

Dr Burke and 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?

Good 

Are services effective?

Requires improvement 

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 Burke and Partners (Also known as St Bartholomews Medical Centre) on 17 May 2016. Overall the practice is rated as good. However, there were requirements required in providing effective services.

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

- There was a system in place for reporting and recording significant events.
- Risks to patients were mostly assessed and well managed.
- Staff assessed patients' ongoing needs and delivered care in line with current evidence based guidance. There was a nurse walk-in service available to students from the nearby Oxford Brookes University. This provided flexibility for this section of the patient population. However, there was no clear assessment tool which non-clinical staff could assess the urgency of patients' needs.

- National data suggested patients mostly received appropriate care for long term conditions. However, diabetes performance was poor. Action had been taken to identify what could be done to improve performance.
- Staff were trained in order to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.

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 provider was aware of and complied with the requirements of the duty of candour.

Areas the provide must make improvements are:

- Improve the monitoring of the nurse walk-in service at the branch site available to students to ensure it is accessed appropriately and safely by students.
- Continue to Identify what improvements to diabetes performance can be achieved as a result of poor national data indicators.

Areas the provide should make improvements are:

- Improve the coding on the patient record system to ensure a more effective monitoring of repeat medicine reviews is undertaken.
- Review the results from the GP national survey on satisfaction scores regarding GP and nurse consultations and involvement in decisions, in order to identify improvement.
- Review and identify what improvements to bowel and breast cancer screening rates can be achieved.
- Review the uptake of mental health care plans to identify how more can be put in place for eligible patients

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had a system in place for reporting, recording and monitoring 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.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- Risks to patients were assessed and well managed.
- Medicines were managed appropriately.
- Emergency medicines and equipment were stored appropriately and within expiry dates.
- The practice was clean and well maintained.
- Equipment was checked and calibrated.
- There were health and safety policies in place.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to national and local averages. However, diabetes performance was poor due to changes in staffing over the previous year. There was training for nursing staff underway to improve diabetes performance.
- There was not a fully adequate means of assessing the urgency of the need for patients attending a walk-in service at the Oxford Brookes University branch site.
- Out of 164 patients on the mental health conditions register only 89 had a care plan in place.
- Uptake of breast and bowel cancer screening was low.
- Exception reporting was in line with national and local averages.
- 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.

Summary of findings

- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Screening programmes were available to eligible patients. The performance for chlamydia screening was very high compared to local averages.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similarly to others for several aspects of care.
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified.
- The practice proactively provided Information for students registered from Oxford Brookes University.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- A walk-in service was available for patients at the Oxford Brookes University branch site.
- 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.

Good



Are services well-led?

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

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

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The monitoring of the service did not identify risks related to the student walk-in service and to improve diabetes care.
- 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 and involved by the partners and practice manager.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- GPs offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible for patients with limited mobility and there was a hearing aid loop available for patients with poor hearing.
- All appointments were available on the ground floor.
- Patients over 75 had a named GP.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The most recent published results were 94% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%.
- The practice had an exception reporting rate of 11% compared to the national average of 9% and regional average of 8%.
- All these patients had a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



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

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Joint working with external organisations took place in the management of children at risk of abuse.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible flexible and offered continuity of care.
- Patients' feedback on the appointment system was very positive overall.
- There was a nurse walk-in service available to students. This provided flexibility. However, there was no clear tool which non-clinical staff could assess the urgency of patients' needs.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Travel vaccinations were available.
- There were extended hours appointments on Saturday mornings from 8.40am to 1pm.
- The practice maintained links with the Oxford Brookes University counsellors and they were regularly invited to practice meetings to review patients who had been referred.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for 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.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Joint working with external organisations took place in the management of patients at risk of abuse or harm.
- The practice maintained a register of patients with drug dependency. An audit was carried out on hepatitis screening and prophylaxis among these patients.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was 93% compared to the national average 92% and regional average of 95%.
- Practice exception reporting for mental health indicators was 6%; this was below the national average (11%) and regional average (11%). There were 164 patients on the mental health conditions register and 89 had a care plan in place.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia and screening for those deemed at risk of the condition.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing better than local and national averages. There were 412 survey forms were distributed and 56 were returned. This represented 0.5% of the practice's patient list.

- 88% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 35% usually got to see or speak to their preferred GP compared to the CCG average of 67% and national average of 59%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 88%.

- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and CCG average of 82%.

We received 21 comment cards from patients during the inspection. The comments were mainly highly positive about the service patients received. We spoke with 6 patients and found their experience of services received at the practice was positive.

