

# Dr R M Hall and Partners, Kennington Health Centre

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr R M Hall and Partners, Kennington Health Centre on 13 September 2016. Overall the practice is rated as good.

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

- There was a system in place for reporting and recording significant events. Reviews of complaints, incidents and other learning events were thorough.
- Risks to patients were assessed and well managed.
- Staff assessed patients' ongoing needs and delivered care in line with current evidence based guidance.
- National data suggested patients received appropriate care for long term conditions.
- The practice planned its services based on the needs and demographic of its patient population.
- Staff were trained in order to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patient feedback in CQC comment cards suggested patients felt staff were caring and considerate.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was a strong ethos of continuous learning and improvement.

Areas the provide should make improvements are:

- Review the training and guidance related to prioritising patients when calling to request appointments available to reception staff, to ensure that urgent needs are identified wherever possible.

# Summary of findings

- Continue to improve the recording of patient medicine reviews to ensure this system can be monitored and that patients are receiving timely reviews.
- Ensure disposable curtains are changed in line with their expiry dates.
- Consider providing a hearing loop to support patients with hearing difficulties.
- Review patient feedback regarding their satisfaction with the practice, particularly in monitoring the new appointment system.

**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



- Risks to patients were assessed and well managed.
- Lessons were shared to make sure action was taken to improve safety in the practice as a result of significant events.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- Equipment was checked and calibrated.
- There were health and safety policies in place.
- Medicines were managed safely to ensure they were handled, administered, stored and disposed of correctly.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Clinical audits demonstrated quality improvement.
- The most recent published results of national care data showed 98% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%.
- There was a system for medicine reviews. However, these were not always recorded properly on the record system. The practice had an action plan in place to improve recording and ensure all medication reviews were undertaken in the defined timescales.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Screening programmes were available to eligible patients.
- Flu vaccination rates were comparatively high, with the practice ranked as the fifth highest achiever in Oxford in terms of percentages. This was a challenge considering the proportion of patients for a flu vaccine.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similarly to others for several aspects of care.
- Patient feedback from comment cards stated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified.
- The appointment system had recently changed. This enabled patients' the ability to request a call back from a GP and if necessary an appointment was made with a nurse or GP. This was in response to patient feedback regarding difficulty in accessing appointments.
- There was a significantly higher proportion of older patients registered at the practice and staff planned and delivered services to meet their needs.
- For example, longer appointments, high flu vaccination rates and providing social support through the care navigator.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Complaints were formally reviewed to identify trends and ensure changes to practice had become embedded.

Good



## Are services well-led?

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

- The practice had a clear vision and staff were clear about the vision and their responsibilities in relation to it.
- The practice used comparators with other practices, patient feedback and clinical audit to drive improvement.
- 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.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and involved by the partners and practice manager.
- There was an ethos of continuous improvement.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the high proportion of older people in its population.
- GPs offered personalised care to patients in care and nursing homes.
- The premises were accessible for patients with limited mobility. There was no hearing loop available to support patients who had difficulties with their hearing.
- Patients over 75 had a named GP.
- Care planning was provided for patients with dementia.
- The practice achieved high rates of flu vaccinations.

### 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 had appropriate training.
- Patients at risk of hospital admission were identified as a priority.
- The most recent published results of national care data showed the practice was performing well compared to the clinical commissioning group (CCG) averages.
- The number of up to date medicine reviews was a concern due to low a proportion of completed reviews recorded on the system. However, the practice had identified this concern and had an action plan to ensure there were no immediate risks and improve recording long term.
- All these patients were offered structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a 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



# Summary of findings

- 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.
- Staff explained how they treated children and young people in an age-appropriate way including recognition of their rights to access treatment.
- We saw positive examples of joint working with midwives and health visitors.
- Joint working with external organisations took place in the management of children at risk of abuse.
- The practice's uptake for the cervical screening programme was 79%, which was similar to the national average of 82%.
- GPs provided surgeries at a local boarding school twice a week.

