

# St George's Medical Centre

## Quality Report

Parsons Lane,  
Littleport,  
Ely,  
Cambridgeshire,  
CB6 1JU

Tel: 01353 864100

Website: [www.stgeorges-littleport.co.uk](http://www.stgeorges-littleport.co.uk)

Date of inspection visit: 24 March 2016

Date of publication: 01/06/2016

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?

Outstanding



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

### Detailed findings from this inspection

Our inspection team	14
Background to St George's Medical Centre	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St George's Medical Centre on 24 March 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.
- The practice hosted various services on site to ease access issues for patients and local people in their area and sourced various equipment using the funds raised by a charity group.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments with a GP were available on the same day.

- The GP Patient survey results were in line with the local and national averages.
- Information about services and how to complain was available and easy to understand.
- 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 practice was aware of and complied with the requirements of the Duty of Candour.

Areas of outstanding practice are;

- In 2008 the practice initiated an in house outpatient clinic including surgical procedures for a local general hospital who used the room rent free. The partners funded the room specification changes needed, to meet the required standards to have an operating room within the practice. The practice charged the hospital an administration charge for the up keep of the services provided which included rates/ cleaning/

# Summary of findings

management/ etc. The services provided included; ophthalmology (conditions relating to the eye), urology (conditions relating to the urinary system), gynaecology fertility service (conditions relating to the female reproductive system) and general surgery. The hospital provided the staff to the clinic. The clinics and operations were Consultant led. Patient response to the ongoing service has been positive.

- The practice housed an oncology outreach programme for the local hospital in Cambridge for the past two years. The practice recognised that patients found it difficult to attend the local hospital for chemotherapy treatment and gained permission to set up the unit. The practice sourced the funds to set up the unit privately and offered the room to the hospital for a charge of £10 per day and the remainder of the annual running costs were funded by a charity group called patients and users lenders of special equipment (PULSE). The practice received a large donation from a local business to set up the cancer suite. The unit benefitted the nine other practices in the locality and worked jointly with the specialist oncology nurses. In the past two years approximately 1200-1400 patients had attended the outreach programme. The hospital provided the staff for the outreach programme.

- The practice had sourced a bladder scanner (a device to identify the residual amount of urine in the bladder) from the PULSE. The practice explained that it saved time, money, hospital admissions and referrals for patients to the continence clinic.

The areas where the provider should make improvements are;

- Review the information displayed in the waiting room.
- Fire procedure training should be undertaken by all staff.
- Consider strengthening the records maintained to show what training staff have received and what is still required.
- Take more proactive steps to improve breast and bowel screening rates and to review exception reporting for some clinical indicators.
- Ensure the practice is proactive in identifying carers.

**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 there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and 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.
- Annual infection control audits were undertaken. We saw evidence of recent audits and an action plan to address any improvements identified as a result.
- The practice had a Legionella policy and documented risk assessment in place.
- The practice ensured all medicines needing cold storage were kept in an appropriate fridge.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice had achieved the lowest referral rate to secondary care in the CCG by monitoring their referrals, ensuring there was not an increase in accident and emergency attendances and

# Summary of findings

there were not delays in referring. There was a limited amount of referrals which were referred back to the practice without intervention which showed that the practice were referring appropriately.

## 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 in line with others for several aspects of care.
- The practice had identified 101 patients as carers (0.97%). Carers' forms were available on the practice website and also on the new patient registration form. Carers were referred to various charities and support groups. The practice should be proactive in identifying carers.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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 outstanding for providing responsive services.

- The practice offered extended surgery hours on Tuesdays, Wednesdays and Thursdays from 6.30pm to 7.30pm for patients who could not attend during normal opening hours.
- Patients said that urgent appointments with a GP were available on the same day.
- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- In 2008 the practice initiated an in house outpatient clinic including surgical procedures for a local general hospital who used the room rent free. The partners funded the room specification changes needed, to meet the required standards to have an operating room within the practice. The practice charged the hospital an administration charge for the up keep of the services provided which included rates/ cleaning/ management/ etc. The services provided included; ophthalmology (conditions relating to the eye), urology (conditions relating to the urinary system), gynaecology fertility

Outstanding



# Summary of findings

service (conditions relating to the female reproductive system) and general surgery. The hospital provided the staff to the clinic. The clinics and operations were Consultant led. Patient response to the ongoing service has been positive.

