

Dr Vaghela & Dr Gill

Quality Report

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Date of inspection visit: 2 November 2016

Date of publication: 28/04/2017

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 Dr Vaghela & Dr Gill on 2 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- 95% of the practice's patients were students (including approximately two thousand international students). Many were aged 25 and under and few national GP

survey forms were completed. The practice therefore conducted its own patient survey annually to obtain patient feedback and improve patient care. The responses were generally positive.

- The practice's website was mobile phone friendly and it planned to continually improve this to encourage use of on-line services.
- 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.
- Urgent appointments were made available for vulnerable patients and unwell children even where the sessions were fully booked.
- The practice had adequate facilities and equipment.
- 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.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, 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) showed some patient outcomes were generally comparable to local and national averages. However the patient demographics were not comparable with any other practice in the area. For example, 73% of patients were aged 17-25 and 26 or 0.15% were aged over 65.
- 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 with 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.

- The practice carried out annual patient surveys having recognised that data from the GP national survey relied on very few responses. These showed that patients were generally happy with the services they received.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. The practice's website was mobile phone friendly and it was looking at ways to develop the web site.
- We saw staff treated patients with kindness and respect, and that they maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team, the Clinical Commissioning Group and the local Federation to secure improvements to services where these were identified.
- The practice had adequate facilities and was equipped to treat patients and meet their needs. It worked with the university who was the landlord to ensure the premises were maintained to a high standard.
- 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.

Are services well-led?

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

Good



- 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.
- There was a 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 alerts and ensured this information was shared with staff to ensure appropriate action was taken

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a 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

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

Good



- The practice had 26 patients over age 65 most of whom had been patients for a long time and were well known by GPs and staff.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments where needed.
- The practice regularly reviewed its older patients to see if any were at risk of hospital admission. If so it had care plans which identified key health problems and their on-going management. Special notes were included on records for out of hour's services to avoid unnecessary or inappropriate hospital admissions.

People with long term conditions

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

Good



- The practice had identified approximately 200 patients with long term conditions which were causing chronic health problems.
- Nursing staff had lead roles in chronic disease management such as providing diabetic reviews.
- The practice's performance for diabetes management was lower or comparable to national and local averages, for example, the percentage of patients on the register in whom the last blood pressure reading was 140/80mmHg was 76% with the CCG average being 77% and national average 78%.
- The practice scored 64% for the QOF indicator relating to blood sugar control management for diabetic patients compared to the local average of 83% and national average of 78%. However, many of its patients with diabetes were away from home for the first time and the practice supported them in learning what they needed to do to manage their diabetes.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- The practice also encouraged and supported self-management for many conditions with factsheets and information on the web- site.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were above the national standard for childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's web-site had a link to a site supporting teenage health.
- The practice's uptake for the cervical screening programme was 50% which was substantially below the CCG average of 83%. The practice had reviewed this and established that the majority of female patients in the 25-64 age group were international students or the partner of an international student and there was sometimes a lack of understanding about screening programmes. It provided information and advice to encourage uptake.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Young children who were ill were always seen and the practice used a sepsis screening tool to help identify this condition.
- The practice offered 24 hour and 6 week baby checks with 20 minute appointments.
- We saw examples of joint working with midwives, health visitors and school nurses.

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).

Good



- The needs of the working age population, those recently retired and particularly students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered text message reminders for appointments and the patient could respond and cancel their appointment if they wished.

Summary of findings

- The practice offered a minor illness and injury clinic and also had a private area where a patient could rest and be observed so that their condition could be monitored and if necessary an ambulance would be called for if the condition worsened.
- Many students arranged to travel and work abroad in vacation periods and there was a relatively high demand for travel vaccinations particularly in the spring and summer terms. The travel vaccination clinic was led by nurses who were trained for this role.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including people with a learning disability, people with mental health issues and those with alcohol or substance misuse problems.
- The practice provided care and support to a local care home where patients had a learning disability and also some challenging behaviour. There was a weekly visit by a GP. Staff had also put alerts on patient records to ensure that when a patient needed to visit the surgery they were given a suitable appointment, for example, at the end of surgery, when it was quieter.
- The practice offered longer appointments for patients including those with serious mental health issues and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice also worked with university student support services to help patients obtain appropriate support and advice. It also 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. A GP was the safeguarding lead.

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).

Good



Summary of findings

- The practice had very few patients who were living with dementia but offered them face-to-face care reviews. 100% of patients living with dementia had a face-to-face care review in the previous 12 months, compared with the local average of 87% and national average of 84%.
- 91% of patients with severe mental health problems had a comprehensive agreed care plan documented in their records compared with the local average of 94% and national average of 89%. Alerts on their records meant that they were routinely offered longer appointments.
- The practice regularly worked with multi-disciplinary teams, including university support services in the case management of patients experiencing poor mental health. It had an in-house practice therapist.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency when they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. For example, they were routinely offered longer appointments.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and national averages. 371 survey forms were distributed and 30 were returned. This represented a response rate of 8.1 % compared with a response rate in England of 38% and was equivalent to 0.05% of the patients registered at the practice. It is likely that surveys sent out from July to September 2015 (the summer vacation period) were unlikely to have reached patients as many would have returned to family homes or have moved address during this period.