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

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

- The needs of the working age population, those recently retired and students had been considered and the practice had adjusted the services it offered enable continuity of care.
- Patients' feedback on the appointment system had been responded to by introducing a new appointment system.
- The appointment system was monitored to identify improvements where possible.
- 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 available.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for vulnerable patients.
- Learning disability health checks were offered and 80% of patients registered as eligible for a check had one in 2015/16.

**Good**





# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Joint working with external organisations took place in the management of patients at risk of abuse or harm.

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

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

- Performance for mental health related indicators was 100% compared to the national average 92% and regional average of 95%.
- The proportion of patients on mental health register with care plan and up to date physical assessment was 81%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing similarly compared to local and national averages but worse in some areas. The practice had considered and responded to these concerns. Two hundred and twenty-two survey forms were distributed and 101 were returned. This represented 1.5% of the practice's patient list.

- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 50% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 67% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 90%.

- 53% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and CCG average of 83%.

We received 15 comment cards from patients during the inspection. The comments were mainly positive about the service patients received, specifically care and treatment. However, two patients raised concerns about the new phone consultation appointment system. The new system had only been implemented a week before the inspection and it was too early to assess the improvement for patients.

The practice undertook the friends and family test. Figures from January 2016 onward showed 98% of patients were likely or very likely to recommend the practice.

## Areas for improvement

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

- Review the training and guidance related to prioritising patients when calling to request appointments available to reception staff, to ensure that urgent needs are identified wherever possible.
- Continue to improve the recording of patient medicine reviews to ensure this system can be monitored and that patients are receiving timely reviews.

- Ensure disposable curtains are changed in line with their expiry dates.
- Consider providing a hearing loop to support patients with hearing difficulties.
- Review patient feedback regarding their satisfaction with the practice, particularly in monitoring the new appointment system.

# Dr R M Hall and Partners, Kennington Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

## Background to Dr R M Hall and Partners, Kennington Health Centre

We undertook an inspection of this practice on 13 September 2016. The practice provides services from Dr R M Hall and Partners, Kennington Health Centre, 200 Kennington Road, Oxford, Oxfordshire, OX1 5PY.

Dr R M Hall and Partners, also known as Kennington Health Centre has a purpose built location with good accessibility to all its consultation rooms. The practice serves 6,700 patients from the surrounding town and villages. The practice demographics show that the population has a much higher proportion of patients over 65 compared to the national average and much lower prevalence of younger patients. According to national data there is minimal deprivation among the local population. There are patients from minority ethnic backgrounds, but this is a small proportion of the practice population. The practice had been trying to recruit more GPs for some time prior to the inspection. The partners had altered the service to maintain and improve services despite having a lower number of GPs than desired.

- There are four GP partners and one salaried GP working at the practice, including four females and one male. There are two practice nurses and a healthcare assistant. A number of administrative staff and a practice manager support the clinical team.
- There are four whole time equivalent (WTE) GPs, two WTE nurses and one WTE healthcare assistant.
- Dr R M Hall and Partners, Kennington Health Centre is open between 8.30am and 6.30pm Monday to Friday. There are extended hours appointments available from Monday to Thursday up to 7.15pm.
- Out of hours GP services were available when the practice was closed by phoning 111 and this was advertised on the practice website.
- This is a training practice.

The practice was inspected in 2013 under our previous methodology and a follow up inspection took place in 2014 as a result of a breach of regulations. At the last inspection the practice was found to be meeting requirements related to regulations.

## 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 24 August 2016. During our visit we:

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

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice had a system in place for reporting, recording and monitoring significant events. We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice:

- Staff told us that they would inform the practice manager of any significant events and complaints. We saw that there was a standard form for recording events.
- Complaints, incidents and concerns about care or treatment were recorded, reviewed and any action required to improve the service were noted.
- When a significant event had been investigated the findings would be fed back to the staff in clinical team meetings (GPs and Nursing staff) or individually to staff. For example, when a mistake was made regarding a prescription for a patient the practice reported this as a significant event. They reviewed the causes and discussed the learning points at a clinical meeting in the same month the concern was identified. Another significant event noted that cold chain storage had not been maintained with some vaccines due to a fridge door being left open. The staff member who discovered this followed the correct procedure in line with the cold chain policy, the incident was reviewed and action was identified to reduce the risk of reoccurrence.
- There was evidence of formal reviews of significant events and complaints to ensure themes were identified and that changes to process were embedded in practice.
- Medicine and equipment alerts were received by the practice managers and disseminated to the relevant clinical leads. Decisions were taken as to what action was required by GPs.

### Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. There were contact details for further guidance if staff had concerns about a patient's welfare. The GPs provided reports where

necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults. GPs were trained to child protection or child safeguarding level three and received appropriate adult safeguarding training. Nurses received level two child safeguarding training. GPs attended multidisciplinary team meetings to discuss vulnerable patients and also provided information to case conferences where required. The practice had provided information to staff on the procedures for reporting female genital mutilation.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained and had Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed that the practice was clean and tidy. There was an audit tool used to identify any improvements in infection control. The infection control lead had received relevant training. Checks of cleanliness were undertaken. There was an infection control protocol in place and staff had received up to date training. This included a sharps injury protocol (needle stick injury). This was available to staff. Clinical waste was disposed of appropriately. Reception staff were appropriately trained to assist patients in depositing medical samples. Cleaning of medical equipment was recorded to ensure that this could be checked and verified. The infection control lead was aware that some disposable curtains were overdue changing (these usually require changing every six months). They confirmed that the curtains were on order and but the orders had been delayed.
- Medicines were managed safely. We checked medicine fridges and found temperatures recorded within the last two months were within recommended levels. Blank prescription forms and pads were securely stored. We saw that medicines stored onsite were within expiry dates and stored properly.
- There were controlled drugs (medicines which require additional security and storage checks) stored onsite. We saw these were recorded in and out of the practice

## Are services safe?

appropriately. They were stored securely and only accessible to authorised members of staff. An appropriate register was kept which indicated external checks were undertaken on these medicines.

- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were due to undertake flu clinics and some vitamin B12 injections in the future. There were plans for PSDs to be put in place for them to do so.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw all staff were requested to provide Hepatitis B vaccination records.

### Monitoring risks to patients

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

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

- 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. Fire drills were undertaken and recorded. Fire wardens were in place.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly. For example, the spirometer was regularly calibrated.

### Arrangements to deal with emergencies and major incidents

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

- The practice had an automated external defibrillator and clinical staff received training in how to use this. There was oxygen available and this was checked regularly to ensure it was working and sufficient supply was available.
- There were emergency medicines onsite and these were available to staff. These included all medicines which may be required in the event of a medical emergency. For example, atropine was available as coils were fitted onsite.
- Staff had received basic life support training.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and reviewing templates used to deliver patient reviews.
- The practice operated a telephone consultation service where every patient would be called back by a GP either within two hours for an urgent concern or later the same day for routine concerns. This provided the option for a callback from a named GP if requested. The new system was introduced on 5 September 2016. Reception staff would ask if the call was urgent or determine this by asking about the nature of the concerns a patient had. Reception staff had been provided with some examples of conditions which should be prioritised and were aware of chest pains and stroke symptoms as examples of urgent needs that should be referred straight to GPs or 999 calls made. Reception staff did not have guidance or a tool to refer to regarding any high risk concerns that should be prioritised. However, GPs oversaw the list of patients awaiting calls with any descriptions of concerns to ensure that patients were prioritised where necessary.

### 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 98% 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 8% 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.

Data from 2015 showed:

- Performance for diabetes related indicators was 94% compared to the national average of 89% and regional average of 93%. Diabetes exception reporting was 9% compared to the CCG average of 13% and national average of 11%.
- Performance for mental health related indicators was 100% compared to the national average 92% and regional average of 95%. The proportion of patients on mental health register with care plan and up to date physical assessment was 81%.

