

Mill Road Surgery

Quality Report

279-281 Mill Road

Cambridge

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mill Road Surgery and its branch surgery in Cherry Hinton on 31 October 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was generally positive. Patients said they were treated with compassion, dignity and respect and they were

involved in their care and decisions about their treatment. Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice mostly in line with others for all aspects of care.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP, however there was not always continuity of care. Urgent appointments were available on the same day.
- 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 well supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The practice supported clinical and lead staff by providing externally led coaching and

Summary of findings

mentoring for staff, to aid revalidation and to support staff in their development. This was funded by the practice and staff we spoke with commented this was very useful.

- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make an improvement is:

- Ensure that clinicians work to a protocol when undertaking high risk medicine reviews.
- Ensure that carers are proactively identified.
- Continue to monitor and implement improvement plans around QOF performance.
- Continue to monitor and implement improvement plans around cancer screening.

- Continue to monitor and implement improvement plans around child immunisations.

We saw several elements of outstanding practice:

- The practice employed a counsellor one day a week so that those patients requiring these services had direct access. The counsellor explained that by the practice employing them directly, patients had better access and more time with a professional, an hour per session in this case with up to 18 sessions per patient, to allow them to better address their needs. We saw data that indicated that patients had benefitted from this service with improvement outcomes at the end of treatment.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- When we reviewed the processes for reviewing high risk medications we saw that there was no generic protocol in place to ensure a consistent approach across the clinical team. The practice informed us that they would address this immediately.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programs 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 92.3% of the total number of points available, with 8.1% exception reporting.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice needed to continue to monitor and implement improvement plans around QOF performance, cancer screening and child immunisations.
- Clinical audits demonstrated quality improvement. The practice had proactively undertaken full medicine reviews of all the patients that were in care homes. Internal reviews of referrals were also done a regular basis.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff. Staff were supported by external coaching and mentoring, funded by the practice.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice employed a counsellor one day a week so that those patients requiring these services had direct access. The counsellor explained that by the practice employing them directly, patients had better access and more time with a professional, an hour per session in this case with up to 18 sessions per patient, to allow them to better address their needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice in line with others for most aspects of care.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- There was scope to improve the identification of patients with caring responsibilities.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a GP, however there was not always continuity of care. Urgent appointments were available on the same day.
- Data from the National GP Patient Survey published in July 2016 showed that 95% of patients surveyed were able to get an appointment at a convenient time, compared to the local average of 94% and the national average of 92%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

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 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 it.
- Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, the lead GP had recently worked as the Medical Director at the out-of-hours services in Cambridge.
- There was a clear leadership structure and staff felt supported by management. There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- 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.
- The practice was a teaching practice and supported medical students and GP registrars in their development.

Good



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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- The practice had proactively undertaken full medicine reviews of all the patients that were in care homes.
- 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.

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 as a priority.
- 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 2015/2016 showed that performance for diabetes related indicators was 82%, which was below the local average of 90.5% and national average of 90%. Exception reporting for diabetes related indicators was lower at 6% compared to the local average of 13% and the national average of 11% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Longer appointments and home visits were available when needed.
- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. There was a robust recall system in place to ensure that patients were invited and attended annual reviews.

Summary of findings

- 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 in line with local and national averages 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.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 68%, which was below the local average of 72% and the national average of 74%. Exception reporting for this indicator was 25.4% which was above the local average of 8.6% and above the national average of 6.5%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a full range of contraception services and chlamydia screening.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. The practice was able to refer patients to a health trainer to encourage lifestyle changes.

Good



Summary of findings

- The practice offered additional healthcare services in house, reducing the need for outpatient referral and therefore improving patient convenience. For example, the practice employed a counsellor for one day a week who could provide sessions for patients up to an hour at the time per patient.

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 those with a learning disability. The practice had ten registered patients with a learning disability of which eight required an annual review. Of these eight, three had received a timely review and seven were due one. The practice informed us that invites were sent and that they liaised with the learning disabilities partnership if they had any specific concerns.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients who were carers were identified and signposted to local carers' groups. However, the practice only had 18 patients registered as carers. The practice did have a lower percentage of patients over the age of 50 compared to the national average.
- 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.

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 had 28 registered patients with dementia, of which 26 required an annual review, of these 17 had received an annual review in the last 12 months.
- The practice had 78 registered patients experiencing poor mental health, of which 62 required an annual review, of these 43 had received an annual review in the last 12 months.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice performed in line with local and national averages in most areas. 275 survey forms were distributed and 117 were returned. This represented a 43% completion rate.

