identified and that changes to process were embedded in practice.
- Medicine and equipment alerts were received by the practice and disseminated to the relevant clinical leads. Decisions were taken as to what action was required by GPs.

### Overview of safety systems and processes

- 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. There were contact details for further guidance if staff had concerns about a patient's welfare. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults. GPs were trained to child protection or child safeguarding level three and received appropriate adult

safeguarding training. Nurses received level two child safeguarding training. GPs attended multidisciplinary team meetings to discuss vulnerable patients and also provided information to case conferences where required.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained and had Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed that the practice was clean and tidy. There was an audit tool used to identify any improvements in infection control and we saw improvements were implemented from the last audit. However, the practice had not undertaken an audit since 2014. The practice undertook an audit within 48 hours of the inspection and sent us the evidence to demonstrate this. The infection control lead had received relevant training. Checks of cleanliness were undertaken. There was an infection control protocol in place and staff had received up to date training. This included a sharps injury protocol (needle stick injury). This was available to staff. Clinical waste was disposed of appropriately. Reception staff were appropriately trained to assist patients in depositing medical samples.
- 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).. We checked medicine fridges and found temperatures recorded were within recommended levels. Blank prescription forms and pads were securely stored. We saw that medicines stored onsite were within expiry dates and stored properly. Stock taking was organised in a way that ensured that vaccines and emergency medicines were maintained at appropriate levels. Any out of date medicines were disposed of in line with national guidance.
- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Where Patient Specific Directions

## Are services safe?

(PSDs) were required these were properly recorded and authorised. Prescribers signed PSDs after checking that patients were safe to receive the medicines to be administered.

- We reviewed a selection of five personnel files and found there was a system for undertaking 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. We were informed staff were requested to provide Hepatitis B vaccination records but these records were not available on the day of inspection.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There were health and safety related policies available. Staff had received relevant in health and safety. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.
- There was regular testing for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and a related risk assessment. Relevant checks of water temperatures were undertaken in line with the risk assessment.

- Staff at the practice had received fire training. Fire equipment had been tested and maintained. The practice provided us with a completed fire risk assessment.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. For example:

- The practice had an automated external defibrillator and clinical staff received training in how to use this. There was oxygen available.
- There were emergency medicines onsite and these were available to staff. These included all medicines which may be required in the event of a medical emergency.
- We noted that emergency medicines were stored in various locations within the practice. This may pose a risk and delay for a patient requiring emergency treatment.
- Staff had received basic life support training.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

# 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 reviewing templates used to deliver patient reviews.

### 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 showed 99% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice has a rate of 9% exception reporting compared to the national average of 9% and regional average of 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). This indicated the practice was performing well in terms of national data. Exception reporting was above average in heart failure (17%) patients and atrial fibrillation (20%) compared to regional averages of 11% and 12% respectively. GPs had reviewed these figures and could explain that exception reporting was high due to patients with these conditions being unable to receive treatment in line with national guidelines.

Data from 2014/15 showed:

- Performance for diabetes related indicators was 93% compared to the national average of 89% and regional average of 93%. Diabetes exception reporting was 9% compared to the CCG average of 13% and national average of 11%.

- Performance for mental health related indicators was 100% compared to the national average 92% and regional average of 95%. The proportion of patients on mental health register with an up to date care plan in 2015/16 was 93% compared to the regional average of 88%.

The Nuffield Practice had an audit programme in place for completing a wide range of audit cycles which demonstrated quality improvement. We saw a programme of audits scheduled to be completed in the next 12 months. There was evidence of clinical audit which led to improvements in care:

- The practice participated in local audits, identified their own audits and national benchmarking. The practice had undertaken audits in a number of clinical areas including diabetes, hypertension and anti-biotic prescribing. We saw three audits had been repeated and identified improvements in care. For example, a diabetes audit showed an improvement in diagnosis between the first audit in 2014 and the repeated audit in 2016.

