

# Willingham Medical Practice

## 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 Willingham Medical Practice on 12 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice community team, including community nurses and health visitors, were based either at the Willingham site or the Longstanton branch surgery. The community midwives met with the GPs at the ante natal clinics at both surgeries.
- 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.

**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



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- A comprehensive range of risk assessments had been carried out to ensure patient and staff safety.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical and administration audits demonstrated quality improvement.
- GPs met daily to review referrals.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Monthly CCG meetings were attended by the GPs and quarterly locality meetings were attended by the practice manager.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- Regular team meetings took place and staff training had been developed both in-house and on the internet.

The practice had produced a five year expansion plan.

# 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice utilised the Joint Emergency Team (JET) service for assessment and multi-disciplinary team input to support patients and avoid unnecessary hospital admissions.
- Multidisciplinary team meetings took place to discuss patients with complex needs and those requiring palliative care.

### People with long term conditions

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

Good



- A member of the nursing team was the lead in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Specialist nurse led clinics were available for patients with diabetes.
- The practice used the information collected for the Quality and Outcome Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practices). Data from 2015/2016 showed that performance for diabetes related indicators was 98%, which was 8% above the CCG and national average. Exception reporting for diabetes related indicators was 10%, which was below the CCG average of 13% and the national average of 11%, (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 the side effects).
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

- Whole person annual reviews were offered which included medicines, general health and concerns and anxieties.

## Families, children and young people

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

- Midwife led antenatal clinics were available at both the Willingham and Longstanton sites.
- 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 relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Staff were aware of Gillick competence (this is a term used to decide whether a child under the age of 16 is able to consent to his or her own medical care).
- The practice's uptake for the cervical screening programme was 87%, which was above the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day appointments were offered to children.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Contraceptive advice was offered during consultations including implants and pill checks. The practice offered a chlamydia screening service.
- Appointments could be booked online with a total of nine online appointments per GP per day.

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).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available and text reminders for appointments.

Good



# Summary of findings

- The practice offered referrals to weight management schemes
- NHS health checks were offered to patients aged between 40 – 75 years old.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Coding of specific patient groups were undertaken at registration and the practice computer system highlighted when patients were in need of additional help i.e. longer appointment times or same day access.
- 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.

## 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).

Good



- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 7% above the CCG average and 10% above the national average. Exception reporting for patients receiving the intervention was 6%, which was 2% below the CCG average and 1% below the national average.
- 99% of patients with severe mental health issues had a comprehensive agreed care plan documented in the last 12 months, which was 5% above the CCG average and 6% above the national average. Exception reporting for patients receiving the intervention was 12%, which was comparable to the CCG average of 13% and the national average of 11%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.



# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and had received training in these areas.
- The practice had an open door policy for patients with mental health issues where access was available the same day.
- Counselling services were available for patients for all patients including those with mental health issues.

# 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 performance was above the CCG and national average. 215 survey forms were distributed and 114 were returned. This represented 53% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 97% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Patients commented that they felt lucky to have the service provided at Willingham Medical Practice and that the treatment from the doctors and staff was excellent.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They all said they were treated with dignity and respect and would recommend the surgery to someone new in the area.

# Willingham Medical Practice

## 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 and a practice manager specialist adviser.

## Background to Willingham Medical Practice

Willingham Medical Practice is a rural practice based at 52 Long Lane, Willingham, Cambridgeshire CB24 5LB. The branch surgery is based at Magdalene Close, Longstanton, Cambridge CB24 3EG. Both premises have car parking facilities. There is an on-site pharmacy sited at Willingham and a dispensary at Longstanton.

The practice has four partners (three male and one female), plus two regular locum GPs, four nurses and one nursing assistant. The practice employs a practice manager, assistant practice manager, administrative staff, receptionists, a clinical summariser and a practice secretary.

Willingham Medical Centre provides GP services to approximately 8,000 patients under a General Medical Services contract with NHS England.

The practice is open from 8.30am to 6pm Monday to Friday (excluding Thursday afternoons). Extended hours are available on Thursdays from 7.00am and Wednesdays until 7pm. The practice is closed on Thursday afternoons. The branch surgery is open from 8.30am to 11.00am Monday to Friday and the dispensary is open at 8.30am.

