

# Dr HN Hammersley & Partners

## 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?	Requires improvement	
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 HN Hammersley and Partners, 27 Beaumont Street, Oxford, OX1 2NR on 15 September 2015. Overall the practice is rated as good.

Specifically, we found the practice to require improvement for providing safe services. It was good for providing effective, responsive, caring and well led services. The population groups are rated as good for the patients using the practice.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The majority of information about safety was recorded, monitored and reviewed.
- Risks to patients were assessed and well managed, with the exception of those relating to medicines management, vaccine storage and tracking of prescriptions pads.

- Data showed patient outcomes were good. Audits had been carried out, we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- 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.
- Urgent appointments were usually available on the day they were requested. All patients had a named GP and non-urgent appointments with a named GP were usually available within two days.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, there was no low level desk at the front reception. This made communication with reception staff difficult for patients in wheelchairs.

# Summary of findings

- 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 areas where the provider must make improvements are:

- Implement a safe system for medicines management including the safe storage of vaccines.

In addition the provider should:

- Ensure the process for the handling of blank prescription forms are handled in accordance with national guidance as these were not tracked through the practice at all times.
- Carry out a risk assessment for the emergency medicines and determine which emergency medicines should be kept in stock.
- Ensure that within response to complaints patients are given the necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.

**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 requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, vaccines were not handled safely. Fridge temperatures were recorded daily. However, records were not maintained for actions taken when fridge temperatures were found out of recommended limits. Prescriptions were not always tracked and monitored safely. There was a lead for safeguarding adults and child protection. There was a system to highlight vulnerable patients on the patient electronic record.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Consent was verbally obtained and recorded in electronic records for minor procedures and treatments. There was evidence of completed clinical audit cycles or that audit was driving improvement in performance to improve patient outcomes. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. Multidisciplinary working was taking place.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent

Good



# Summary of findings

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 that the practice responded quickly to issues raised. However, the practice had not always included a statement of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the practice's response. Learning from complaints was shared with staff and other stakeholders.

## **Are services well-led?**

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. 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 were systems in place to monitor and improve quality and identify risk. However, we found governance systems were not always robust to ensure a safe and high quality service. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, the practice was making full use of the 'single point of access and hospitals at home' systems as required. All patients had a named GP to promote continuity of care. Flu vaccinations rates for over 65 were above the national average. The premises were accessible to those with limited mobility but doors were not automatic and waiting area was congested at ground floor. The practice was responsive to the needs of older people and offered home visits and rapid access appointments for those with enhanced needs. There was a register to manage end of life care and unplanned admissions. There were good working relationships with external services such as district nurses.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. The practice nurses were running specialist clinics for managing long term conditions, weight management and attending regular review meetings with local cancer support nurses.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Staff were aware of the legal requirements of gaining consent for treatment for those under 16. Chlamydia testing kits were available in accessible location for under 25s. Appointments were available outside of school hours and the premises were accessible for prams and buggies. The uptake of childhood immunisations was close to or below the national and local clinical commissioning group (CCG) averages. One of the GP partner was responsible for giving children

Good



# Summary of findings

immunisations. Antenatal appointments and postnatal clinics were available. The practice worked with health visitors to share information and provide a continuity of care for new babies and families. Flu vaccination uptake was 72% for pregnant women.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students (one third of registered patients population) had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Extended hours appointments were available on two mornings and two evenings during weekdays until 7:45pm. The practice was looking after patients at four colleges at the university of Oxford and extra appointments were offered during college term times. 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.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out the enhanced service to provide annual health checks for people with a learning disabilities, for example, there was evidence that health checks were completed for five patients out of six patients on the learning disability register. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Most staff knew how to recognise signs of abuse in vulnerable adults and children. Most 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 translation service was available for patients who did not speak English. Flu vaccination uptake was 44% for carers.

Good



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Sixty per cent of people experiencing poor mental health had received care plan in

Good



# Summary of findings

last 12 months. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice had identified 158 patients at early risk of dementia and GPs meeting was planned for 23 September 2015 to discuss the screening plans.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Clinical staff had received training on Mental Capacity Act.



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 112 responses and a response rate of 25%.

