

Drs Irwin, Goodwin and Fagnoli

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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

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 Drs Irwin, Goodwin and Fagnoli on 17 March 2016. Overall the practice is rated as outstanding.

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 used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently and strongly positive.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that 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 had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice:

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, the practice implemented a lymphoedema clinic following patient request. This meant that patients requiring this service did not have to travel to secondary care providers.

Summary of findings

- The practice recognised the lack of public transport for patients to get to the practice, and organised a patient led transport scheme. This service was promoted to new patients in the practice newsletter and on the patient participation group (PPG) notice board.
- The practice worked alongside the PPG to develop education events for patients. They organised a 'Dementia Day' held at the practice, which was well attended and well received by patients. Furthermore, the PPG were in contact with local schools and had a plan in place to present health education sessions. The practice recognised the barriers to engaging with younger patients, and was keen to build positive relationships and promote good health.
- The practice was innovative and proactive in setting up new services in the area. For instance, the practice promoted exercise programmes to patients identified as at risk of cardiovascular disease at NHS health checks. The senior partner at the practice had organised for a weekly parkrun to take place nearby after recognising the need for local, free of cost exercise groups in the area. We received positive feedback from patients about these services.

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.

- 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, truthful information, 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.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to both local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice was at or below the CCG average for emergency admissions, accident and emergency presentations and outpatient 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than others for almost all aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive.

Good



Summary of findings

- The practice was engaged with the Carers' Prescription Service and had a carers champion within the team, who regularly communicated with the service on behalf of patients who were carers. There was a plan in place for representatives from the Carers' Prescription Service to present at the practice's clinical governance meeting in April 2016.
- 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.
- Views of external stakeholders about the practice were very positive and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- 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. For example, the practice worked with the Local Commissioning Group to set up an anticoagulation service, meaning that patients could receive care closer to home.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the senior partner at the practice organised a local parkrun event to promote exercise to patients identified at NHS health checks.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on. For example, the practice implemented a lymphoedema clinic following patient request. This meant that the patient requiring this service did not have to travel to secondary care providers.
- The practice recognised the lack of public transport for patients to get to the practice, and organised a patient led transport scheme. This service was promoted to new patients in the practice newsletter and on the PPG notice board.
- 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.

Outstanding



Summary of findings

- 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 outstanding for being well-led.

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice had a very engaged PPG which influenced practice development. For example, the practice held a 'Dementia Day' following a suggestion from the PPG, which was well attended. Furthermore, the PPG had a plan in place to hold education events at local schools.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us they felt empowered to make suggestions and recommendations for practice.
- There was a strong focus on continuous learning and improvement at all levels.

Outstanding



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.

- 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 looked after older adults living in two local residential homes, with a dedicated doctor assigned to each home to maintain continuity of care.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.
- The practice was at or below the CCG average for emergency admissions, accident and emergency presentations and outpatient referrals.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice implemented a lymphoedema clinic following patient request. This meant that the patient requiring this service did not have to travel to secondary care providers.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) 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 100%, which was above the CCG average by 10.5% and above the national average by 10.8%. Exception reporting for these indicators was 13.7%, which was comparable to local and national averages.
- Longer appointments and home visits were available when needed.

Outstanding



Summary of findings

- All of 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. 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, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 82%, which was in line with the national average.
- 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 PPG had a plan in place to hold education events at local schools.

Good



Working age people (including those recently retired and students)

The practice is rated as outstanding 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. The senior partner at the practice organised a local parkrun event to promote exercise to patients identified at NHS health checks.
- Extended hours appointments were available between 6.30pm and 8pm on Mondays.

Outstanding



Summary of findings

- The practice offered in house minor surgery, vasectomy services and dermatology clinics.
- The practice offered email contact to patients.
- The practice offered pre-bookable telephone appointments on certain days from 7.30am and from 6.30pm.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.
- The practice was engaged with the Carers' Prescription Service and had a carers champion within the team, who regularly communicated with the service on behalf of patients who were carers. There was a plan in place for the Carers' Prescription Service to present at the practice's clinical governance meeting in April 2016.
- The practice recognised the lack of public transport for patients to get to the practice, and organised a patient led transport scheme. This service was promoted to new patients in the practice newsletter and on the PPG notice board.
- Local drug and alcohol services held regular clinics at the practice for patients with substance misuse issues.
- 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.

Outstanding



People experiencing poor mental health (including people with dementia)

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

- 92% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above both local and national averages.

Outstanding



Summary of findings

- 95% of patients experiencing poor mental health had a comprehensive care plan, which was above the CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- 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 results were published in January 2016. The results showed the practice was performing above local and national averages. 236 survey forms were distributed and 123 were returned. This represented a 52% completion rate.

- 93% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 95% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 93% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 64 comment cards which were all positive about the standard of care received. Patients felt well supported by the surgery, and many thanked individual members of staff for their care. One patient noted that staff at the practice performed to their highest integrity, honesty and responsibility at all times. Another patient stated that they would not leave the area, as they placed a high value on the care received from the practice.