The practice offers a variety of clinics and services including immunisations, minor surgery, smoking cessation, phlebotomy and family planning.

The practice has a slightly larger number of females aged 35-49 and children up to age 14 than the national average, and fewer males and females between the ages 15 to 29 years.

The nearest hospitals are Addenbrookes, Papworth and Hinchingbrook and there is a park and ride bus service available to Cambridge, Huntingdon, St. Ives and Addenbrookes

## 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.

## 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 12 December 2016. During our visit we:

- Spoke with a range of staff including nurses, receptionists and dispensers. We also spoke with patients who used the service.

# Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff were able to explain what constituted a significant event and that they were discussed at whole team meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information and a written apology, and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and no trends were identified.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a new policy and procedure had been written for answering the emergency telephone line.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP responsible for safeguarding issues. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to

their role. GPs were trained to child protection or child safeguarding level three. Practice nurses were trained to child protection or child safeguarding level three and the nursing assistant was trained to level two. Administrative staff were trained to safeguarding level one.

- 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 nurses acted as chaperones when required.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training, and infection control had been incorporated into new staff induction procedures. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. All medical equipment was cleaned after use and there were general cleaning schedules which listed the frequency of cleaning in various areas of the practice. Personal protection equipment and sharps bins were available in the clinical rooms.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The dispensary at Longstanton was open from 8.30am to 1.00pm Monday to Friday. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures (SOPs - these are

## Are services safe?

practice specific written instructions about how to safely dispense medicines), which covered all aspects of the dispensing process. SOPs were dated and signed by the dispensary team.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs by a responsible officer and the relevant paperwork had been completed, signed and witnessed. Controlled drugs waiting for destruction were kept separately in a locked safe.
- The dispensary had carried out two annual audits of patients on methotrexate (a drug used to treat certain types of cancer, severe psoriasis and rheumatoid arthritis) and lithium (a drug generally used to treat patients with bi-polar disorders, mood disorders and hyperactivity). Searches on the practice medical system of patients taking these medications had been undertaken. Patients' records were then checked to ascertain whether the templates on the medical system recorded that appropriate blood tests had been carried out. The audit showed that the templates for all patients taking lithium recorded that blood tests had been carried out. However for patients taking methotrexate, seven templates had not been updated, although blood tests on all patients had been performed. The dispensary updated the templates accordingly.
- There were three members of the dispensary team which included the dispensary manager. Two dispensers had undergone the NVQ level 3 diploma and one dispenser currently undertaking level 2. All dispensers had received training in safeguarding, basic life support and fire.
- Medicines and Healthcare Products Regulatory Agency alerts were received by the dispensary and immediately acted upon. This is a government agency which approves and licenses medicines, allowing them to be prescribed in the UK. The principal aim of the agency is to safeguard the public's health). The dispensary manager evidenced a log of these alerts, which once actioned were maintained for reference purposes.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

- Risks to patients were assessed and well managed.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster behind the reception area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Each area of the practice had a notice board which identified instructions for that area, including the evacuation process in the event of a fire. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a comprehensive range of other risk assessments in place to monitor safety including manual handling, security, lone working, control of substances hazardous to health, car parking, infection control, needle stick injury, and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.

## Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, loss of telephones, computer equipment 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 regularly reviewed CCG data and monitored outcomes and clinical audits.

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92% of the total number of points available

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was 98% which was 8% above the CCG and national average. Exception reporting was 10% compared to the CCG average of 13% and the national average of 11% (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).
- Performance for mental health related indicators was 99% which was 5% above the CCG average and 6% above the national average. Exception reporting was 12% compared to the CCG average of 13% and the national average of 11%.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years. An audit carried out in 2014 and re-audited in 2015 related to patients on bisphosphonate therapy who had completed five years of treatment. In 2014 it was evidenced that 70% of patients had their bisphosphonate stopped or reviewed after five years. Fifteen patients were identified as needing review from the initial audit and a memo had been sent to all GPs advising them of patients needing reviews. The repeat audit in 2015 evidenced that 89% of patients had their bisphosphonate stopped or reviewed after five years. Five patients were contacted to arrange a review.
- In 2016 a two cycle audit had been carried out on asthma management. The practice evidenced that improvements could be made of the coding of patients and recalling for spirometry where diagnosis had not been clear. The practice discussed patients receiving more than twelve inhalers per year and contacted those patients for review. As a result of the second audit, the practice documented that they had a better system for coding patients and recalling for reviews.