- 100% find it easy to get through to this surgery by phone compared with a CCG average of 83% and a national average of 73%.
- 96% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 87% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 68% and a national average of 60%.
- 99% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 89% and a national average of 85%.
- 98% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.

- 91% describe their experience of making an appointment as good compared with a CCG average of 80% and a national average of 73%.
- 75% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 63% feel they don't normally have to wait too long to be seen compared with a CCG average of 57% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Patients we spoke with and comments we received were very positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns.

## Areas for improvement

### Action the service **MUST** take to improve

- Implement a safe system for medicines management including the safe storage of vaccines.

### Action the service **SHOULD** take to improve

- Ensure the process for the handling of blank prescription forms are handled in accordance with national guidance as these were not tracked through the practice at all times.

- Carry out a risk assessment for the emergency medicines and determine which emergency medicines should be kept in stock.
- Ensure that within response to complaints patients are given the necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.

# Dr HN Hammersley & Partners

## 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 second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

### Background to Dr HN Hammersley & Partners

The practice is situated in Oxford city centre, with no parking and lift facilities. The premises were built in 1832 and have been used as a GP surgery since the start of NHS. The premises had not been modified extensively due to planning restrictions. There was ramp access for anyone with mobility issues through the rear entrance. The practice is accessible by public transport (bus and train). All patient services are spread on the three floors. The practice comprises of seven consulting rooms, one treatment room, three patient waiting areas and administrative and management office and meeting spaces.

There are five GP partners at the practice and one trainee doctor. Four GPs are male and two female. The practice employs two practice nurses and a phlebotomist (a specialist clinical worker who take blood samples from patients). The practice manager is supported by a data

manager and a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

The practice has a patient population of approximately 6,413 including high proportion of young patients, with high number patients who are students. The practice population of patients aged between 15 and 34 years are higher than average and there are a lower number of patients over 60 years old.

The practice is linked with four colleges at the university of Oxford and the staff were aware of the needs of this section of the population. The practice was offering extra appointments during college term times and appointment system allowed advanced appointments to be booked up to eight weeks in advance. Urgent appointment slots were also available.

Services are provided from:

Dr HN Hammersley & partners

27 Beaumont Street

Oxford

OX1 2NR

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time by UKCall centre or after 6:30pm, weekends and bank holidays by calling NHS 111.

# Detailed findings

We carried out an announced comprehensive inspection of the practice on 15 September 2015. We visited Dr HN Hammersley & Partners surgery during this inspection.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service on 15 September 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This practice had not been inspected before and that was why we included them.

## How we carried out this inspection

Prior to the inspection we contacted the Oxfordshire Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by Dr HN Hammersley & Partners. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 15 September 2015. We spoke with five patients and 10 staff. Comment cards had been available for patients to complete prior to our inspection and there were 31 completed cards.

As part of the inspection we looked at the management records, policies and procedures, and we observed how staff interacted with patients and talked with them. We interviewed a range of practice staff including GPs, nursing staff, managers and administration and reception staff.

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 are provided for specific groups of people and what good care looks 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)

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. In addition the practice recorded and discussed events considered as learning points, aside from the significant events. People affected by significant events and complaints received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events and ensured any changes to practice had been embedded.

We reviewed safety records and minutes of meetings including document 'changes and information that we all need to know about' where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had identified a Read Codes error in the last year as a significant event. When we discussed this with a GP they told us the data manager had adjusted the Read Codes list and advised staff to take more time and pay closer attention when entering the Read Codes.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled the practice to communicate and act on risks and gave a clear, accurate and current picture of safety. We saw evidence that medicine alerts were shared with clinical staff and acted on.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 relevant to their role.

- A notice was displayed in the waiting room, advising patients chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, we found a nebuliser was not checked since February 2013. Following the inspection the practice had provided the evidence that contractor visit was arranged for 28 September 2015. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as building health and safety, infection control and legionella. The practice had a risk assessment for the management of legionella (a bacterium which can contaminate water systems in buildings).
- Appropriate standards of cleanliness and hygiene were followed. 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. One practice nurse and practice manager had received infection control training. We saw the evidence that a second nurse was due to attend infection control training a day after the inspection and in-house infection control training was planned for 14 October 2015 for staff team. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We checked medicines kept in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff.