- The practice housed an oncology outreach programme for the local hospital in Cambridge for the past two years. The practice recognised that patients found it difficult to attend the local hospital for chemotherapy treatment and gained permission to set up the unit. The practice sourced the funds to set up the unit privately and offered the room to the hospital for a charge of £10 per day and the remainder of the annual running costs were funded by a charity group called patients and users lenders of special equipment (PULSE). The practice received a large donation from a local business to set up the cancer suite. The unit benefitted the nine other practices in the locality and worked jointly with the specialist oncology nurses. In the past two years approximately 1200-1400 patients had attended the outreach programme. The hospital provided the staff for the outreach programme.
- The practice had sourced a bladder scanner from the charity group called patients and users lenders of special equipment (PULSE). The practice explained that it saved time, money, hospital admissions and referrals for patients to the continence clinic.
- 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.
- Information for patients about the services available was easy to understand and accessible. A poster advising patients how to access out of hours care was out of date with some incorrect information displayed.

## Are services well-led?

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

- 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

**Good**



# Summary of findings

- 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 practice 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 knowing about 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.
- There was a strong focus on continuous learning and improvement at all levels.

# 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 offered health checks for patients aged over 75.
- The practice offered an anti-coagulation (monitoring the clotting of blood) service.
- GPs regularly visited patients in three residential and two nursing homes and liaised with the home managers. The GPs completed medication reviews at the homes every six months.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, end of life care. The practice had 50 patients on their palliative care (end of life) register.
- The practice had sourced a bladder scanner from the charity group called patients and users lenders of special equipment (PULSE). The practice explained that it saved time, money, hospital admissions and referrals for patients to the continence clinic.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified. 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. Data from 2014/2015 showed that performance for diabetes related indicators was 94%; which was better than the CCG average by 5% and the England average by 5% with an 10.5% exception reporting which was below the CCG exception reporting average of 12.9%.
- Longer appointments and home visits were available to patients when needed.
- The practice offered health checks for patients who needed long term condition management.



# Summary of findings

- All these 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.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Children and young people's safeguarding meetings were held every eight weeks with health visitors and safeguarding was a standing agenda for the weekly GPs' meetings. GPs and nurses were safeguarding level three trained (safeguarding children and young people).
- Immunisation rates were above average for the standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had extended their appointment times to incorporate both a baby check and a mother's postnatal check together at the same time to save the family having to come into the practice twice.
- The practice had a private room available for mothers who were breast feeding.

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. They operated extended hours on a Tuesday, Wednesday and Thursday evening from 6.30pm

Good



# Summary of findings

until 7.30pm. They offered telephone consultations during the day to patients that might not be able to access the surgery during normal hours. Appointments could be booked 2-3 weeks in advance.

- The practice offered online appointments and prescriptions as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice's uptake for the cervical screening programme was 84%, which was above the CCG and England average by 2%.

## 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. They had identified 66 patients with a learning disability and all had received an extensive health check in the previous 12 months. The practice referred patients to various support services and had regular liaisons with the local learning disability nurses.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- The practice hosted various services on site to ease access issues for patients and local people in their area for example; an oncology programme, outpatients clinics, anti-coagulation service and sourced various equipment using the funds raised by a charity group.

Good



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

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

- The practice carried out advance care planning for patients with dementia.

Good



# Summary of findings

- 93% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG and the England average by 9% with a 2.7% exception reporting which was 8% below the CCG and 6% below the England exception reporting averages.
- Patients with mental health concerns were offered annual health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had 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 might have been experiencing poor mental health including patients seen during out of hours. The practice and the out of hours service used the same clinical computer system and could access information about patients when needed.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey was published in January 2016. Results showed that the practice was performing in line with the local and national averages. 299 survey forms were distributed and 115 were returned. This represented 38% of the surveys sent out.

- 92% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 87% and a national average of 85%.
- 86% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 86% and a national average of 85%.
- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 80% and a national average of 78%.

- 78% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards, all were positive about the standard of care received from the practice. Patients described the practice as excellent, with friendly, helpful and efficient staff.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice patient participation group (PPG) were not available on the day to speak with us.

