Jericho Health Centre - Bogdanor

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Jericho Health Centre – Bogdanor on 27 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The practice had identified from new patient registrations that it had a number of young families on its list who were newly arrived in the UK with little support available. The practice had set up a scheme to provide information

Summary of findings

and support to these patients, including promoting the university newcomers club to the families of students and staff how have moved from abroad, and linking university medical students, who are DBS checked and trained in paediatric life support, with these families to provide babysitting services. This supports these families in settling into their new family life in Oxford.

The areas where the provider should make improvements are:

- Work to improve areas of patient outcome where they are below the national and CCG average, by ensuring that patients who are not attending appointments for cancer screening or to manage long term conditions are given wider opportunities to engage with health care provision.
- Work to improve childhood immunisation rates for patients aged up to 24 months.
- . Work to promote extended hour availability to patients, and regularly review patient satisfaction with the practice's opening hours.
- Continue to work with the patient participation group to identify and provide improvements to the service.

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?

Good

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, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that most patient outcomes were at or above average compared to the national average.
- However some patient outcomes were found to be below the national average. The practice had identified the reasons for these, and was considering approaches to address them.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Where ratings were below average, the practice was actively working to improve the service.

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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had identified from new patient registrations that it had a number of young families on its list who were newly arrived in the UK with little support available. The practice had set up a scheme to link university medical students with these families to provide some support, such as babysitting services.
- New students at the university colleges served by the practice could register as patients online via a college portal.

The practice had identified that it had a high number of patients with pigmented skin lesions from living in warmer countries, and was using email as a way of staying in contact with these patients and providing advice on monitoring the condition.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice allocated a number of same-day appointments to allow older patients to see their usual GP for continuity of care, and prioritised them for telephone consultations.
- The practice was working with the CCG in developing and piloting designing new digital care plans as part of a project to reduce unplanned hospital admissions and to provide out of hours services with information on patients' care preferences and end-of-life plans.
- The practice made regular use of the Oxfordshire Single Point of Access system and local care navigator to support older patients in accessing community services.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Diabetes management indicators were comparable to national averages, with 100% of patients with diabetes receiving flu immunisation over the last winter, compared to a CCG average of 96% and a national average of 94%.Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice was working with the CCG to develop and pilot a digital proactive care planning template to support patients in managing long term conditions to reduce unplanned hospital admissions and improve communication with out of hours services.

Summary of findings

- The practice was liaising with university colleges to improve support for students with diabetes.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Fifty three per cent of female patients aged 25 to 64 had attended for cervical screening within the target period, compared to a national average of 74%. The practice had identified issues regarding screening attendance, and were considering strategies to address it.

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

The practice linked DBS-checked university medical students with families newly arrived in the UK to provide support such as babysitting services. It also provided information to these families about local services such as health visitor support and baby clinics and social events.

Working age people (including those recently retired and students)

Good

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 identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended surgery was held on one evening a week until 8.30pm, and telephone consultations were available for those who found it difficult to attend during the working day.

Summary of findings

- University students could register with the practice via a website portal, and the practice had close relationships with the nurses and welfare staff at its attached colleges, attending termly meetings to discuss service and support. The practice was also actively involved in shaping university welfare policy through attendance of university meetings.
- The practice actively promoted screening for the sexually transmitted disease chlamydia among its patients aged 16 to 24.

People whose circumstances may make them vulnerable

Good

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 patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours
- The practice had identified from new patient registrations that it had a number of young families on its list who were newly arrived in the UK with little support available. The practice had set up a scheme to link university medical students with these families to provide support, such as free babysitting services.

People experiencing poor mental health (including people with dementia)

Good

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

- However, 56% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months, compared to the national average of 88%. The practice had identified that its mental health care plan reviews had previously been incorrectly coded, and was addressing this to improve its figures.