- 79% found it easy to get through to this surgery by phone compared to a local average of 75% and a national average of 73%.
- 95% said that the last appointment they got was convenient (local average 94%, national average 92%).
- 87% were able to get an appointment to see or speak to someone the last time they tried (local average 87%, national average 85%).
- 85% described the overall experience of their GP surgery as fairly good or very good (local average 86%, national average 85%).
- 76% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local 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 17 comment cards, of which 15 were positive about the standard of care received. Patients felt that the practice provided a friendly, professional and kind service, praising both individual members of staff and the practice as a whole. Two comment cards were negatively aimed towards specific treatment that was received. Five comment cards, despite being positive, contained comments on the occasional difficulty in obtaining an appointment with a clinician of choice.

We spoke with four patients during the inspection. All patients said the care they received was good and that staff were kind, friendly, caring and approachable. Two patients told us that waiting times occasionally ran over but that they received an in-depth level of care for which they didn't mind waiting, they both commented that they felt it was important that GPs took the time to listen to their concerns.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that clinicians work to a protocol when undertaking high risk medicine reviews.
- Ensure that carers are proactively identified.
- Continue to monitor and implement improvement plans around QOF performance.
- Continue to monitor and implement improvement plans around cancer screening.
- Continue to monitor and implement improvement plans around child immunisations.

Outstanding practice

- The practice employed a counsellor one day a week so that those patients requiring these services had direct access. The counsellor explained that by the practice employing them directly, patients had better access and more time with a professional, an hour per session in this case with up to 18 sessions per patient, to allow them to better address their needs. We saw data that indicated that patients had benefited from this service with improvement outcomes at the end of treatment.

Mill Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to Mill Road Surgery

Mill Road Surgery is a practice situated in Cambridge, Cambridgeshire. There is also a branch surgery in nearby Cherry Hinton. It is contracted to provide alternative primary medical services to approximately 5,800 registered patients.

According to information taken from Public Health England, the practice population has a larger percentage of adults aged between 20 and 44 years old in comparison to the national average for practices in England. The practice is in an urban area with a mixed level of deprivation, although overall income deprivation levels affecting older people and children were below national averages.

The practice clinical team consists of one lead GP, four salaried GPs, two practice nurses and two healthcare assistants. They are supported by a practice manager, a practice secretary and teams of reception, administration and secretarial staff, each with their own leads.

The practice was a training practice and supported medical students and registrars through their development. We spoke with one trainee doctor who commented that they felt well supported and had adequate learning time allocated to them.

The practice offered appointments from 8.30am to 12.30pm and from 1.30pm to 6pm Monday to Friday. Appointments were also available at the branch surgery in Cherry Hinton between 8.30am and 12.30pm and from 1.30pm to 5pm Monday to Friday. The practice manager explained that they had trialled Saturday but these were not in place anymore. After our inspection the practice informed us they had amended their appointment times and offered appointments from 7am until 8am on Monday and Thursday and from 6.30pm to 7.30pm on Thursday. Out-of-hours care was provided by Herts Urgent Care via the NHS 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 October 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events to identify trends and make changes when necessary.
- Significant events were discussed at regular team meetings.

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS) and minutes of meetings where these were discussed. There was a lead member of staff responsible for cascading patient safety alerts, such as those from the MHRA.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead 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 on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice 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 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 of audit. For example, a change in chairs so that they were easily cleanable had been highlighted as an action point. We also noted that the practice proactively shared their infection control learning with patients via news bulletins and on their website.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Medicines management

- There was a comprehensive program of medicine audits at the practice and we saw that people received the appropriate monitoring required with high risk medicines. GPs informed us of their individual approaches to reviewing these medicines, and we noted that there were no overdue reviews. Nevertheless there was scope to implement a generic protocol to ensure consistent working across the clinical team. The practice informed us that they would address this immediately.
- Medicines were stored securely in the practice and access was restricted to relevant staff. Nursing staff

Are services safe?

checked the temperatures in the medication fridges daily which ensured medicines were stored at the appropriate temperature. Nursing staff knew what to do in the event of a fridge failure.

- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Blank prescription forms were held securely on arrival in the practice and records were held of the serial numbers of the forms received. The practice had a process in place for tracking prescription stationery through the building.

