

# Oxford Road Medical 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

This is a focused desk top review of evidence supplied by Oxford Road Medical Centre for one area only, governance arrangements within the key question Well-led.

We found the practice to be good in providing Well-led services. Overall, the practice is rated as good.

Oxford Road Medical Centre was inspected on 1 March 2016. The inspection was a comprehensive inspection under the Health and Social Care Act 2008. At that inspection, the practice was rated 'good' overall. However, within the key question Well-led, governance

arrangements were identified as 'requires improvement', as the practice was not meeting the legislation in place at that time; Regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice supplied an action plan with timescales telling us how they would ensure they met Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 (HSCA 2008).

The practice has submitted to CQC, a range of documents which demonstrate they are now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### 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.

This rating was given following the comprehensive inspection 1 March 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection 1 March 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services caring?

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection 1 March 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



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

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection 1 March 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services well-led?

The practice is rated good for providing well-led services.

The practice was inspected on 1 March 2016. The inspection was a comprehensive inspection under the Health and Social Care Act 2008. Following the inspection the GP practice was rated as requires improvement for the key question Well-led.

There were shortfalls in how the practice was managing the risk of unauthorised access to information held within IT systems at that time and the practice was not meeting Regulation 17 (2) (d) Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

More rigorous systems had been implemented to minimise the risk of unauthorised access to computer records. The practice manager

Good



# Summary of findings

carried out a random (not on the same day) weekly check of all computers to ensure the smartcard in use belonged to the person operating the computer. The checklist provided had not identified any misuse of smartcards.

All staff had been issued with smartcard holders and lanyards and were logging on and off the computer system using their own smartcard.

# 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

This rating was given following the comprehensive inspection on 1 March 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### People with long term conditions

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

This rating was given following the comprehensive inspection on 1 March 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Families, children and young people

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

This rating was given following the comprehensive inspection on 1 March 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### 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).

This rating was given following the comprehensive inspection on 1 March 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

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.

This rating was given following the comprehensive inspection on 1 March 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



# Summary of findings

## **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).

This rating was given following the comprehensive inspection on 1 March 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

**Good**



# Oxford Road Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Inspector reviewed and analysed the documentary evidence submitted.

## Background to Oxford Road Medical Centre

Oxford Road Medical Centre is located in a residential area of Burnley and occupies a purpose built health facility with adequate parking to the front of the property. There is level access at the front entrance of the building to facilitate access for those experiencing difficulties with mobility.

Oxford Road Medical Centre offers a comprehensive range of services including minor surgery.

The practice delivers services under a general medical services (GMS) contract with NHS England to 4412 patients, and is part of the NHS East Lancashire Clinical Commissioning Group (CCG).

The average life expectancy of the practice population is slightly below both CCG and

national averages for males at 75 years compared to 77 years and 79 years respectively. Life expectancy for females is also slightly below the national average but level with the

CCG average at 81 years (national average 83 years). Age groups and population groups within the practice population are comparable with CCG and national averages.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by two GP partners (one female and one male) and a salaried GP (female). The practice is a training practice and has previously supported trainees at different stages of their learning. Clinical staff are supported by a practice manager and six administration and reception staff.

The practice was open between 8am to 6.30pm Monday to Friday and it offered extended surgery hours on alternate Tuesday and Thursday evenings between 6.30pm and 8pm. The extended surgery hours were predominately for working patients who could not attend during normal

opening hours but all patients had access to appointments during these periods. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

When the practice was closed Out of Hours services were provided by East Lancashire Medical Services and contacted by telephoning NHS 111.

The practice provided online patient access that allowed patients to book appointments and order prescriptions and review some of their medical records.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme on 1 March 2016. This inspection was a planned focused desk top review to check whether the provider had taken the

# Detailed findings

required action and was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now amended by the current legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## How we carried out this inspection

At the last inspection, we found that governance arrangements required improvement. Following the

inspection the practice supplied an action plan with timescales telling us how they would ensure they met Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In line with their agreed timescale the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to governance arrangements.

We reviewed this information and made an assessment of this against the regulations.

## Are services safe?

### Our findings

Please note this is a focused desk top review of governance arrangements within the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following website <http://www.cqc.org.uk/search/services/doctors-gps>

# Are services effective?

(for example, treatment is effective)

## Our findings

Please note this is a focused desk top review of governance arrangements within the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following website <http://www.cqc.org.uk/search/services/doctors-gps>

## Are services caring?

### Our findings

Please note this is a focused desk top review of governance arrangements within the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following website <http://www.cqc.org.uk/search/services/doctors-gps>

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

Please note this is a focused desk top review of governance arrangements within the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following website <http://www.cqc.org.uk/search/services/doctors-gps>

# Are services well-led?

Good 

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

## Our findings

In line with agreed timescales the practice supplied a range of documentary evidence that demonstrated how they had improved working practices in relation to governance arrangements since the last inspection. This specifically related to the misuse of smartcards.

Evidence supplied included copies of the information governance document which had been signed by all staff as read and understood. Since the inspection in March 2016 a 'Work smart, be smart' poster had been displayed in the practice reminding staff of their responsibilities to keep their smartcard safe.

The practice manager sent us a copy of the information governance memo that had been sent to all staff. This reminded staff of their responsibilities in relation to data protection and confidentiality. Staff were also given a copy of the NHS Connecting for health, good practice guide.

The practice manager sent us copies of the 'Outline of smartcard use' document which had been signed by staff in March 2016. They also sent us a copy of the smartcard spot checks that had been carried out by the practice manager. The practice manager carried out a random (not on the same day) weekly check of all computers to ensure the smartcard in use belonged to the person operating the computer. The checklist provided had not identified any misuse of smartcards.

The practice staff had been issued with smartcard holders and lanyards and were using their own cards when changing computers.