- 87% of patients found it easy to get through to this practice by phone compared to the local average of 71% and national average of 73%.
- 51 % of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 77% and national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the local and national averages of 85%.

- 72% % of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the local average of 78% and national average of 80%.

The practice also carried out its own patient survey on an annual basis and provided us with the results from the survey carried out in February 2016 when 227 surveys had been completed by patients attending the surgery. This showed, for example that 85% of patients rated their overall treatment as being good and 81% found it easy or very easy to book an appointment.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 8 comment cards all of which were very positive about the standard of care received. Staff were described as efficient, cheerful, and friendly and the GPs described as calm and reassuring. Patients said that their GP listened to them and understood their complicated medical history and gave very good care and advice.

Dr Vaghela & Dr Gill

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Vaghela & Dr Gill

Dr Vaghela & Dr Gill (also known as the Loughborough University Medical Centre) is located in a purpose-built building on the Loughborough University Campus which is owned and maintained by the University. It is a single-storey building with disabled access and some car parking.

The practice provides services for approximately 16000 patients, 95% of whom are students and staff resident on the campus, or students and their families living in the town. This includes approximately 2000 international students and their families from over 20 countries the majority of whom are following a full undergraduate or postgraduate programme of 3-4 years while some may be at the university for 6 months.

The demographic profile of the practice reflects that this is a university based practice. For example, only 0.2% of its patients are aged 65 and over, compared with 18.8% in the locality and only 2.4% of patients are aged 14 or under compared with 16.2% in the locality.

The figures from the practice's annual appraisal with the clinical care commissioning group (CCG) showed it had 12,500 patients in the 17 to 25 age group. A further

challenge for the practice is that each new academic year it needs to register approximately 3500 new students and also respond to a similar number joining other practices after leaving the university.

The practice provides services for patients under the terms of a General Medical Services contract and is registered with the Care Quality Commission (CQC) to provide diagnostic and screening procedures, surgical procedures treatment of disease, disorder or injury, maternity and midwifery services and family planning.

The practice provides a number of clinics and services including contraception, sexual health, cervical screening, chronic disease management, vaccinations and immunisations including travel, flu, and childhood, minor surgery and cryotherapy and practice therapy.

The practice has two GP partners and three salaried GPs three of whom are female and two are male. The practice also employs a female locum GP during term time. There are five female practice nurses. The clinical team are supported by the practice manager and other administrative staff who have specific roles. The practice employs extra staff during term time to help meet the higher workloads.

The practice is open between 8.00am and 6.30 pm Monday to Friday.

Out of hours services are provided by DHU (Derbyshire Health United).

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

Detailed findings

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 November 2016. During our visit we:

- Spoke with a range of staff including clinical and support staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed a 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 the 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 support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events including any learning which was shared with all staff.
- All the staff we spoke with said they felt comfortable about identifying any mistakes they had made and discussing them within the staff team to ensure future learning.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed and actions decided on, for example, to search for patients whose medication needed to be reviewed following a safety alert. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

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 keeping registers of vulnerable adults and children.
- 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 who was in contact with local health visitors to share and discuss any concerns. 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 relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- The practice was sensitive to the needs of patients living independently for the first time and of international students and their families. For example, they promoted the availability of chaperones and were sensitive to patients' cultural backgrounds. Information on the website and notices in the waiting area and in treatment rooms advised patients that chaperones were available if required. All staff undertaking this role had been trained and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP and health care assistant were the infection control clinical leads. The health care assistant had attended training on current best practice and took a lead role on day-to-day monitoring of the premises to ensure they met required standards. 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 needed as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines kept patients safe (this included obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of all high risk medicines and ensured a robust and safe approach. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were

Are services safe?

securely stored and there were systems in place to monitor their use. GPs reviewed all repeat prescriptions before authorising. Uncollected prescriptions were regularly reviewed and the local pharmacies were contacted to see if any medicines had not been collected. Reception staff sought advice from a GP and where appropriate the patient was contacted to discuss the issue. Staff were particularly mindful of the need to check uncollected prescriptions where patients had a long term condition or mental health issue.

- 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.

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 and a poster was displayed in the staff area 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 it 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 (COSHH) and infection control, and a legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were more staff available during term times when demand was higher.

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 which they responded to.
- All staff received annual basic life support training and there were emergency medicines were available.
- 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. Copies were kept outside of the surgery and the plan included contact numbers for staff and other services and suppliers.