Findings were used by the practice to improve services. For example, the practice looked at the efficiency of a patient record summarising system they used for external and internal care correspondence. They identified that the system could be used more effectively to record patient care records and to ensure that staff could use it efficiently. An action plan was put in place to improve the use of system and this was reviewed.

### 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.
- Staff told us they could access role-specific training and updates when required and that there was a programme of training. Nurses were also supported to undertake specific training to enable them to specialise in areas such as respiratory and diabetes care.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.

# Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was a training practice, doctors who were training to be qualified as GPs were offered extended appointments and had access to a senior GP throughout the day for support.

## 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 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 regular basis when care plans were routinely reviewed and updated for patients with complex needs. All patients considered to be at risk of unplanned admissions, had a care plan to prevent a hospital admission..

## Consent to care and treatment

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

- GPs and nurses understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance, including the Gillick competency guidelines of consent in people under 16.
- There were processes for obtaining consent from patients either verbally or in writing where necessary.

## Supporting patients to live healthier lives

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

- There was a register of 52 patients on the palliative care register.
- Additional support for carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation was available.
- Patients were signposted to the relevant service when necessary.
- Smokers were offered advice on how to stop smoking.

The practice's uptake for the cervical screening programme was 92%, which was similar to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Of those eligible 62% had undertaken bowel cancer screening compared to the national average of 59%. Of those eligible 60% of had attended breast cancer screening within six months of being invited, compared to the national average of 73%.

The practice participated in the enhanced service of offering annual health checks to patients with a learning disability. Eighty four patients had received a review. There were 95 patients with a learning disability registered at the practice.

Childhood immunisation rates for the vaccines given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 95% to 100% (CCG 93%) and five year olds from 90% to 97% (CCG 95%).

# 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.

We received 44 patient Care Quality Commission comment cards. Of these 41 were entirely positive about the service received. Three cards contained some slightly negative comments about the appointment system and waiting times. We spoke with nine patients and members of the patient participation group (PPG). There were numerous positive comments about the time staff took in consultations with patients.

Results from the national GP patient survey showed patients felt they were generally treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses were statistically comparable to national and CCG averages. The most recent results showed:

- 85% of patients said their GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% national average of 85%.

- 89% of patients said the last nurse they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

These findings were not reflected in discussions with 44 patients on the day of inspection. Patients reported feeling well supported, listened to and that staff took the time they need with them.

### 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 on CQC comment cards. 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.

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 compared to the national, but slightly lower than local averages:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85% and CCG average of 88%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the national average of 90% and CCG average of 91%.

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.

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

## Are services caring?

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. The practice had identified 223 patients as carers which was 1.9% of the practice list. There was information for carers in the waiting area of the practice.

The practice manager told us GPs contacted relatives soon after patient bereavements if they felt this was appropriate. Bereavement support was also available.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and planned its services accordingly. For example:

- There were longer appointments available for vulnerable patients including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included support from emergency care practitioners (ECPs).
- High chairs had been purchased to make it easier for patients with limited mobility to sit in the waiting room.
- There was a local dementia support network and the practice encouraged patients to utilise this.
- No extended hours appointments were available but the practice did provide flexibility to patients who needed early and late appointments.
- Travel vaccines and advice were available. The practice was an authorised Yellow Fever Vaccination Centre.
- At Christmas the practice worked with a local charity to identify vulnerable families or individuals who may benefit from a hamper supplied by a local supermarket.
- Refugee families were able to register at the practice.
- There was a hearing loop to support patients who were hard of hearing.
- The building was accessible for patients with limited mobility or disabled patients.
- Disabled toilet facilities were available.
- Private breast feeding and a baby change facilities were available.
- Patients had access to a NHS mental health and counselling service. GPs could refer patients to the service or patients refer themselves.
- Parking facilities were not provided by the practice but disabled spaces were available at a nearby NHS service.
- Appointment booking and repeat prescription ordering was available online.

### Access to the service

The Nuffield Practice was open between 8am and 6.30pm Monday to Friday. There were no extended hours appointments available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were lower for some local and national averages, but matched others. For example:

- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 89% and national average of 85%.
- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 84% found it easy to contact the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 69% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 55% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 59%.