We spoke with eight patients during the inspection. All eight patients said they were happy with the care they received and thought members of practice staff were approachable, committed and caring.

The practice conducted the NHS Friends and Family Test, and had received 288 responses in the past six months showing patients were extremely likely / likely to recommend the practice to other people.

Drs Irwin, Goodwin and Fagnoli

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, a practice manager specialist adviser and a pharmacist specialist adviser.

Background to Drs Irwin, Goodwin and Fagnoli

Drs Irwin, Goodwin and Fagnoli is a dual sited surgery with purpose built practices situated at both Buckden, Cambridgeshire, and at the branch surgery in Little Paxton, Cambridgeshire. Between the two sites, the practice provides services for approximately 8,464 patients. It holds a General Medical Services contract with Cambridgeshire and Peterborough CCG.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged over 45 years old in comparison to the practice average across England. The practice is in an area with a low level of deprivation. There are currently new housing developments being built in the area.

The practice team consists of three GP partners, two salaried GPs, two GP registrars (GPs in training), a practice manager, a nurse practitioner, three practice nurses, a lymphedema nurse, a health visitor and four phlebotomists. It also has teams of reception, administration, secretarial, dispensary and courier staff. The practice is an accredited training and research practice.

Buckden Surgery is open from Monday to Friday. It offers appointments between 8am and 7.30pm on Mondays, 8am to 6pm on Tuesdays and Wednesdays, 8am to 2pm on Thursdays and 8am to 5pm on Fridays. The practice also has a branch surgery in the neighbouring village of Little Paxton. It offers appointments between 8am and 6pm on Mondays and Wednesdays, 8am to 12.30pm on Tuesdays and Thursdays, and 8am to 5pm on Fridays. Little Paxton Surgery was not inspected as part of this inspection. Out of hours care is provided by Urgent Care Cambridge via the 111 service.

Drs Irwin, Goodwin and Fagnoli was inspected in 2014 using previous CQC methodology, and was found to be compliant with the legal requirements and regulations associated with the Health and Social Care Act 2008. The practice did not receive a rating following this inspection under CQC's previous methodology.

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.

Detailed findings

How we carried out this inspection

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

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national 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. For example, World Health Organisation guidelines for infection control were reviewed and a new policy was implemented following a needlestick injury.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, 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, 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 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. 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 relevant to their role. GPs were trained to Safeguarding level 3 for children.
- 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 check (DBS

check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed a number of 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.

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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

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

Are services safe?

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 office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 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 that enough members of 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 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 that the practice had achieved 100% of the total number of points available, with 10.4% 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 100%, which was above the CCG average by 10.5%, and the national average by 10.8%. Exception reporting for these indicators was 13.7%, which was comparable to local and national averages.
- Performance for hypertension related indicators was 100%, which was above the CCG average by 1.9% and the England average by 2.2%. The exception reporting rate for this area was 7.8%, which was comparable to local and national averages.
- Performance for mental health related indicators was 100%, which was above the CCG average by 7.6% and the England average by 7.2%. Exception reporting for these indicators was 13.3%, which was comparable to local and national averages.

Clinical audits demonstrated quality improvement. There had been seven clinical audits completed in the last year, one of these was a completed audit where the improvements made were implemented and monitored.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice was part of the Primary Care Research Network, and was involved with a study looking into risk factors for cardiovascular disease.

The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and had regular meetings to discuss the care and support needs of patients and their families with all services involved.

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 included training on safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 which had included an assessment of competence. 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 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had had an appraisal within the last 12 months.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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 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 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 took place on a monthly basis and that care plans were routinely reviewed and updated.

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 capacity to consent in line with relevant guidance.
- 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.

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. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was in line with both local and national averages. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability, and they ensured a female sample taker was available. 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.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 80% of the target population, which was above the local and national averages of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 64% of the target population, which was above the local average of 59% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were above CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2014/2015 ranged from 75% to 98% and five year olds from 86% to 92%.

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.

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 64 patient Care Quality Commission comment cards we received were positive 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.

We spoke with four members of the 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 published in January 2016 showed patients felt they were treated with compassion, dignity and respect. Results were in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 87%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).

- 94% said they found the receptionists at the practice helpful (CCG average 88%, national average 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 on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above or in line with local and national averages. For example:

- 93% 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%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 258 of the practice list as carers. The practice was engaged with the Carers' Prescription Service, which offered respite for carers, and had a carers champion within the team who regularly communicated with the service on behalf of patients who were carers. There was a plan in place for the Carers'

Are services caring?

Prescription Service to present at the practice's clinical governance meeting in April 2016. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that families who had suffered bereavement were contacted by their usual GP. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



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. For example, the practice worked with the Local Commissioning Group (LCG) to set up an anticoagulation service, meaning that patients could receive care closer to home.