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 practice which identified local health and safety representatives. Waiting rooms that were out of view of the reception team were overseen by CCTV.
- 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 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 emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- The practice had a defibrillator available on both the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programs 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 92.3% of the total number of points available, with 8.1% exception reporting. Data from 2015/2016 showed:

- Performance for atrial fibrillation, cancer, chronic kidney disease, dementia, depression, epilepsy, heart failure, hypertension, learning disability, mental health, palliative care, peripheral arterial disease, rheumatoid arthritis and stroke and transient ischaemic attack were better or the same in comparison to the CCG and national averages.
- Performance for asthma related indicators was lower compared to the CCG and national average. The practice had achieved 81.1%, which was 16% below the CCG average and 16.3% below the national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was lower compared to the CCG and national average. The practice had achieved 69.4%, which was 26.9% below the CCG average and 26.5% below the national average.
- Performance for diabetes related indicators was lower compared to the CCG and national average. The practice had achieved 82.6%, which was 7.9% below the CCG average and 7.3% below the national average. The

practice noted their awareness of this and explained that they had a high south Asian population, in whom diabetes was dominant. The practice actively engaged with the community diabetic nurse specialist.

- Performance for osteoporosis: secondary prevention of fragility fractures related indicators was lower compared to the CCG and national average. The practice had achieved 66.7%, which was 20.6% below the CCG average and 20.8% below the national average.
- Performance for secondary prevention of coronary heart disease related indicators was lower compared to the CCG and national average. The practice had achieved 89.3%, which was 5.2% below the CCG average and 6.2% below the national average.

The practice had been proactive in implementing quality improvement plans based on their QOF scores from their previous year. We saw that improvement plans and strategies had been implemented and agreed with the local commissioners for diabetes and COPD. This had led to an increase in QOF performance although performance for these indicators was not yet at levels equal to local and national averages. The practice informed us they continued to improve on their QOF and made consistent use of the improvement strategies to do so. The practice also explained that due to significant personnel changes (for COPD and asthma lead nurses and the diabetic lead GP) that occurred during the year, reviews were still taking place but that the (QOF) coding templates were not always comprehensively completed. In particular for COPD and asthma. The practice explained that it was anticipated that with the new cohort of personnel this would be better achieved in future.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. A variety of clinical audits had been completed. For example, an audit on patients with atrial fibrillation in October 2016 assessed whether patients had received the appropriate testing, were prescribed the appropriate medication and had test scores recorded on their medical records. Following the first cycle of audit it was determined that four patients were on the register who did not need to be, all patients had a score recorded during the audit, 11 patients needed to be called in for discussing coagulation therapy,

Are services effective?

(for example, treatment is effective)

eight patients who had declined were to be offered further discussion about risks and benefits and the practice intended to review the appropriateness of anticoagulation therapy in all patients going forward.

We also saw an audit on the prescribing of bronchodilator medicines to asthma patients, this audit assessed whether patients were prescribed more than 12 per year. Following the first audit cycle there had been a reduction of 9% and following the second cycle this was reduced by a further 5%.

The practice had proactively undertaken full medicine reviews of all the patients that were in care homes. Internal reviews of referrals were also done on a regular basis. The practice was assisted by a clinical pharmacist in this process. This had led to an increased awareness within the practice of their prescribing to patients in care homes and ensured that none of these patients were taking incorrect or inappropriate medicines.

Effective staffing

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

- The practice had a robust induction program for all newly appointed staff. This covered topics including 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; we saw that one nurse had recently completed an asthma diploma and was due to commence a diabetes diploma.
- Staff administering vaccines and taking samples for the cervical screening program had received specific training which had included an assessment of their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programs, for example by access to online 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, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses.

All staff had received an appraisal in the past 12 months. The practice also supported staff by providing externally led coaching and mentoring for staff, to aid revalidation and to support staff in their development. This was funded by the practice and staff commented that this worked well.

Coordinating patient care and information sharing

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

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

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life

Are services effective?

(for example, treatment is effective)

care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol consumption, and smoking cessation. Patients were signposted to the relevant service.

The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 68%, which was below the local average of 72% and the national average of 74%. Exception reporting for this indicator was 25.4% which was above the local average of 8.6% and above the national average of 6.5%. There were fail-safe systems in place to ensure results were received for all samples sent for the cervical screening program and the practice followed up women who were referred as a result of abnormal results. The practice informed us that after going through the fail-safe systems the practice checked the individual patient record again prior to exception coding.

The practice also encouraged its patients to attend national screening programs for breast and bowel cancer

screening. 2014/15 data indicated that the breast cancer screening rate for the past 36 months was 68% of the target population, which was below the CCG average of 74% and the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 55% of the target population, which was just below the CCG and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2014/2015 ranged from 83% to 98% (local average 87% to 95%) and five year olds from 76% to 89% (local average 88% to 95%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards, of which 15 were positive about the standard of care received. Patients felt that the practice provided a friendly, professional and kind service, praising both individual members of staff and the practice as a whole. Two comment cards were negatively aimed towards specific treatment that was received. Five comment cards, despite being positive, contained comments on the occasional difficulty in obtaining an appointment with a clinician of choice.