Summary of findings

- 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 advance 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia, through referrals the local care navigator and direct signposting to support groups and voluntary organisations
- The practice had incorporated a dementia assessment into its NHS health checks for over 65s.
- The practice proactively followed up patients experiencing mental health problems who had attended hospital accident and emergency departments.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 The results showed the practice was performing in line with local and national averages. 404 survey forms were distributed and 110 were returned. This represented 2% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to a clinical commissioning group (CCG) average of 84% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to CCG average of 82% and the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to a CCG average of 89% and the national average of 85%.
- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average of 82% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards. All but one contained positive feedback about the standard of care received. Staff, both clinical and non-clinical were described as helpful, attentive and professional, and patients said that they felt that the GPs took particular time and effort to get to know them and their medical concerns.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The Friends & Family test showed that 76% of patients would recommend the practice to someone new to the area.

Areas for improvement

Action the service SHOULD take to improve

- Work to improve areas of patient outcome where they are below the national and CCG average, by ensuring that patients who are not attending appointments for cancer screening or to manage long term conditions are given wider opportunities to engage with health care provision.
- Work to improve childhood immunisation rates for patients aged up to 24 months.
- . Work to promote extended hour availability to patients, and regularly review patient satisfaction with the practice's opening hours.
- Continue to work with the patient participation group to identify and provide improvements to the service.

Outstanding practice

The practice had identified from new patient registrations that it had a number of young families on its list who were newly arrived in the UK with little support available. The practice had set up a scheme to provide information and support to these patients, including promoting the university newcomers club to the families of students and staff how have moved from abroad, and linking university medical students, who are DBS checked and trained in paediatric life support, with these families to provide babysitting services. This supports these families in settling into their new family life in Oxford.

Jericho Health Centre - Bogdanor

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, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Jericho Health Centre - Bogdanor

Jericho Health Centre – Bogdanor, also known as Dr Leaver & Partners, provides GP services to about 7,000 patients in Oxford city centre. Just fewer than half its patients are university students, but it also services a highly mobile population of short term occupancy tenants, many from Eastern Europe, and a more static population of local homeowners. It experiences a considerable turnover on its patient list annually, with 3,168 new patients registered in the last 12 months. The practice has significantly more patients aged 15 to 34 than the national average and considerably fewer children and adults aged 35 and over.

The practice has four GP partners, two female and two male, equivalent to three whole time GPs. There is one practice nurse and one healthcare assistant, equivalent to 1.3 whole time nursing care, along with a practice manager and a team of administration and reception staff. The practice is approved to offer teaching and training. It supports qualified doctors who are seeking to become GPs and offers placements for medical students. It is the named practice for five university colleges and three halls of residence. It has close links to college nurses in the colleges it serves, and the senior GP partner is the secretary of the College Doctors Association. The practice has an attached psychologist and counsellor who can see patients at the practice.

The practice is based at Jericho Health Centre in a building owned by the University and leased by the NHS. The health centre houses another GP practice and a number of health services which share a central patient waiting area on the ground floor of the building. The building has designated disabled parking spaces and ramp access. The practice has five consulting rooms, one nurse's room and a treatment room for minor operations. The health centre has assisted access WC facilities and baby changing facilities. Both are accessible from the main shared waiting area.

The practice is open from 8.30am to 6pm Monday to Friday, with appointments available between 8.30am and 10.30am, 11pm and 12pm, and between 2.30pm to 5.30pm.The practice offers extended hours on Thursdays until 8.30pm. The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by Primary Medical Limited, and is accessed by calling the NHS 111 telephone number. The practice provides duty GP telephone cover from 8am and from 6pm to 6.30pm via a call handling service for the times when the out of hours service is closed.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

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 27 April 2016.

During our visit we:

- Spoke with three GP partners, the nurse and healthcare assistant, the practice manager, and five members of the reception and administration team. We also spoke with patients who used the service, and to a health visitor attached to the practice
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events.
- The practice identified all cancer diagnoses in patients as significant events in order to ensure that learning was not missed.
- All staff members were able to present incidents as significant events to be analysed.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after it was found that a hospital appointment booking letter had been sent to the wrong patient, reception staff were directed to check patient NHS numbers as well as names before addressing letters.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nursing staff were trained to child protection or child safeguarding level three, with one GP trained to level four. The practice had a register of vulnerable adult patients, and had identified all adult patients in nursing homes, with dementia, with a carer or with learning difficulties, as vulnerable.
- A notice in the waiting room advised patients that chaperones were available if required. Staff acting as chaperones were trained, DBS checked and risk assessed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- We reviewed five 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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