There was evidence of clinical audit which led to improvements in care:

- The practice participated in local audits, identified their own audits and national benchmarking. The practice had six audits either completed or underway in 2016.
- We saw audits led to changes and improvements in care and treatment, For example, there was a dementia audit in February 2015 which was repeated in June 2015. The re-audit showed improvements in care where these had been identified in the initial audit.

Findings were used by the practice to improve services. For example, the practice identified that the recording of medicine reviews was not always happening appropriately. The patient record system indicated that 58% of patients on less than four repeat medicines and 71% of patients on four or more medicines had up to date medicine reviews. The practice had looked at samples of patients records to determine if this was an issue of recording the reviews properly or that they were not taking place. GPs identified that some reviews were not coded properly on the system and therefore did not come up in searches on the system. Partners informed us that they were in the process of working through all the records of patients on repeat medicines when these patients were due for their next review and over time they were confident this would improve the recording and therefore the monitoring of medicine reviews. We saw evidence that a pharmacist was



# Are services effective?

## (for example, treatment is effective)

also being consulted about supporting the practice to achieve improvements. We saw prescribing audits showed improvements the prescribing of specific medicines such as anti-biotics.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff told us they could access role-specific training and updates when required and that there was a programme of training. Nurses were also supported to undertake specific training to enable them to specialise in areas such as respiratory and diabetes care.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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 was a list of 167 patients deemed at risk of unplanned admissions with a care plan in place.

### Consent to care and treatment

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

- GPs and nurses understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance, including the Gillick competency guidelines of consent in people under 16.
- There were processes for obtaining consent from patients either verbally or in writing where necessary.

### Supporting patients to live healthier lives

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

- There was a register of 18 patients receiving end of life and all had a care plan.
- 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 649 registered smokers and 561 had been offered stop smoking advice.

The practice's uptake for the cervical screening programme was 79%, which was similar to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice undertook early diagnosis screening for dementia. In 2015/16, 375 patients were offered screening and one patient was diagnosed with dementia. There were 83 patients on the dementia register.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Of those eligible 62% had undertaken



# Are services effective?

(for example, treatment is effective)

bowel cancer screening compared to the national average of 59%. Of those eligible 75% of had attended breast cancer screening within six months of being invited, compared to the national average of 73%.

The practice participated in the enhanced service of offering annual health checks to patients with a learning disability. There were 20 patients registered with a learning disability and 16 had health checks in 2015/16. This constituted 80% of patients compared to the local average of 41%.

The practice had the fifth highest uptake of flu vaccinations for patients in the Oxford locality. They had achieved 74% for patients over 65 and 47% for patients at risk of complication associated with flu under the age of 65.

In 2015/16, five out of 629 eligible patients undertook chlamydia screening. We saw posters advertising screening. GPs told screening was offered to patients when possible.

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 94% to 98% (CCG 93%) and five year olds from 92% to 98% (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.

The 15 patient Care Quality Commission comment cards we received contained positive feedback about the service experienced. Two also contained some slightly negative comments about the new appointment system. Patients reported that they felt the practice offered a caring service. They felt staff were helpful and treated them with dignity and respect. We spoke with two patient participation group (PPG) members 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 similar to local averages for most satisfaction scores on consultations with GPs and nurses. The most recent results showed:

- 90% 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%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 92% 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%
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% national average of 85%.

- 97% of patients said the last nurse they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 66% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%. The partners were aware of the concerns some patients had with the service at reception. Additional staff had been recruited in recent months to support the existing team.

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

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

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85% and CCG average of 88%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the national average of 90% and CCG average of 91%.

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

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

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

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.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 147 patients as carers which was 2.4% of the practice list. There was information for carers in the waiting area of the practice.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- There were longer appointments available for vulnerable patients including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice cared for 80 patients in care homes and visits were organised where necessary. The practice liaised regularly with a local care home support team including a geriatrician (a clinician who specialises in providing care to older patients) to deliver holistic care to these patients. The practice demonstrated that historically the care homes they supported had much lower levels of hospital admissions compared to others.
- The practice was able to refer patients to a care navigator project. This service supported patients who needed additional support related to care or social needs. Between October 2015 and August 2016 there had been 147 referrals, the fourth highest referring practice in Oxford.
- The practice worked with local services such as volunteer driving service to assist patients who needed additional support.
- A GP surgery was held in a local boarding school twice a week to ensure any health needs of the students were met.
- A hearing loop was not available to support...
- There were signs advertising interpreters for patients whose language.
- The building was accessible for patients with limited mobility or disabled patients. All consultation rooms were on the ground floor.
- There was a toilet for disabled patients.