The practice undertook the friends and family test and in March 2016 80% of patients stated they would recommend the practice and in April 2016 69% of patients said they would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Improve the monitoring of the nurse walk-in service at the branch site available to students to ensure it is accessed appropriately and safely by students.
- Continue to identify what improvements to diabetes performance can be achieved as a result of poor national data indicators.

Action the service **SHOULD** take to improve

- Improve the coding on the patient record system to ensure a more effective monitoring of repeat medicine reviews is undertaken.

- Review the results from the GP national survey on satisfaction scores regarding GP and nurse consultations and involvement in decisions, in order to identify improvement.
- Review and identify what improvements to bowel and breast cancer screening rates can be achieved.
- Review the uptake of mental health care plans to identify how more can be put in place for eligible patients

Dr Burke and 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, the CQC national nursing adviser, an assistant inspector and a second CQC inspector.

Background to Dr Burke and Partners

We undertook an inspection of this practice on 17 May 2016. The practice provides services from two sites:

- St Bartholomews Medical Centre, Manzil Way, Oxford, Oxfordshire, OX4 1XB
- Oxford Brookes University Medical Centre, 3rd Floor, The Colonnade, Gipsy Lane, Headington, Oxfordshire postcode

Dr Burke and Partners has two purpose built locations with good accessibility to all its consultation rooms at the main site. The practice serves 21,000 patients. There are approximately 10,000 from the city of Oxford and 11,000 students from Oxford Brookes University. The practice has a very transient population with many students only residing in Oxford for part of the year and usually registering for the period of their studies before moving away. The area around the practice also has a high number of new migrants and this has contributed to a steady turnover in patient population. This poses difficulties in managing long term conditions, managing child immunisations and other services. The population is much younger than the national

average with a large proportion of patients between 19 and 25 years old. There are local communities which are affected by social deprivation. There is a broad mix of ethnic backgrounds among the patient population.

- There are five GP partners at the practice, two female and three male. There are four practice nurses and two healthcare assistants. A number of administrative staff, a deputy practice manager and a practice manager support the clinical team.
- This is a training practice and had a GP Registrar at the time of the inspection.
- There are 58.5 GP sessions per week and 3.3 whole time equivalent nurses.
- The practice was open between 8.10am and 6pm Monday to Friday. There were extended hours appointments on Saturdays from 8.40am to 1pm. Out of hours GP services were available when the practice was closed by phoning 111 and this was advertised on the practice website.

The practice was inspected in September 2013. We took no regulatory action as a result of this inspection.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 May 2016. During our visit we:

- Spoke with a range of staff, including four GPs, three members of the nursing team and support staff.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us that they would inform the practice manager of any significant events and complaints. We saw that there was a standard form for recording events.
- Complaints, incidents and concerns about care or treatment were recorded as significant events.
- When a significant event had been investigated the findings would be fed back to the staff in clinical team meetings (GPs and Nursing staff) or individually to staff.
- We saw that significant events and complaints were reviewed annually and analysis of the events (including learning) was undertaken at this review. For example, a staff member had not followed a specific procedure and when this was identified, a significant event was raised and action taken to manage the staff member.
- There was an overall review of complaints to identify trends and ensure that any learning identified was embedded in practice.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. There were hard copies of policies which 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 provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and received appropriate adult safeguarding training. GPs attended multidisciplinary team meetings to discuss vulnerable patients and also provided information to case conferences where required.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed that the practice was clean and tidy. There was an audit tool used to identify any improvements in infection control. The infection control lead had received training from the local CCG infection control expert. Checks of cleanliness were undertaken. There was an infection control protocol in place and staff had received up to date training. This included a sharps injury protocol (needle stick injury). This was displayed in consultation rooms in the Dr Burke and Partners and was available on the intranet. We observed not all relevant sharps containers were available in each consultation room but the practice had put these in place by the end of the inspection.
- Medicines were managed safely. Blank prescription forms and pads were securely stored. However, they were not logged and monitored. A system to monitor blank prescription forms was put in place within 48 hours of the inspection. We saw that medicines stored onsite were within expiry dates and stored properly. Fridges used to store medicines were monitored and temperature checks recorded.
- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Where any patient specific directions (PSDs) were required by healthcare assistants or nurses these were also in place. Staff were trained to administer vaccines against PSDs and PGDs by a prescriber.
- 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

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

Are services safe?