## Areas for improvement

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

- Review the information displayed in the waiting room.
- Fire procedure training should be undertaken by all staff.
- Consider strengthening the records maintained to show what training staff have received and what is still required.

- Take more proactive steps to improve breast and bowel screening rates and to review exception reporting for some clinical indicators.
- Ensure the practice is proactive in identifying carers.

## Outstanding practice

- In 2008 the practice initiated an in house outpatient clinic including surgical procedures for a local general hospital who used the room rent free. The partners funded the room specification changes needed, to meet the required standards to have an operating room within the practice. The practice charged the hospital an administration charge for the up keep of the services provided which included rates/ cleaning/ management/ etc. The services provided included; ophthalmology (conditions relating to the eye), urology (conditions relating to the urinary system), gynaecology fertility service (conditions relating to the

female reproductive system) and general surgery. The hospital provided the staff to the clinic. The clinics and operations were Consultant led. Patient response to the ongoing service has been positive.

- The practice housed an oncology outreach programme for the local hospital in Cambridge for the past two years. The practice recognised that patients found it difficult to attend the local hospital for chemotherapy treatment and gained permission to set up the unit. The practice sourced the funds to set up the unit privately and offered the room to the hospital for a charge of £10 per day and the remainder of the annual running costs were funded by a charity group called patients and users lenders of special equipment

## Summary of findings

(PULSE). The practice received a large donation from a local business to set up the cancer suite. The unit benefitted the nine other practices in the locality and worked jointly with the specialist oncology nurses. In the past two years approximately 1200-1400 patients had attended the outreach programme. The hospital provided the staff for the outreach programme.

- The practice has sourced a bladder scanner (a device to identify the residual amount of urine in the bladder) from the PULSE. The practice summarised that it saved time, money, hospital admissions and referrals for patients to the continence clinic.

# St George's Medical Centre

## 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 second CQC inspector, a GP specialist adviser and a practice manager specialist adviser.

## Background to St George's Medical Centre

St George's Medical Centre is situated in Littleport, Ely, Cambridgeshire. The practice provides services for approximately 10,600 patients. It holds a General Medical Services contract.

The practice has two male GP partners, and three salaried GPs (one male, two female). The team also includes four female nurse practitioners, three of whom can prescribe, three female practice nurses, two female health care assistants, one female phlebotomist and three female dispensary staff. They also employ a practice manager, an assistant practice manager, a finance manager and a team of reception/administration/secretarial staff.

The practice regularly trains medical students and one GP at the practice will qualify as a GP registrar trainer later this year. The practice is a dispensing practice and dispenses medications to approximately 1800 patients. There is also a separate pharmacy on site. The practice is 25 miles from the nearest general hospital.

The practice's opening times are from 8am until 6pm Monday to Friday, with extended hours on Tuesdays, Wednesdays and Thursdays from 6.30pm until 7.30pm. The

practice has opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by Urgent Care Cambridgeshire via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed that the practice had an average practice population in line with the national England average. The deprivation score was also comparable to the average across England.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service 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 24 March 2016.

During our visit we:

# Detailed findings

- Spoke with a range of staff which included; GPs, practice nurses, the practice manager and members of the reception/administration/secretarial team. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care for example; a request from another NHS organisation was sent to the practice by a clinical computer system task asking the Dr at St George's Medical Practice to refer a patient for an x-ray. The patient telephoned the practice asking about the referral when it was noted that the referral was not assigned to an actual member of staff and therefore no referral had been made. The name Dr at St George's Medical Practice was not an individual at the practice but the generic named used to register patients at the practice. The on-call doctor immediately contacted the x-ray department to arrange an x-ray and informed the patient of the appointment.

When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Safeguarding was a standing agenda for the weekly GPs meetings, and the practice

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nursing staff were trained to safeguarding level three (safeguarding children and young people).

- A notice in the waiting room, consultation rooms and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who was newly appointed to the role. There was an infection control protocol in place which had been recently reviewed and staff had received up to date training. Annual infection control audits had been undertaken regularly and we saw evidence of an audit from April 2015 and an action plan to address any improvements identified as a result. There were daily cleaning check lists. Carpets and chairs were deep cleaned every six months and the practice used disposable curtains which they changed every six months unless soiled. Bodily fluid spillage kits were available in the practice and a log card was filled in when used. There were hand washing signs next to all sinks and alcohol hand gel was available for use. There was a sharps injury policy, a risk assessment and a procedure poster displayed in the treatment rooms.
- There were regular practice meetings to discuss significant events including when there were prescribing incidents and dispensing errors. We saw a positive culture in the practice for reporting and learning from medicines' incidents and errors. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- We reviewed four personnel files and found appropriate staff 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 (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All members of staff who acted as chaperones had received a DBS check.