### Access to the service

Dr R M Hall and Partners, Kennington Health Centre was open between 8.00am and 6.30pm Monday to Friday. There were extended hours appointments available from Monday to Thursday up to 7.15pm. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally lower

than local and national averages. Partners explained that patients were waiting a long time for appointments due to a shortage of GPs. The practice had tried to recruit GPs but was not able to fully meet the gap in their staffing. Therefore the practice operated a telephone consultation service where every patient would be called back by a GP either within two hours for an urgent concern or later the same day for routine concerns. This provided the option for a callback from a named GP if requested. Vulnerable patients would still automatically be offered an appointment. The system was designed to improve the response times for patients and have a discussion with a GP and then if deemed necessary have a timely appointment with a named or other GP. The GPs did this as they were concerned about the patient feedback and about the appointment waiting times being over two weeks for some patients. The system was introduced on 5 September 2016. Therefore it was too early for the practice to assess the improvements and seek patient feedback. The new system was trialled for one day a week for several weeks prior to the implementation of the system. Feedback from comment cards did not indicate extensive concerns, although two negative comments were noted related to the new system.

The most recent GP survey did not reflect the recent changes to the appointment system. Feedback from July 2016 showed:

- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 89% and national average of 85%.
- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 75% found it easy to contact the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 50% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 40% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 59%.

There were 503 patients registered for online appointment booking.

The practice had a system in place to assess:

# Are services responsive to people's needs?

(for example, to feedback?)

- 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. For example, a complaint was received regarding a patient not being offered an appointment because they were not registered at the practice and were not offered a temporary registration. The practice investigated the complaint and reminded newer reception staff of the process for temporary registrations. The complainant received an apology and outcome from their complaint.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- There was an ethos of patient centred care at the practice and this was reflected in discussions with staff.
- There was a statement of purpose including how the partners planned to deliver its services.
- The practice was aware of the demographic and needs of its local population. GP partners tailored care around the needs of its patients. For example, GP lists were in place due to the high needs of many of the practice's patients caused by having a much higher than average older population.

### Governance arrangements

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

- A programme of continuous clinical and internal audit demonstrated improvements where required.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Governance systems identified where learning was required and training was provided to staff where necessary.
- Incidents and complaints were used to identify improvements and action was taken where necessary to implement changes.
- Potential risks to patients were identified, assessed and managed.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings and we saw relevant minutes.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, 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). The PPG was proactive and very involved in the running of the practice. They reviewed patient feedback to identify and propose improvements. For example, the PPG proposed changes to inform patients why they may sometimes have longer than usual waiting times for appointments. The practice had not yet implemented this action but had agreed to it.
- The practice undertook the friends and family test. Figures from January 2016 onwards showed 98% of patients were likely or very likely to recommend the practice. The practice had gathered feedback from staff through appraisals and meetings.

# Are services well-led?

Good 

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

- Some feedback from the national survey had been considered and acted on. For example, where patient feedback was poor regarding access to appointments and waiting times, the practice implemented a new appointment system.

## Continuous improvement

- The practice reviewed its performance and compared its services with other practices. Where improvements were made they were implemented. For example, they looked at other practices who implemented a patient call back system when the practice was planning changes to its own system.
- For example, poor feedback on the appointment system led to a change in the way patients were consulted to ensure timely discussion with a GP took place and that patients could be prioritised by a GP for an appointment where necessary.
- Medicine reviews were identified as not being recorded properly and a pharmacist had been consulted with about helping to improve the review process and the practice was considering recruiting a pharmacist to support with the workload.