- There were health and safety related policies available. Staff had received relevant training in health and safety. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Staff at the practice had received fire training. Fire equipment had been tested and maintained. The practice provided us with a completed fire risk assessment. Action was taken to mitigate identified risks.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. The planning for medical emergencies was risk assessed:

- The practice had an automated external defibrillator and clinical staff received training in how to use this.
- There were appropriate emergency medicines onsite and these were available to staff. All staff had received basic life support training.
- Panic alarms were available in treatment rooms to alert staff to any emergencies.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and reviewing templates used to deliver patient reviews.
- Students could access a nurse walk in service at the Oxford Brookes main university campus. This enabled access to a clinician without having to book an appointment. A form was used to identify if the walk-in service was suitable for a patient's needs. Patients would then wait to see a nurse. This meant waiting times could be unpredictable. However, there was no system to identify the urgency of any patients' needs, meaning they could face unpredictable waiting times without any assessment of their need. For example, no assessment beyond someone attending with a fever was undertaken, such as if a rash was present to determine if urgent care may be required. We asked receptionists to show us a protocol for identifying patients who needed prioritisation, but they were unable to locate one. There was a GP at the university branch site, meaning if a nurse needed to escalate any patient concerns then they could seek support from a GP.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed 94% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice has a rate of 11% exception reporting compared to the national average of 9% and regional

average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This indicated the practice was performing well in terms of national data and despite providing services to a transient population.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 showed:

- Performance for diabetes related indicators was 76% compared to the national average of 89% and regional average of 93%. Staff explained that due to a highly transient patient population there were problems in getting patients to attend for all long term condition reviews, such as diabetes health checks. Diabetes exception reporting was 14% compared to the CCG average of 13% and national average of 11%. There had also been changes to the nursing team which had meant it proved difficult to follow up all patients who needed support and reviews of their diabetes in the year this data referred to. Since then, the practice was in the process of providing dedicated diabetes training to the nurse manager and a GP.
- Performance for mental health related indicators was 93% compared to the national average 92% and regional average of 95%. Exception reporting for mental health indicators was below the national average (11%) and regional average (11%) at 6%. There were 164 patients on the mental health conditions register and 89 had a care plan in place.
- The practice maintained a register of patients with drug dependency. An audit was carried out on hepatitis screening and prophylaxis (prophylaxis is a measure taken to maintain health and prevent the spread of disease) among these patients.

There was evidence of clinical audit:

- The practice participated in local audits, identified their own audits and national benchmarking. They provided us with nine audits undertaken in the last two years.
- Findings were used by the practice to improve services. Outcomes were discussed in team meetings. Where improvements were identified in the audits we saw actions were noted for GPs and nurses to make improvements. For example, an audit in to patients at risk of developing diabetes was undertaken to improve screening. This led to an action plan and a plan to

Are services effective?

(for example, treatment is effective)

re-audit patients to identify improvements made in detecting undiagnosed diabetes. An audit into a respiratory condition undertaken in 2014 which led to increased clinics for patients who needed specific treatment and reviews, was repeated in 2015 to assess the outcome for the patients identified as needing additional care in the first audit.

Information about patients' outcomes was used to make improvements. For example an audit into Sepsis in children resulted in an educational presentation for clinical staff to help identify potential risks that should alert staff to take immediate action.

The practice informed us that they could not provide information on what proportion of patients had up to date medicine reviews. The GPs informed us that this was due to a lack of accurate coding. We saw that there was a process for reviewing repeat medicines and that there were triggers for patients to have their medicines reviewed when required.

The practice was not appropriately logging histology results from minor surgical procedures. This posed a risk that samples sent for examinations were not safely received in the laboratory and final results sent back to the practice. A log was implemented immediately after the inspection with an updated protocol to ensure that patients' results would be recorded appropriately and that they would be sent a copy of any histology reports to advise them of their results.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff told us they could access role-specific training and updates when required and that there was a comprehensive programme of training. Healthcare assistants were being supported to undertake the health and social care diploma.
- Staff administering vaccines and those who undertook long term condition reviews 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.
- 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 with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. There were 392 patients deemed at risk of unplanned admissions and 377 had care plans to reduce the risk of this occurring.

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 (MCA).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- There was a protocol for the MCA and this was available to staff.

Supporting patients to live healthier lives

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

- Forty eight patients were receiving end of life care and 43 had care plans in place.
- Additional support for carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation was available. Patients were signposted to the relevant service when necessary.
- There were 2942 smokers offered access to a smoking cessation service with 547 recorded as quitting.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

There was a register of 28 patients deemed at risk of developing dementia. The practice screened patients for dementia opportunistically.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Of those eligible 46% percent had undertaken bowel cancer screening compared to the national average of 59%. Of those eligible 60% of had attended breast cancer screening within six months of being invited, compared to the national average of 73%.

The practice offered annual health checks to patients with a learning disability. Twenty five out of 32 patients with a learning disability had received a health check.

In 2015/16, 19% of eligible patients undertook chlamydia screening which is among the highest in the CCG. This had identified 27 patients who required treatment.

Childhood immunisation rates for the vaccinations were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 97% (CCG 93%) and five year olds from 89% to 97% (CCG 95%).