A non-clinical audit had been carried out an audit of the number of patients who did not attend (DNA) for their appointments over a seven month period. The audit showed that one hundred and fifteen hours of consultation time had been lost. During the month of December 2015 all DNA patients were telephoned by the practice. A second audit was carried out at the end of January and the figures for DNA's had dropped by 40%. The practice confirmed that DNA patients were still being telephoned and that a further audit was planned for the months of January – July 2017.

### Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. An induction pack had also been compiled for locum GPs working at the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nurses had undergone training in diabetes, cervical cytology, asthma and contraception.



# Are services effective?

## (for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. We looked at minutes of meetings which evidenced that discussions, training and updates took place.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. A structured training diary made training manageable for staff with time limitations. Training bulletins and training goals were set monthly. Training included: safeguarding: fire safety awareness: information governance: equality and diversity and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice used an intranet document manager which held information on key contact numbers, holiday and planning, calendar meeting dates, communication of any new ideas and initiatives, patient leaflets, staff handbook and self-care leaflets. This made information more central and accessible for all staff and GPs.

### 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. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Consent had been obtained for various procedures and recorded on the patients' medical records i.e. cervical cytology and immunisation.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patient were able to access a range of information including what to do in times of bereavement, carers support groups, health related issues, minor illness and an alcohol consumption questionnaire.
- The practice had identified 157 carers on their register (2% of the practice list). A carers group met quarterly at the practice and a carer's board included a range of information and volunteer network. Flu vaccinations were offered to carers and medication reviews were undertaken as and when carers attended for an appointment.
- The practice's uptake for the cervical screening programme was 87%, which was comparable to the CCG and national average of 82%. There was a policy whereby the practice nursing assistant sent a letter to patients who did not attend for their cervical screening test. Patients' medical records were also checked to

# Are services effective?

(for example, treatment is effective)

ascertain if there was a reason for the non-attendance. There were systems in place to ensure results were received for all samples sent for the cervical screening programme, and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and data from 2014/2015 showed:

- Females age 50 – 70 screened for breast cancer in the last 36 months was 75% compared to the CCG average of 74% and the national average of 72%.
- Females aged 50 – 70 years screened for breast cancer within 6 months of invitation was 68% compared to the CCG average of 74% and the national average of 73%.
- Persons aged 60 – 69 years screened for bowel cancer in the last 30 months was 62% compared to the CCG average of 59% and the national average of 58%.

- Persons aged 60 – 69 years screened for bowel cancer within 6 months of invitation was 60% compared to the CCG and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 99% compared to the CCG and national average of 70% to 95%. Children aged five years ranged from 95% to 98% compared to the CCG average of 88% to 95% and the national average of 84% to 95%.

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

# 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.

All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service, that the doctors listened and didn't rush the consultations, and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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. The practice website had a link to a translation page

## Are services caring?

- Information leaflets were available in easy read format including information on diabetic eye screening, support for mental health issues, Age UK, Parkinson's disease and the patient participation group. Further information was available on the practice website.

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

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 157 patients as carers (2% of the practice list). Carers were identified at registration and during consultations with the GPs and practice nurses. Carer's group meetings were held quarterly at the practice. A carer's board in the waiting area gave

information on volunteer groups, the Carers Trust and the carers' prescription which offered information on short breaks and/or assistance with going out with the person being cared for. Carers were offered annual flu vaccinations.