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 which were incorporated into the records system and the practice had devised some of its own templates to ensure best practice. This helped ensure that care and treatment that met patients' needs.
- Safety alerts were received by the senior GP and practice manager and were circulated to all clinical staff and discussed at regular clinical meetings. Patients' records were searched to ensure appropriate reviews and safe care.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 77% of the total number of points available compared with the local average of 97% and national average of 95%.

The practice recognised that due to its population demographics certain indicators within QOF such as those related to the treatment of some long term or chronic conditions would be difficult to attain. The percentage of patients with a long-standing health condition was 37% compared with the CCG average of 54% and national average of 53%. The practice had no patients aged 75 and over.

The practice had mixed figures for exception reporting. 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). The practice had very variable figures for exception reporting - some 100% (where the practice had accepted the one patient with a particular condition) and some as low as 0%. We reviewed this and found that the practice followed accepted guidance before accepting a patient. It also explained that many of the practice population may be away from practice treatment services for extended periods of time and that also that many younger patients with a long term Condition would not necessarily be experiencing chronic health problems. However, the practice actively offered support to patients with diabetes as they learned to manage the condition without family supervision.

Data from 2015-2016 showed performance for diabetes related indicators was comparable or below local and national averages but these figures related to only 68 patients (a nearby practice with 9000 patients had 635 patients with diabetes)

- The practice scored 64% for the QOF indicator relating to blood sugar control management for diabetic patients compared with the local average of 83% and national average of 78%.
- The practice scored 76% for the QOF indicator relating to blood pressure management in diabetic patients (local average 77%, national average 78%)
- The practice scored 73% for the QOF indicator relating to cholesterol management in diabetic patients (local average 83%, national average 80%)

Performance for mental health related indicators, for example, related to an agreed care plan documented in the patient record was 91% (local average 94%, national average 89%)

Clinical and management audits had been carried out in the preceding 12 months. These included audits into infection prevention and control, minor injuries, antibiotic prescribing and patient waiting times.

- There 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, the practice had updated and improved

Are services effective?

(for example, treatment is effective)

the information given to women prior to fitting intrauterine devices (a coil) so that patient consent was based on better knowledge about the procedure and any potential short-term side-effects.

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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which included an assessment of competence and an annual audit. 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 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 refresher 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.
- A locum induction pack was used to ensure locum doctors received a comprehensive introduction to the practice and had immediate access to electronic records and reporting systems.

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. A daily duty arrangement was in place to ensure pathology results and other referral documents were reviewed and acted upon in a timely manner
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services. With the patient's consent the practice contacted home GPs and hospitals and appropriate support 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. Monthly multi-disciplinary meetings took place with other health care professionals and the practice also liaised appropriately with the University and its support services to enable its patients to access appropriate services such as counselling or welfare advice.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment though this was required infrequently.
- The process for seeking consent was monitored through patient records audits and patient consent policies to ensure legislative responsibilities and guidance were followed.

Supporting patients to live healthier lives

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

- Patients who were carers, those at risk of developing a long-term condition and those requiring advice on diet,

Are services effective?

(for example, treatment is effective)

smoking and alcohol cessation, and sexual health issues. Patients were either offered appropriate services from the practice or signposted to the relevant external service.

- The practice had recognised that the majority of its patients were living away from home for the first time and in some cases living in a completely different culture. It was involved in a number of health promotion exercises and worked with the University and students union to improve student welfare. It recognised that many patients were young and inexperienced and needed support and information to manage their own health. The practice website included information about dealing with minor illnesses and sources of help and advice.
- The practice also had a nurse led daily clinic for minor illnesses and injuries.

The practice had a system for ensuring that results were received for every sample sent for the cervical screening programme in the practice and followed up women who were referred as a result of abnormal results. There was a policy to offer telephone reminders to those who did not attend.

The practice's uptake for the cervical screening programme was 50% which was substantially below CCG average of 83% and the national average of 82%. The practice had reviewed these figures and established that the majority of patients in the 25-64 age groups (of which there were 950) were international students or the partner of an international student. It was aware that with some nationalities there was a lack of understanding about screening programs and also cultural resistance to the kind

of examination necessary for the screening test. The practice provided detailed information on their website and in leaflets to try and encourage their patients to consider cervical screening.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The uptake of breast cancer screening in the last 36 months was 89% compared with the CCG average of 81% and national average of 73%. The uptake of bowel cancer screening in the previous 30 months was 73% compared with the CCG average of 63% and the national average of 58%.

The practice offered a full range of childhood immunisations and always discussed this with parents during 24-hour and six week baby checks.

Childhood immunisation rates for the vaccinations given were between 94.2% and 100% which was above the national 90% standard. Nursing staff had attended extra training to help them understand international and national immunisation guidelines so they could encourage and support parents to ensure children received the necessary immunisations for their age.