## Are services safe?

Processes were in place to check medicines were within their expiry date and suitable for use. However, we had found an injection and two creams stored in the fridge were out of date.

- There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed fridge temperature checks were carried out. However, we noticed from records that a fridge was recorded as having high temperatures over the recommended limit. The practice informed us they had replaced the faulty fridge with a new fridge and medicines were transferred in another fridge for this duration. However, this was not recorded on the temperature sheet.
- We had found wet vaccine boxes at the back of the fridge. Fridges were tightly packed and vaccines were stored very close to the fridge walls. We contacted the health protection agency (HPA) and manufacturer for further advice. They advised us that vaccine were safe to use if fridge temperatures had not fallen below freezing range. We had not found any evidence that fridge temperatures had fallen below the recommended limit and advised the practice to take immediate action to improve the management of vaccines. The provider was proactive and developed a written action plan which included: inspecting all vaccines, ordering external thermometers and plastic containers to store vaccines. The practice manager had contacted the Screening and Immunisation team for further advice. There was no protocol in place to handle and store vaccines once being delivered at reception. However, the practice was planning to develop a protocol for handling vaccines.
- Prescription pads were securely stored and consulting rooms were always locked. However, blank prescriptions were not handled in accordance with national guidance as these were not tracked through the practice at all times. For example, we found there was no audit trail and issue dates were not recorded for prescription pads including pads carried by GPs on home visits.

- Recruitment checks were carried out and the three files we reviewed showed that 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.
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage emergencies. Records showed that all staff had 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. There was also a first aid kit and accident book 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 fit for use. However, the practice did not have all emergency medicines suggested for GP practices. The practice had not carried out an appropriate risk assessment to identify a list of medicines that were not suitable for a practice to stock.

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.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014-15, the practice had achieved 99.5% of the total number of points available, compared to 96% locally and 94% nationally. The practice informed us they had achieved 100% QOF for three years. Data from 2014-15 showed;

- Performance for diabetes related indicators was better to the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 95% locally and 90% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was better to the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 92% locally and 88% nationally.
- Performance for mental health related and hypertension indicators was better to the CCG and national average. The practice had achieved 95% of the total number of points available, compared to 94% locally and 90% nationally.
- The dementia diagnosis rate was above to the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 96% locally and 93% nationally.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to

improve care and treatment and people's outcomes. There had been five clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, we saw evidence of repeated audit cycle of antibiotics. The aim of the audit was to reduce prescribing of antibiotics medicines below the average of clinical commissioning group (CCG). The first audit demonstrated that 13.3% patients were taking antibiotics compared to local CCG average of 12.8%. The practice developed relevant protocols and shared this information with all clinicians. We saw evidence that the practice had carried out follow up audit which demonstrated improvements in patients outcomes and found only 9.8% patients were taking antibiotics.

We found that practice had not always carried out repeated clinical audits. For example, in December 2014 a trainee doctor had carried out a clinical audit regarding medicines used to prevent inflammation and pain in the joints, muscles and tissues. The aim of the audit was to ensure all patients prescribed this medicine had correct read codes applied and regular blood tests carried out to monitor serious side effects. The first audit demonstrated that 28 patients were taking this medicine without appropriate monitoring. The practice had not carried out any follow up audit and were not able to demonstrate monitoring of the action plan identified during previous audit. The practice had not have audit lead or a rolling programme of audits to ensure that at least two cycles were completed.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support

# Are services effective?

## (for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had an appraisal within the last 12 months.

- Staff received training that included: safeguarding children and adults, fire safety, basic life support, mental capacity, health and safety and equality and diversity. However, not all staff had completed infection control training. We saw evidence that in-house infection control training was planned for 14 October 2015.
- The surgery was a training practice for doctors, who were training to be qualified as GPs. We received positive feedback from the trainees we spoke with.