- The practice offered a 'Commuter's Clinic' on a Monday evenings until 8pm for working patients who could not attend during normal opening hours.
- The practice offered email contact to patients. Furthermore, the practice offered pre-bookable telephone appointments on certain days from 7.30am and from 6.30pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- The practice recognised the lack of public transport for patients to get to the practice, and organised a patient led transport scheme. This service was promoted to new patients in the practice newsletter and on the PPG notice board.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available. The practice held a monthly hearing aid maintenance clinic.
- The practice was able to refer to in house minor surgery, vasectomy and dermatology clinics.

The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, the practice implemented a lymphoedema clinic following a patient's request. This service was introduced in October 2015 and had 80 patients on its list at the time of inspection, and was available to patients with both primary and secondary lymphoedema. Patients with lymphoedema

in the Huntingdonshire region were previously travelling to secondary care providers in Peterborough or Bedford for this service. A healthcare assistant had also been trained to assist in this clinic.

Access to the service

Buckden Surgery offered appointments between 8am and 7.30pm on Mondays, 8am to 6pm on Tuesdays and Wednesdays, 8am to 2pm on Thursdays and 8am to 5pm on Fridays. Little Paxton Surgery offered appointments between 8am and 6pm on Mondays and Wednesdays, 8am to 12.30pm on Tuesdays and Thursdays, and 8am to 5pm on Fridays. Out of hours care was provided by Urgent Care Cambridge via the 111 service. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was significantly higher than local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 93% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 82% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

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

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 on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.



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

We looked at documentation relating to a number of complaints received in the previous year and found that

they had been fully investigated and responded to in a timely and empathetic manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Outstanding



(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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed. The practice manager was project managing the formation of the West Cambridgeshire GP Federation.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a comprehensive list of policies and procedures in place to govern its activity, which were readily available to all members of staff. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly.

There was a clear leadership structure with named members of both clinical and administration staff in lead roles. Staff we spoke with were all clear about their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.

Communication across the practice was structured around key scheduled meetings. The practice held a monthly pan-surgery meeting referred to as the 'Primary Care Team Meeting' which all staff were invited to attend. This was developed to ensure clear communication between staff working at both the main site and branch surgery. Multidisciplinary team meetings were also held monthly. We found that the quality of record keeping within the practice was good, with minutes and records required by regulation for the safety of patients being detailed, maintained, up to date and accurate.

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 prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents. The practice had a clear protocol in place for cascading and actioning alerts from the National Reporting and Learning System. Furthermore, the practice carried out audits to see how alerts were actioned.

There was a clear leadership structure in place and staff felt supported by management. Staff told us that there was an open, non-hierarchical culture within the practice and they had the opportunity to raise any issues at team meetings. 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 been actively monitoring comments it had received on the NHS Choices website and where patients had raised concerns, we saw that these had been replied to with patients invited to contact the practice to discuss their concerns. Furthermore, the practice published all responses to Friends and Family Test comments on the practice website.

The practice had an active PPG who held regular meetings at the surgery. We spoke with four members of the group, who were passionate about the practice and were proactive in supporting practice staff to achieve good outcomes for patients. They reported that the suggestions made by the PPG to improve the service were listened to

Are services well-led?

Outstanding



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

and acted upon by the practice. The PPG undertook regular surveys at the practice and found that these provided topics to be considered by the practice to improve patient care.

The PPG also liaised with the practice to develop education evenings for patients. They organised a 'Dementia Day' held at the practice, which was well attended and well received by patients. Furthermore, the PPG were in contact with local schools and had a plan in place to present health education sessions. The PPG had 'village reps' for the areas surrounding Buckden and Little Paxton, who disseminated information from the practice to different community groups.

The practice had also gathered feedback from staff through staff meetings, appraisals, discussion and social events. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

Continuous improvement and innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team could demonstrate their forward thinking approach, and were involved with local pilot schemes to improve outcomes for patients in the area.

For example, the practice held regular education meetings that were attended by both practice staff and other primary

health care professionals from the locality. The practice invited other local primary care staff to attend their education sessions and Good Clinical Practice workshops for the Clinical Research Network free of charge, benefitting patients within the locality as a whole.

In addition to this, the practice was hosting a 'Super HCA' training course for healthcare assistants working in the area. This included a HCA working within the practice, who was receiving training and mentorship to develop her clinical skills.

We found many examples of innovative practice benefitting patients. For instance, the practice promoted exercise programmes to patients identified as at risk of cardiovascular disease at NHS health checks. The senior partner at the practice had organised for a weekly parkrun to take place nearby after recognising the need for local, free of cost exercise groups in the area. At the time of inspection, there were 20 patients engaged with the parkrun group.

Furthermore, the practice encouraged patients to take up the NHS Couch to 5K Programme. This was advertised in the newsletter and promoted at NHS health checks. We received feedback from a patient who had started the programme due to a recognised family history of cardiovascular disease. The patient told us that the senior partner had made an assessment of her health prior to starting, and provided regular encouragement throughout the programme.