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

- Data from 2014/15 showed: Performance for diabetes related indicators (90%) was better than the CCG (89%) and national average (89%).The percentage of patients with hypertension having regular blood pressure tests (82%) was similar to the CCG (81%) and national average 80%).
- However, performance for mental health related indicators (78%) was below the CCG (95%) and national average (88%). Data showed that 56% of patients with a severe and enduring mental health condition had a comprehensive care plan in place in the past 12 months, compared to the CCG average of 89% and a national average of 88%. The practice had identified that the highly mobile nature of its patient population presented a challenge in undertaking annual reviews of mental health care plans, although in 2014/15 it had only excepted 9% of patients with mental health conditions compared to the CCG average of 12% and a national average of 13% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting).
- The practice told us that mental health reviews had previously been incorrectly coded owing to a recording error. This was being addressed through the design of a new recording template. It was also planning to implement a regular audit of patients prescribed anti-psychotic drugs to support this work.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included GPs delaying the prescribing of antibiotics to patients with sore throats, to ensure that this was the correct course of treatment. At re-audit, it was found that GPs were now acting in accordance with prescribing guidelines for the condition in 100% of cases.
- The practice nurse and healthcare assistant were involved in the audit process, and had undertaken audits on ear syringing outcomes and infection rates after minor surgery, as well as regular infection control audits.

Information about patients' outcomes was used to make improvements, such as a recent audit of anti-inflammatory drug prescribing to help reduce hospital admissions for gastrointestinal or heart problems which could arise from the use of such drugs. After a review of patients' outcomes, an alert was put on the medical record of each patient receiving these medicines, to remind GPs of their potential risk and to regularly re-evaluate the prescribing.

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

Good

Are services effective?

(for example, treatment is effective)

safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. It was noted that non-clinical staff had not been trained to deal with spillages of bodily fluids.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nurse had undertaken training on chlamydia screening, and could give examples of opportunistic screening of patients for the condition. The healthcare assistant had undertaken health check training for checks such as blood pressure, urinalysis and electrocardiograms. She was also a member of the National Association of Phlebotomy and received regular updates on best practice.
- GPs had specialist interests in areas including contraception, the menopause, contraception and teaching, and through the College Doctors' Association, had close links with other specialists who could be called on for advice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We spoke to a health visitor attached to the practice who described an effective process for sharing of information and concerns.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol.
- The practice had identified that it had a large number of patients with diabetes who were university students. In

Good

Are services effective?

(for example, treatment is effective)

response to this, it was liaising with the university colleges to improve their support of students with diabetes, especially in terms of nutrition provided through college catering.

The practice's uptake for the cervical screening programme was 75%, which lower than the CCG average of 82% and national average of 82%. The practice had identified that its highly mobile patient list presented a challenge in terms of encouraging attendance for cervical screening, as some may have recently been screened in their home country. The practice had also identified that a high number of its female patients within the target age range did not meet the lifestyle criteria for the screening, owing to religious or cultural factors. The practice told us that it was using a text reminder service launched in February to improve these figures, and offering opportunistic invitations to patients attending for other appointments.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for bowel cancer screening was 66%, above the CCG average of 59% and the national average of 58%, and the uptake for breast cancer screening was 71%, comparable to the CCG average of 75% and the national average of 72%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 91% to 100%, which were comparable to CCG averages of 92% to 98%. The rates for the vaccinations given to children under two ranged from 68% to 96%, which was below the CCG rate of 90% to 97%. Child patient numbers for the practice were low, with only 24 children being eligible for vaccinations at aged two, meaning that the 32% who had failed to attend for a Meningitis C booster vaccination represented eight children. The practice told us that it was working to improve these rates through text reminders and direct contact with families who had not engaged with the Childhood Immunisation Programme.

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

Good

Are services caring?

Our findings

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.
- On the day of inspection we observed an elderly patient being treated with great care and empathy by a number of staff members.