### 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. The practice had identified 190 patients who were deemed at risk of admissions and care plans had been created to reduce the risk of these patients needing admission to hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was sought 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 (MCA). Staff had access to MCA protocol. Training on the MCA had been provided to staff. Where a patient's

mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The provider informed us that written consent forms were not required to be completed for minor procedures as per general medical council (GMC) guidelines. However, the provider was aware of their responsibility and blank consent form template was available to complete for more invasive procedures.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients receiving end of life care, carers, those at risk of developing a long-term condition, homeless patients and smoking cessation. Patients were signposted to the relevant external services where necessary such as local carer support group. The practice was offering smoking cessation advice and data showed 80% smokers had attended the clinic.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer text message reminders for patients about appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In total 37% of patients eligible (198 of 536) had undertaken bowel cancer screening and 65% of patients eligible (299 of 462) had been screened for breast cancer.

Childhood immunisation rates for the vaccinations given to under ones were 93% which was below CCG average of 95%, under twos were 91% which was below CCG average of 95% and five year olds were 93% which was below CCG average of 94%. Flu vaccination rates for the over 65s were 73%, and at risk groups 65%, compared to national averages of 73% and 52% respectively.

## Are services effective? (for example, treatment is effective)

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

Regular walking sessions were organised by one of the GP partners every Saturday in the local park. The practice informed us that 12 patients were regularly attending the Saturday's walking sessions. These sessions were playing significant role in promoting patients health and well-being.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Private curtains were not provided in all consulting rooms so that patients' privacy and dignity was not always maintained during examinations, investigations and treatments. However, the practice informed us that patients were always offered to use alternative room and the practice was also considering to purchase portable screen. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 31 patient CQC 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 also spoke with two members of the patient participation group (PPG) on the day of our inspection. 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 were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 99% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 99% said the GP gave them enough time compared to the CCG average of 91% and national average of 89%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.

- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 100% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 96% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

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

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling.

## Are services caring?

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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics and a smoking cessation clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hour appointments on two mornings and two evenings until 7:45pm for working patients who could not attend during normal opening hours.
- The practice was situated near Oxford university and were delivering introductory talks in four colleges at the beginning of term times. The practice had higher than national and CCG population between 15 and 34 years old due to high number of students. The practice offered a higher number of appointments during term times.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing aid loop and translation services available.
- There were named GPs for all patients.
- Homeless patients were able to register at the practice.

### Access to the service

The surgery was open from 8am to 6:30pm Monday to Friday. The surgery was closed on bank and public holidays and it was advised to call 111 for assistance during this time. The surgery offered range of scheduled appointments to patients every weekday from 8:30am to 6pm including open access appointments with a duty GP throughout the day. The surgery opened for extended hours appointments

two early mornings a week from 7:15am to 8am and two late evenings from 6:30pm to 7:45pm. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 100% patients said they could get through easily to the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 91% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 75% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

### Listening and learning from concerns and complaints

The practice had a 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. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at five complaints received in the last two years and found that all had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the

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

manager or one of the GPs. However, the practice had not always included a statement of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of

care. For example, GPs attended a time management course and agreed to improve their time keeping and communication with reception if running late. The partners also agreed to check patient history and current medical circumstances before calling them in.

# 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 mission statement and a statement of purpose. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We found details of the aims and objectives were part of the practice's statement of purpose and strategy. The practice aims and objectives included working in partnership with patients and staff to provide the best primary care services possible. This also included treating patients with dignity and respect and delivering high quality services to meet the specific needs of patients.

### 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.
- Audits were undertaken and we saw four completed audit cycles. However, the practice needed to ensure all audits were completed cycles. For example, we found one audit which was not followed up and the practice was not able to demonstrate effective monitoring of the action plan identified during previous audit.
- Monitoring of specific areas such as medicine management and vaccine storage, tracking of prescriptions pads and recording of consent forms were not sufficient to ensure risks were managed appropriately.

All staff we spoke with had a comprehensive understanding of the governance arrangements and performance of the practice. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

### Leadership, openness and transparency

There was a clear leadership structure with named members of staff in lead roles. All staff were clear on their responsibilities and clear lines of accountability were in place. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding.

The partners in the practice have the experience and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, surgery evening opening hours were reviewed and furniture was changed as per recommendations.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <b>How the regulation was not being met:</b> We found the registered person did not have proper arrangements in place for the safe management of medicines and vaccines. Regulation 12(2)(a)(b)(g)