## Are services safe?

- There were failsafe 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.

### Medicines Management

The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. Dispensary staffing levels were in line with DSQS guidance. Dispensing staff were appropriately qualified and were provided on-going training opportunities, and we saw evidence of annual competency assessment.

The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and reflected current practice. Prescriptions were reviewed and signed by GPs before they were given to the patient to ensure safety. 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. Prescription pads were securely stored and there were systems in place to monitor their use.

Records showed medicine refrigerator temperature checks were carried out which ensured medicines requiring refrigeration were stored at appropriate temperatures. Staff told us that processes were in place to regularly check medicines stored within the dispensary areas were within their expiry date and suitable for use. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Access was restricted, the keys held securely and there were arrangements in place for the destruction of controlled drugs.

We saw that there was a process in place to record incidents and near misses in the dispensary. This was used regularly and we saw that improvements had been made to the dispensing process to prevent errors recurring. The practice had a system in place to action Medicine and Healthcare Regulatory Action (MHRA) alerts.

### 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 in 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 however fire procedure training had not been undertaken by all staff. The practice had oxygen signs on the doors of the room where it was held. 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 variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control, and a risk assessment and policy for legionella testing (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had a lone worker, manual handling and a new and expectant mothers (employee) risk assessment.
- 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 that 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 with adult and children's pads and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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 people's 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 showed the practice had achieved 512 points out of a possible 559 which was 92% of the total number of points available, with 11.2% exception reporting (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). Data from 2014/2015 showed;

- Performance for diabetes related indicators was 94% which was better than the CCG and England average by 5% with an 10.5% exception reporting which was below the CCG exception reporting average of 12.9%.
- Performance for asthma related indicators was 100% which was better than the CCG average by 2% and the England average by 3% with a 35.5% exception reporting which was above the CCG exception reporting average of 7.2%.
- Performance for depression related indicators was 100% which was better than the CCG average by 9% and the England average by 8% with an 18.9% exception reporting which was below the CCG exception reporting average of 27.7%.

- Performance for hypertension related indicators was 98% which was in line with the CCG and England average with a 1.9% exception reporting which was below the CCG exception reporting average of 4.2%.
- Performance for chronic kidney disease related indicators was 96% which was above the CCG average by 4% and the England average by 1% with a 1.6% exception reporting which was below the CCG exception reporting average of 7.9%.
- Performance for atrial fibrillation related indicators was 100% which was above the CCG and England average by 1% with a 10.4% exception reporting which was below the CCG exception reporting average of 13.4%.

The asthma exception reporting was due to a high number of asthma patients who had not responded to the three reminder letters the practice had sent so were exception reported. The practice had since the inspection, employed another nurse to lead the respiratory reviews, who had completed a chronic obstructive pulmonary disease (COPD) course, a spirometry course, and started a respiratory diploma course.

The practice provided results from their more recent unverified QOF data 2015/2016 which showed the practice had scored 427 out of a possible 435 points which was 98% of the total number of points available with an 11.1% exception reporting.

The practice had achieved the lowest referral rate to secondary care in the CCG by monitoring their referrals, ensuring there was not an increase in accident and emergency attendances and there were not delays in referring. There was a limited amount of referrals which were referred back to the practice without intervention which showed the practice was referring appropriately.

A diabetes nurse specialist attended the practice every two weeks and a diabetes consultant attended every six months to discuss patients.

### Clinical audits demonstrated quality improvement

- The practice regularly monitored clinical data using a reflective review process and discussed and disseminated findings with clinical staff and relevant organisations.
- High risk medications were monitored monthly by doing a search on the clinical computer system. The practice described and showed us how their recall system

# Are services effective?

## (for example, treatment is effective)

worked for various drug monitoring. The recalls in place were robust and the practice regularly checked that patients had been in for their blood tests and monitoring.