The practice website gave information for patients in times of bereavement. Staff told us that if families had suffered bereavement, their usual GP contacted them either by telephone or visit in order to give advice and support. The practice had an end of life care template on the computer system which provided information from patients on their preferred place of end of life care.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Wednesday evening and Thursday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Appointments could be booked up to 20 weeks in advance and telephone consultations were available daily.
- Appointments could be booked online and there were nine online appointments per day per GP.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Newly registered patients with long-standing health conditions were offered a 'whole person annual review'. The review covered medication, general health, concerns and anxieties.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had undertaken some refurbishment of rooms and planned to continue throughout the surgery.
- The practices were able to offer appointments with either a male or female GP, and patients were able to request a GP of choice.

A range of additional services were available at Willingham Surgery including physiotherapy, hearing clinics, abdominal aortic aneurysm screening, midwifery and chiropody.

### Access to the service

Willingham Surgery was open on:

Monday from 8.30am to 1pm and 2.30pm to 6.00pm  
Tuesday – Friday from 8.30am to 1pm and 2pm to 6pm.  
Thursday – half day from 8.30am to 1pm, with appointments available from 7am to 11am.

Extended hours were available on Thursdays from 7am and Wednesdays until 7pm.

Longstanton Branch Surgery was open:

Monday – Friday 8am to 1pm. An antenatal clinic was also held here from 8am to 1pm.

Appointments could be booked on line, by telephone or face to face.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention. Emergency appointments were available daily from 11.15am and from 4pm to 6pm on Fridays.
- House call requests were entered onto the practice computer system with a brief outline of the nature of the problem and whether the request was urgent. GPs were given a summary sheet to take with them on the house call. 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.

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and there were complaints leaflets available in the waiting room. The practice website gave information on how to complaint and a patient complaint booklet could be downloaded from the site.
- Verbal and written complaints were recorded and we looked at five complaints recorded in the last 12 months. We found that these were satisfactorily handled, dealt with in a timely way and that lessons were learnt from individual concerns and complaints. Trends had been identified and dealt with appropriately.
- As a result of complaints the practice had removed trees from the car parking area in order to make additional parking spaces and make the surgery brighter.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice website welcomed patients and highlighted that patients' needs were at the heart of everything they did. The practice told us they strived to provide stable, strong and high quality care. Staff were aware of and understood the values of the practice.

### Governance arrangements

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

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

A five year expansion plan had been produced which identified the challenges for the next few years including the planned development in the next five years of 10,000 new homes in the area. The practice looked at their physical capacity, opening hours, clinical and administrative workforce and planned room availability at both sites.

### Leadership and culture

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

Staff told us the partners were approachable and always took the time to listen to all members of staff. They said they felt valued and supported and that the practice worked effectively as a team.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

- The practice gave affected people reasonable support, 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 through the patient participation group (PPG) and through surveys and complaints received. There was a patient suggestion box at the practice. The practice also had a page in the local village newsletter and was able to give information to the community including self-care medications, information on appointments, out of hours and vaccinations. The PPG met regularly, carried out patient surveys and submitted proposals for



# Are services well-led?

Good 

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

improvements to the practice management team. Topics included the proposed new development of houses locally, questions to be asked in the patient survey, the purchase of new waiting room chairs, the new GP federation of thirty practices and any implications to Willingham and Longstanton and the opening hours at the branch surgery. As a result of discussions the practice had developed a photo board showing photographs of staff members and their job titles. The check in screen at Longstanton had been re-sited so as to be more accessible for disabled patients and new waiting room chairs had been purchased. Future plans included additional opening hours at Longstanton, a bench outside the surgery for patients waiting for transportation and the purchase of a new defibrillator.

- The practice produced a newsletter for patients with a link on their webpage. Information included details of the next carers support meeting, how to book an appointment, dates for the hearing aid clinics at the surgery and how to contact the out of hour's service.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged to improve how the practices were run. As a result of staff comments the practice had set up a board outside the surgery giving information to patients on current services being offered i.e. flu vaccinations, shingles vaccinations and changes to opening hours.
- The practice raised monies every year for local charities and in 2016 raised over £500.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice with regular team meetings, a monthly training bulletin and the attendance of guest speakers including a representative from the Alzheimer's Society and Relate counselling service.