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 risk factors or abnormalities were identified.

The Patient Participation group were involved in liaising with the students union to arrange health promotion events.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were kind, polite 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice had recognised that some patients returning to the reception desk after seeing a GP or nurse could be confused or embarrassed about making another appointment or arranging a test and so had developed several small information cards which the clinician could mark and the patient hand to the receptionist or take to another service as directed, for example, for a blood test. This helped ensure patients received appropriate care.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 8 comment cards all of which were very positive about the standard of care received. Staff were described as efficient, cheerful, and friendly and the GPs described as calm and reassuring. Patients said that their GP listened to them and understood their complicated medical history and gave very good care and advice.

We spoke with a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2106 showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses was comparable with local and national averages. For example:

- 79% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 80% and national average of 82%.

- 79% of patients said the GP was good at giving them enough time compared to the CCG average of 86 % and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw (CCG and national average 92%)
- 79% of patients said the last GP they spoke to was good at treating them with care and concern (CCG and national average of 85%).
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern (local and national averages of 91 %.)
- 79% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average, 87%)

The practice undertook its own patient survey on an annual basis to improve feedback. The practice had reviewed these figures and decided that in its next annual patient survey it would include questions relating to patients feeling involved in decisions about their care and other interactions with GPs. The most recent survey found that 96% of the patients responded positively when asked to rate the practice.

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 lower or comparable with local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.

Are services caring?

- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%

The practice had reviewed these figures and decided that in its next annual patient survey it would include questions relating to patients feeling involved in decisions about their care and other interactions with GPs.

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

- Staff told us that interpretation 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. We were told this was rarely requested as international students had to

have achieved a certain level of English language proficiency before being accepted on their courses and that where the patient was a family member the partner usually attended with them.

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.

Due to its demographics (for example, 26 or 0.16% of patients were over 65 compared with the CCG average of 19%) the practice had very few patients who were carers. Those patients who had been identified (with an alert on their patient records) were offered health checks and advice about support 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 engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services.

- Pre-bookable appointments lasted up to 10 minutes. Longer appointments were available on request.
- The practice had identified some of its patients whose condition meant they needed longer appointments and had put alerts on their records. This included, for example, patients with learning disabilities or with complex mental health conditions.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice. The practice also responded to emergencies on campus, for example, if a patient was injured or collapsed while involved in sporting activities.
- Same day appointments were made available for young children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Many patients chose to travel or work abroad in vacation periods and travel vaccinations were a substantial part of the practice nurse workload especially in the summer term. Patients were referred to other services for those vaccines only available privately.

Access to the service

The practice was open between 8.00am and 6.30 pm Monday to Friday. Surgery times were varied to help patients choose convenient times for appointments. For example, afternoon surgeries started at 12.30pm on some days and 2.00pm on others.

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

- 79% of patients were satisfied with the practice's opening hours compared to the local average of 74% and national average of 76%.

- 87% of patients said they could get through easily to the practice by phone compared to the local average of 70% and the national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them. However results from the patient survey showed that only 51 % of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 77% and national average of 76%. The practice had asked this question in its own patient survey where 80% of respondents had said they found it easy to book an appointment with a GP or nurse. (227 surveys were completed)

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.

The duty GP or nurse spoke with the patient to assess whether a visit was appropriate or whether other services and ambulance might be more suitable. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at two complaints received in the last 12 months and found that these were handled in line with the practice's policy. Explanations and apologies were offered and lessons were learnt from individual concerns and complaints. The practice also considered whether any trends could be identified.

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 clear vision for the future based on the practice values of providing safe, effective and compassionate care which staff knew and understood.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a 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. Staff were supported in their roles.
- Appropriate policies were implemented and were available to all staff.
- 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the lead GPs, manager and staff 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 manager and GPs were approachable, supportive and interested in hearing staff views.

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 and training for all staff on communicating with patients about any notifiable safety incidents. The practice encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment it gave patients reasonable support and a verbal and written apology if appropriate.

- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings which were minuted. There were also team meetings such as for the nursing team. Staff told us these were helpful, supportive and helped them keep up to date.
- 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 GPs and manager. All staff were involved in discussions about how to run and develop the practice, and management 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 its own annual survey as it recognised the GP national survey represented a very small percentage of patients. It also reviewed complaints to see if there were any trends that could be identified.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice was committed to supporting its patients, particularly those living independently for the first time, to learn how best to manage their own health. The practice

Are services well-led?

Good 

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

promoted alcohol awareness, smoking cessation and sexual health awareness. It also reviewed the needs of its international student population and trained staff to be sensitive and aware, for example, about offering childhood

immunisations. It worked with the university and students union in health awareness events and within the local federation and CCG to promote the needs of its patients the majority of whom were students.