- We looked at the most recent clinical audits where the improvements made were implemented and monitored, including an audit of disease-modifying anti-rheumatic drugs (DMARDs, a medication commonly used in patients with rheumatoid arthritis). The purpose of the audit was to check that patients on the medications were having their blood monitored every three months. The audit showed that 80 patients were taking the medications and that 10 had not attended the practice for monitoring. Of those 10, eight had received their blood tests at the hospital. The audit was repeated with similar positive results. The practice had a policy where if the patient did not attend for a blood test when requested then the medication was not re-issued until the patient attended.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### 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. It covered such topics as safeguarding, infection prevention and control, health and safety and confidentiality. Fire procedure training had not been undertaken by all staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of their practice development. Staff had access to appropriate training to meet their needs and to cover the scope of their work. This included ongoing support during

sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The practice had a staff training log but it was in need of updating.

### 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information in a timely way, for example when referring patients to other services. The practice and the out of hours service used the same clinical computer system and could access information when needed.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings (MDT) took place on a fortnightly basis and that patients' care plans were routinely reviewed and updated. The practice explained that they were the first in their locality to hold MDT meetings and used them to build strong relationships with health and social care professionals and for teaching and learning for the people who attended.

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

# Are services effective?

## (for example, treatment is effective)

- 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.
- The process for seeking consent was monitored through records' audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and sexual health advice. Patients were then signposted to the relevant service either internally (with a GP or nurse) or an external provider. The practice had benefits advisor drop in sessions.
- Smoking cessation advice was available from the nursing team. Advice had been offered to 60% of the patients listed as smokers in the preceding 24 months. The practice had a personal trainer, health facilitator and a dietician on site.
- The practice's uptake for the cervical screening programme was 84%, which was above the CCG and England average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening however patients aged 60-69 screened for bowel cancer in the last 30 months were 53% with a CCG average of 59% and an England average of 58%. Females aged 50-70 screened for breast cancer in the last 36 months were 63% with a CCG and England average of 72%.
- Childhood immunisation rates for the vaccinations given were above the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75.7% to 98.1% with a CCG range from 52.1% to 95.7% and five year olds from 87.5% to 97.5% with a CCG range from 87.7% to 95.4%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. New patient health checks included a 20 minute appointment as an introduction to the practice and to get to know the patient.
- The practice had identified 66 patients with learning disabilities and all had received a health check which was included on an extensive care plan. The practice referred patients to various support services and had regular liaisons with the local learning disability nurses.
- The practice worked with Centre 33 which was a service which supported and provided information to young people.

# 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.
- A private room was available for breast feeding.

We received 18 patient Care Quality Commission comment cards and they all contained positive views about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. CQC Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was generally in line with the average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 85% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.

- 99% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and the national average of 97%.
- 97% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.

### 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 on the comment cards we received was also positive and aligned with these views.

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 generally in line with the local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 95% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. The self-check-in screen had four languages available. The practice's website had a translation facility and staff used a search engine online to translate information to other languages for their baby clinic. The practice extended their appointment times to incorporate both a baby check and a mother's postnatal check together at the same time to save the family having to come into the practice twice.

## Are services caring?

The practice had four secretaries who carried out the Choose and Book appointments which gave patients the choice of where to attend referral appointments. They actioned tasks from letters and chased referrals for patients. The secretaries provided support for the patients and put them in contact with organisations/charities such as Age UK, Mind, Cogwheel trust, dementia society and Centre 33.

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

Notices in the patients' waiting room told patients how to access a number of support groups and organisations. A poster advising patients how to access out of hours care was out of date with some incorrect information displayed.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 101 patients on the practice list (0.97%) as carers. Carers' forms were available on the practice website and on the new patient registration form. Carers were referred to various support groups and charities. Nurses doing dementia reviews also tried to capture the information. Posters and information was displayed in the waiting room. The practice actively encouraged carers to identify both carers and cared for patients.

Staff told us that if families had experienced bereavement, their usual GP contacted them and the GP visited the family and supported them through the bereavement.