All but one of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also 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 showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 96% 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%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%. The practice told us that that it was working with the reception team to embed a patient-centred approach and to ensure that all team members were fully trained to make decisions and provide accurate advice and signposting to patients where appropriate. One receptionist had developed a working culture and patients' charter with input from colleagues to support this work, and reception staff were able to tell us about it on the day of inspection.

Care planning and involvement in decisions about care and treatment

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

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

Good

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice had designed and was piloting a digital proactive care planning template to support patients in managing long-term conditions.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 40 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

The practice had identified a staff member to take on the role of carers' champion, to act as a central point of information for patients and colleagues, and to undertake training or support from another practice for this role. The practice was also working on plans to adjust the way it identified patients who were carers, using the Carers UK definition, and to ensure that flags are put on patient records to highlight their status to staff.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had engaged with the CCG to pilot a new digital proactive care plan for patients with long term conditions, and had led a recent drive to introduce testing for inflammatory bowel conditions into GP practices in the area. The practice had also purchased a dermatascope to allow GPs to make initial skin condition diagnosis with support of the local dermatology advice service, to reduce the number of referrals made to the specialty.

- The practice offered an extended hours clinic on Thursday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had identified from new patient registrations that it had a number of young families on its list who were newly arrived in the UK with little support available. The practice had set up a scheme to link university medical students with these families to provide some support, such as babysitting services.
- New students at the university colleges served by the practice could register as patients online via a college portal.
- The practice had identified that it had a high number of patients with pigmented skin lesions from living in warmer countries, and was using email as a way of staying in contact with these patients and providing advice on monitoring the condition.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were from 8.30am to 10.30am and 11pm to 12pm, every morning and between 2.30pm to 5.30pm daily. The practice provided duty GP telephone cover from 8am and from 6pm to 6.30pm via a call handling service for the times when the out of hours service was closed.

Extended hours appointments were offered on Thursday evenings until 8.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 59% of patients were satisfied with the practice's opening hours compared to the national average of 78%. The practice was working on a plan to promote its extended hours clinics, which ran every Thursday evening until 8.30pm and was staffed by two GPs, through waiting room posters, a message on the home page of the website, and information provided to students on registration with the practice.
- 86% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

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

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available on a poster displayed in the waiting area to help patients understand the complaints system.

We looked at six complaints received in the last 12 months and found that they were dealt with in a timely way, and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the phlebotomy clinic had been changed from drop-in to booked appointments after patient feedback about long waiting times, and medical students from the university were acting as additional phlebotomists.

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 mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice regularly identified challenges and looked at ways to address them. For example, it had identified that as a result of the large number of new patients registering each year, it was struggling to keep up with the summarising of medical records. It had addressed this by employing university medical students to help with the work.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held weekly team meetings, and sent regular newsletters to all staff.
- 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We saw posters in the waiting area encouraging patients to post feedback on the website www.iwantgreatcare.com.

Are services well-led?

Good

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

- The practice had carried out a patient survey in 2015 asking questions on a number of issues, and had received 100 responses. One of the aims of the survey was to look at ways to reduce the number of failures to attend for booked appointments, and as a result, the practice was sending appointment text reminders, and promoting their use to patients.
- The PPG had been set up in late 2015, and to date had met twice, with a GP and the practice manager attending. It had not yet submitted any proposals for improvements to the practice management team, but was focussing on ways to improve communication to patients about services available at the practice, and clarity around processes such as home visits.
- The practice had gathered feedback from staff through weekly team meetings, appraisals and discussion, and communicated changes via a weekly newsletter. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had recently reorganised the location of desks in the reception and administration area on advice of non-clinical staff to improve privacy when speaking to patients on the telephone. Staff told us they felt involved and engaged to improve how the practice was run. One non-clinical staff member had drawn up a working culture and patients' charter for the practice. They had been supported by the practice in undertaking this, and colleagues had been involved in putting forward suggestions for it

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was designing and piloting a new digital proactive care planning template to help patients with long-term conditions manage their condition as part of a CCG initiative to reduce unplanned hospital admissions. One GP partner had also led a recent CCG initiative to introduce diagnostic testing for inflammatory diseases of the bowel into other practices in the area.