We spoke with four patients during the inspection. All patients said the care they received was good and that staff were kind, friendly, caring and approachable. Two patients told us that waiting times occasionally ran over but that they received an in-depth level of care for which they didn't mind waiting, they both commented that they felt it was important that GPs took the time to listen to their concerns.

We spoke with one representative of the patient participation group who commented that the care received had always been 'excellent'.

Results from the National GP Patient Survey published in July 2016 were comparable to local and national averages for patient satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.

- 85% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. Patient referrals were also reviewed amongst clinicians internally to ensure appropriateness and timeliness.

Results from the National GP Patient Survey published in July 2016 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were comparable to local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available and sign in screens were available in a variety of languages.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18 patients as carers (0.3% of the practice list). The practice explained that they tried to encourage carers to register as such with the practice, especially during flu campaigns and at the point of registration. Information for carers was available in the practice. Written information was available in the waiting room 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 followed by a patient consultation at a flexible time and location to meet the family's needs.

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 had quality improvement plans in place with the local commissioning group to ensure QOF related indicators affecting patients with diabetes and COPD would be addressed effectively.
- The practice had proactively undertaken full medicine reviews of all the patients that were in care homes.
- There were longer appointments available for patients who required one.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were displays providing information on cancer warning signs.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, health screening, minor injuries and minor surgery.
- The practice employed a counsellor one day a week so that those patients requiring these services had direct access. The counsellor explained that by the practice employing them directly, patients had better access and more time with a professional, an hour per session in this case with up to 18 sessions per patient, to allow them to better address their needs. We saw data that indicated that patients had benefited from this service with improvement outcomes at the end of treatment.

Access to the service

The practice offered appointments from 8.30am to 12.30pm and from 1.30pm to 6pm Monday to Friday. Appointments were also available at the branch surgery in Cherry Hinton between 8.30am and 12.30pm and from 1.30pm to 5pm Monday to Friday. The practice manager explained that they had trialled Saturday but these were not in place anymore. After our inspection the practice informed us they had amended their appointment times and offered appointments from 7am until 8am on Monday and Thursday and from 6.30pm to 7.30pm on Thursday. Out-of-hours care was provided by Herts Urgent Care via the NHS 111 service.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 56% of patients said that they got to see or speak to their preferred GP, compared to the local and national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them but not always with a clinician of choice.

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. Complaints were shared with staff to encourage learning and development.

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 which aimed to “deliver high quality care to patients by providing suitable patient consultations and establishing an appropriate diagnosis and treatment” and to “understand the needs of patients and involve them in decisions about their care and encourage them to participate”.

Practice staff knew and understood the values. The practice had a robust strategy and supporting business plan, which reflected the vision and values and, amongst others, included aims such as: “to provide patients with a comfortable, friendly and caring environment”, “to involve other professionals in the care of our patients where this is in the patients best interests; by referring for specialist care and advice” and “to continuously seek new pathways for service improvement”.

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. Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, the lead GP (with support from other staff at the practice) was in the process of developing the delivery of out-of-hours GP services at the local hospital and had extensive experience in a very senior position at a local out-of-hours service previous to October 2016.

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. The practice manager was keen to empower the practice staff, and staff we spoke with told us that they appreciated this.

Communication across the practice was structured around regular clinical and business meetings. Multidisciplinary team meetings were also held weekly. 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

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable, friendly and supportive.

There was a clear leadership structure in place and staff felt supported by management. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff 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.

The practice supported clinical and lead staff by providing externally led coaching and mentoring for staff, to aid revalidation and to support staff in their development. This was funded by the practice and staff we spoke with commented this was very useful.

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.

Are services well-led?

Good 

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

The practice had undertaken its own patient surveys in 2013-14 and 2014-15. The latter had received 113 responses, key highlights from the survey included:

- 93% of patients would recommend the surgery to someone who has moved into the area.
- 98% had confidence/trust in the doctor/nurse that they saw.
- 96% were satisfied with the service provided by the receptionists.
- 41% find it easy/fairly easy to book appointments on-line, and
- 61% are not aware that they can book appointments on-line.

The practice had devised an action plan as a result, actions included:

- Promotion of patient awareness for using the on-line booking service for appointments.
- Improve patient waiting times for booked appointments including raising patient awareness of discussing one problem per appointment. And,
- Promotion of patient awareness of ordering repeat prescriptions on-line and nominating a designated pharmacy.

The practice actively shared outcomes of their learning points (for example for infection control elements) with patients through information notices and their website.

The practice had also gathered feedback from staff through staff meetings, appraisals, discussion and away days. 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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice was a training practice and supported medical students and registrars through their development. We spoke with one trainee doctor who commented that they felt well supported and had adequate learning time allocated to them.