The practice had not undertaken its own formal analysis of the appointment system to identify any improvements. Individual concerns were responded to. Feedback from patients we spoke with on the day suggested that appointments with named GP were available when needed, although there may be a wait for a patient's own GP. Patients said they sometimes waited 20-30 minutes over their appointment time to see their GP. Many of these patients told us that they did not mind this because they respected the GPs for spending the time they needed with patients. Feedback showed nurse appointments were available the same or next day.

In July 2016, 112 from 124 (90%) patients completed the friends and family test and highlighted they would recommend the practice to friends and family.

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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

## Are services responsive to people's needs? (for example, to feedback?)

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at 17 complaints received in the last 12 months and there was a process for assessing and investigating the complaint. They were satisfactorily handled, dealt with in a timely way and that patients received a response with an outcome. For example, a complaint was made verbally one working day prior to the inspection. The practice investigated the complaint and was already drafting a response to the patient on the day of inspection.

# 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 staff shared a clear vision to deliver a high standard of patient care.

- There was an ethos of patient centred care at the practice and this was reflected in discussions with staff.
- The practice planned its future services with regards to changes in local population demographics and relevant changes. For example, partners were aware of a local retirement village and sheltered accommodation development.
- Clinical team meetings included discussions about the future of the practice and changes in registered list size.
- There were discussions among the GP partners about the challenges posed by the national shortage of GPs and how recruitment may impact on the planning for the future delivery of services.

### Governance arrangements

The practice had a governance framework which supported the delivery of its strategy.

- A programme of continuous clinical and internal audit demonstrated improvements where required.
- National data such as the quality outcomes framework was used to monitor outcomes for patients.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Staff were supported to receive training when learning outcomes were identified.
- Practice specific policies were implemented and were available to all staff. We saw that these were easily accessible.
- Most risks to patients were assessed and managed. However, there were some minor risks identified with emergency medicines.
- Some monitoring and risk identification processes were not always followed as intended. For example, the infection control policy was not used annually.
- We undertook staff surveys during the inspection. These showed that staff felt involved in the running of the practice. They identified that when staff provided feedback it was valued and acted on where possible.

### Leadership and culture

The partners in the practice demonstrated they had the experience, capacity and capability to run the practice. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff felt included in the running of the practice.

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). 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 people 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 and we saw relevant minutes.
- 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 said they felt respected, valued and supported, particularly by the partners in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients. However, national survey feedback was not always analysed and acted on to ensure that where improvements could be made, they were acted on.

- Patient feedback was not always used to identify areas of improvement and act on improving patient experience. A survey was undertaken in 2014 regarding patient experience including appointments. There was action noted about what the practice was going to do in response. However, national survey data continued to show poor performance. The most recent results from

# Are services well-led?

Good 

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July 2016 showed poor feedback regarding consultations with GPs and nurses and regarding the appointment system. This included appointment waiting times. The practice provided us with no evidence to suggest what was being done to understand the causes of the delays and how waiting times could be improved.

- The practice had gathered feedback from patients via its patient participation group (PPG). The PPG was proactive and very involved in the running of the practice. They reviewed patient feedback to identify and propose improvements. For example, the seating in the waiting area was changed as a result of PPG feedback to enable easier access for wheelchairs. They engaged directly with the patient population through a newsletter which enabled them to provide updates on changes to the practice and encourage patient feedback.

- The practice undertook the friends and family test. Figures from May, June and July 2016 showed 90%, 96% and 85% of patients were likely or very likely to recommend the practice respectively.

## Continuous improvement

- Staff feedback showed that when staff identified improvements the partners and manager acted on these where possible. For example, nursing staff were provided with longer appointments for providing certain vaccines in response to staff feedback.
- The practice used monitoring of clinical data and performance to improve its services. For example, improving the efficiency of the communications and records system to ensure timely review of patient information.
- There was a comprehensive system of clinical audit used to drive improvement in the practice.
- Patient feedback was not always used to identify areas of improvement and act on improving patient experience.