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Nearly all of the 22 patient Care Quality Commission comment cards we received were highly positive about the service experienced. There were no themes to the negative comments. Patients said they felt the practice offered an excellent and caring service. They reported staff were helpful and treated them with dignity and respect. Patients we spoke with highlighted that staff responded compassionately when they needed help and provided support when required. We spoke with a patient participation group (PPG) member and they told us the service provided a caring service and they were respected by the staff and partners.

Results from the national GP patient survey showed patients felt they were generally treated with compassion, dignity and respect. The practice was close to average for its satisfaction scores on consultations with GPs. The practice had not identified and considered the poor feedback in relation to nursing staff and what this may have been caused by. The most recent results showed:

- 91% of patients said their GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 93% 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%

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% national average of 85%.
- 82% 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% and CCG average of 93%
- 74% of patients said the last nurse they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received on CQC comment cards. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment compared to the national and local averages:

- 82% 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%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82% and CCG average of 85%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85% and CCG average of 87%.

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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 326 patients as carers 1.7% of the practice list. The proportion of older patients registered at this practice was much lower than

the national average and many patients were living away from home as university students, which may suggest why the registered number of carers was low. Written information was available to direct carers to the various avenues of support available to them.

The practice manager told us GPs contacted relatives soon after patient bereavements and if appropriate again at a later date. Bereavement support was also available from a specialist counsellor.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for vulnerable patients including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The 11,000 students registered at the practice could access a nurse walk in service at the Oxford Brookes main university campus. This enabled access to a clinician without having to book an appointment. A GP was also based onsite providing approximately 30 appointments each week day. Students could book appointments at either site the practice operated from.
- Same day appointments were available if required by patients.
- Patients were able to receive travel vaccinations.
- There were disabled facilities.
- A hearing loop and translation services available.
- A ramp enabled access for wheelchair users and those with mobility scooters.
- All treatment rooms were on the ground floor.
- The practice maintained links with the Oxford Brookes University counsellors and they were regularly invited to practice meetings to review patients who had been referred.

Access to the service

The practice was open between 8.10am and 6pm Monday to Friday. From 8am to 8.10am and from 6pm to 6.30pm, patients could access support via the phonelines through an external provider. There were extended hours appointments on Saturdays from 8.40am to 1pm.

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

- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 82% and national average of 85%.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 83% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 88% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 35% usually got to see or speak to their preferred GP compared to the CCG average of 67% and national average of 59%. (This result was a likely outcome of the high proportion of patients who used the walk-in service at the branch site).

Feedback from comment cards and patients we spoke with showed patients were able to get appointments when they needed them. There were 2487 patients registered for online appointment booking.

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

We looked at several complaints received in the last 12 months and there was a process for assessing and investigating the complaint. They were satisfactorily handled, dealt with in a timely way and that patients received a response with an outcome.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice staff shared a clear vision to deliver a high standard of patient care. There was a patient charter reflecting the expected responsibilities of staff and patients.

- There was an ethos of patient centred care at the practice and this was reflected in discussions with staff.
- The partners were considering the future of the practice and succession planning.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, some minor risks were identified during the inspection that the practice had not identified.

- The assessment of patients attending the university branch site as walk-in patients was not fully risk assessed.
- There was monitoring of patient outcomes including clinical audit. However, there was insufficient monitoring of repeat medicine reviews.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- 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.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

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

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

- Staff told us the practice held regular team meetings.
- 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 via its patient participation group (PPG), although this had been suspended for a year and was in process of being reinstituted. The PPG reviewed patient feedback to identify and propose improvements. For example, the PPG had been involved in reviewing and implementing improvements to the telephony system. The PPG had unsuccessfully attempted to recruit student participants. The PPG lead attended the branch site at Oxford Brookes University to gain patient feedback from students.
- The practice undertook the friends and family test and in March 2016 80% of patients stated they would recommend the practice and in April 2016 69% of patients said they would recommend the practice.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with

colleagues and management

Continuous improvement

There was focus on continuous learning and improvement. This was reflected in the access staff had to training and personal development. Specifically healthcare assistants were undertaking relevant diplomas, supported by the practice. GPs undertook clinical audits which resulted in improvements to the service.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not always assess, monitor, identify risks, and improve the quality and safety of the services provided, assess, monitor and improve the quality and safety of the services provided. There was not adequate monitoring of patients using a nurse walk-in service to ensure patients received an appropriate service based on urgency of their needs. The monitoring of repeat medicines was not appropriate. There was poor performance in care planning for eligible patients with mental health conditions.</p> <p>This was in breach of Regulation 17 Good governance (1)(2)(a)(b)</p>