# 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 extended surgery hours' on Tuesdays, Wednesdays and Thursday evenings from 6.30pm to 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for reviews of patients with a learning disability, long term conditions and for patients aged over 75.
- The practice offered online appointment booking and online repeat prescription requests.
- A telephone appointment was available to patients if required.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- GPs regularly visited patients in three residential homes and two care homes and liaised with the home managers.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. The practice did not have a hearing loop (a hearing loop is a special type of sound system for use by people with hearing aids) but had completed a risk assessment for it detailing actions required to reduce risk to patients.
- The audiology (hearing) team regularly attended the practice.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Extended surgery hours were offered on Tuesdays, Wednesdays and Thursdays between 6.30pm and 7.30pm. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people on the same day that needed them. The practice offered a text reminder system.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment were in line with the local and national averages.

- 92% were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 65% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 61% and national average of 59%.
- 78% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.

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

In 2008 the practice initiated an in house outpatient clinic including surgical procedures for a local general hospital who used the room rent free. The partners funded the room specification changes needed, to meet the required standards to have an operating room within the practice. The practice charged the hospital an administration charge for the up keep of the services provided which included rates/ cleaning/ management/ etc. The services provided included; ophthalmology (conditions relating to the eye), urology (conditions relating to the urinary system), gynaecology fertility service (conditions relating to the female reproductive system) and general surgery. The hospital provided the staff to the clinic. The clinics and operations were Consultant led. Patient response to the ongoing service has been positive.

The practice housed an oncology outreach programme for the local hospital in Cambridge for the past two years. The practice recognised that patients found it difficult to attend the local hospital for chemotherapy treatment and gained permission to set up the unit. The practice sourced the funds to set up the unit privately and offered the room to the hospital for a charge of £10 per day and the remainder of the annual running costs were funded by a charity group called patients and users lenders of special equipment (PULSE). The practice received a large donation from a local business to set up the cancer suite. The unit benefitted the nine other practices in the locality and



# Are services responsive to people's needs?

## (for example, to feedback?)

worked jointly with the specialist oncology nurses. In the past two years approximately 1200-1400 patients had attended the outreach programme. The hospital provided the staff for the outreach programme.

The practice ran an anti-coagulation service for the local population. They had three GPs, a nurse specialist and two health care assistants who ran the service at St George's Medical Centre. A GP partner was involved in negotiating the terms with the local CCG.

PULSE was set up for local people to donate monies to local healthcare projects. Over the past three years PULSE had raised money for the practice for; a heart rhythm event recorder (for patients suffering blackouts or palpitations), a Doppler machine (to check for artery and vein pressure in limbs), a 24 hour blood pressure monitor and a bladder scanner. The practice were not aware of any other practice within their locality that had a bladder scanner and regularly lent it out to the district nurses. The practice explained that it saved time, money, hospital admissions and referrals for patients to the continence clinic.

### 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. For example; there were posters displayed in the waiting room, information was available on the practice website, and in the practice leaflet and from the reception staff.

We looked at two of the complaints in the last 12 months and found that these were satisfactorily handled, and dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint regarding a referral not marked as urgent was discussed and a letter explaining the process was sent to the patient. Complaints were dealt with on an individual basis and discussed during meetings. The practice monitored both verbal and written complaints.



# 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 had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients.

### Governance arrangements

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

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

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The practice 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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, and a verbal and written apology
- They 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about the development of 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 using the friends and family test, the GP patient survey and a six monthly open forum question and answer session run by the practice. The open forum was advertised on the practice's website, in the waiting room, via the PPG and in the Littleport community magazine. GPs, the practice manager and a nurse generally attended the sessions and answered questions and delivered learning to patients. For example; two presentations were given which included patients who presented with a cough, and a day in the life of a GP. A prepare for winter talk was given outlining how patients could keep warm and safe over winter and encouraged patients to get the flu vaccination where

# Are services well-led?

Good 

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

appropriate. Some of the learning points that the practice received from the sessions were; hearing impaired patients did not like the telephone triage system and face to face appointments had since been routinely offered to the group of patients affected. Patients were not sure why the telephone triage system had been implemented so the practice produced a leaflet to explain.

- There was an active PPG which met regularly, organised surveys and submitted proposals for improvements to the practice management team. They also had a virtual group with 66 members who were regularly consulted. The PPG were involved in the change of the appointment system, the set out of the waiting area to improve confidentiality and the car parking was changed after receiving complaints.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

Staff we spoke with provided us numerous examples of where the practice had supported them to improve their professional practice, for example; nursing staff had attended requested courses identified during their appraisals. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.