

The Petersfield Medical Practice

Quality Report

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Date of inspection visit: 10 January 2017

Date of publication: 16/03/2017

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?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Petersfield Medical Practice on 10 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and investigating significant events. Further improvement could be made to recording significant events to ensure that their progress could be tracked more easily.
- Risks to patients were assessed and well managed although general health and safety risk assessments needed to be strengthened.
- 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.
- Patient comments we received indicated that they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However, results of the national GP patient survey did not always align with these views.
- Information about services offered by the practice was available along with further information about a range of local services. A complaints process was clear and well managed although there was limited information available to support patients who had a concern or complaint about their care.
- Patient feedback indicated that 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. Patients also told us staff took time to listen to their needs, were kind and caring.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

Summary of findings

However, further developments were needed to strengthen systems for receiving patient feedback to help inform quality improvements and improve patient experience.

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

The areas where the provider must make improvement are:

- Ensure that the recruitment process is followed and records are held to demonstrate that;
 - staff have appropriate knowledge, skills and experience
 - identity checks have been completed
 - staff by reason of their health, are capable of performing the tasks required of the role they are employed to perform.

The areas where the provider should make improvement are:

- Improve the recording of significant events so that information can be easily tracked.

- Develop infection control action plans in response to audits so that progress can be monitored.
- Review the general health and safety risk assessments to include appropriate detail about the identified risks and any actions taken to mitigate these.
- Review the induction process for new staff and review staff awareness of the Mental Capacity Act 2008.
- Improve systems for gathering and responding to patient feedback including the national GP patient survey. This should include actions in response to patients who are dissatisfied with the practice's opening times.
- Improve systems used to identify patients with caring responsibilities so that appropriate levels of support may be offered.
- Review patients' access to information on how to raise a concern or complaint.

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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events although improvement was needed to the records to enable actions to be tracked.
- 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. However, the risks associated with the recruitment of staff required improvement. General health and safety risk assessments needed to be strengthened.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment although the staff induction programme was limited and was not specific to each staff role.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

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

- 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. For example, the practice were involved in a pilot project aimed at improving the efficient use of acute hospital beds. They supported four intermediate care beds in the local community to support the early discharge of patients from hospital. This enabled patients to become more independent and return to a home environment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available on the practice website but was not easily accessible at the practice. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff where relevant to do so.

Good



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

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The 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 sought feedback from staff and patients, which it acted on. However, the practice had not considered the feedback from the last national GP patient survey where some scores were below the national average. The patient participation group was not active at the time of the inspection although the practice was taking steps to form a new group.
- There was a strong focus on continuous learning and improvement at most levels of the organisation.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. This included a named GP for patients aged 75 and over and reviewing patients at risk of unplanned admission to hospital at the weekly practice meeting.
- The practice had strong links with the multidisciplinary team and re-enablement team to support older vulnerable patients.
- The GPs provided support to a local sheltered accommodation unit with some supported living units. There were also four intermediate care beds to support early discharge from hospital.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Follow up phone calls or visits were completed for all older patients following discharge from hospital.
- Patients had access to a prescription delivery service and community phlebotomy for house bound patients.

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.
- A practice nurse was training to use ultrasound assessment techniques for patients with peripheral vascular disease.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Diabetic patients were reviewed on a six monthly basis and practice staff worked closely with the community diabetes team to manage patients with more complex needs.

Summary of findings

Families, children and young people

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

Good



- 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 low for standard childhood immunisations. The practice had a much lower number of young children registered in comparison to the national average as well as a high patient turnover. This contributed to the differing rates.
- 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.
- Young people had access to a sexual health service based close to the surgery.
- The practice had taken steps to improve the attendance rate for cervical screening over the last year. This had resulted in scores that were 71% which was close to the national average score of 74%.
- 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 GPs conducted routine six week baby checks.

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).

Good



- 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 met the needs of students at a nearby college which included a high number of postgraduate and mature students from overseas. The practice had developed strong links with the college nurse in order to meet the student's expectations about UK healthcare and foster clear communication.
- 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 such as travel immunisations and smoking cessation services.

Summary of findings

- The practice also registered staff working at Addenbrookes Hospital on a temporary basis that had access to the branch surgery on the hospital site where on the day appointments were available during the morning every week day.
- The practice completed opportunistic sexual health screening and provide a wide range of contraceptive services.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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 and followed up vulnerable patients who fail to attend their appointments.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. This included support to patients with drug/alcohol dependency offering referral to i
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice had under achieved in some mental health indicators during 2015-2016. For example for the number of
- Patients with mental health disorders who had a documented care plan in place for the preceding 12 months was 96% compared to the CCG average of 90% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice had a lead GP for mental health to oversee the care and review of patients with complex needs at the weekly practice meetings
- 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.
- Patients had access to in-house counselling and the practice worked closely with several local specialist mental health services.

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 was performing in line with local and national averages. 328 survey forms were distributed and 108 were returned. This represented a 33% response rate compared to the national average of 38%.

- 92% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and the national average of 79%.

As part of our inspection we sought the views of patients through the use of CQC comment cards that were completed during the two weeks leading up to the inspection and by speaking to patients on the day of the inspection. We received feedback from 14 patients either through CQC comment cards or in person. The comments were positive about the standard of care received. They told us that they could get an appointment when they needed one and staff were caring and respectful.

The practice did participate in the NHS friends and family test but had received a low number of patient responses.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that the recruitment process is followed and records are held to demonstrate that;
 - staff have appropriate knowledge, skills and experience
 - identity checks have been completed
 - staff by reason of their health, are capable of performing the tasks required of the role they are employed to perform.

Action the service **SHOULD** take to improve

- Improve the recording of significant events so that information can be easily tracked.
- Develop infection control action plans in response to audits so that progress can be monitored.

- Review the general health and safety risk assessments to include appropriate detail about the identified risks and any actions taken to mitigate these.
- Review the induction process for new staff and review staff awareness of the Mental Capacity Act 2008.
- Improve systems for gathering and responding to patient feedback including the national GP patient survey. This should include actions in response to patients who are dissatisfied with the practice's opening times.
- Improve systems used to identify patients with caring responsibilities so that appropriate levels of support may be offered.
- Review patients' access to information on how to raise a concern or complaint.

The Petersfield Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to The Petersfield Medical Practice

The Petersfield Medical Practice is a well-established GP practice that has operated in the area for many years. It serves approximately 7,700 registered patients and has a general medical services contract with NHS Cambridgeshire and Peterborough CCG. The service is located in the centre of Cambridge city in a Victorian property occupying three floors with patient services on the ground and first floors only.

According to information taken from Public Health England, the patient population for this service has a lower than average number of patients aged 0-19 years and aged over 50 compared to the national average. It has much higher numbers of patients aged 20-49 compared to the national average. This is due to the practice registering many working aged patients who are employed at Addenbrookes hospital on short term placements and to the high number of students (many of whom are post graduate level) studying at a nearby college. Its population is in the second least deprived decile with very low unemployment rates.

The practice team consisted of five GP partners and a salaried GP. There are three practice nurses and one

healthcare assistant with training in phlebotomy. A team of eight reception and administrative staff provided additional service support. The team is led by a practice manager who joined the practice approximately three months prior to the inspection. The practice is also involved in supporting medical students.

The opening times for the main surgery are Monday to Fridays from 8.30am to 6.00pm. The partners also have a branch surgery at Duxford House based on the Addenbrookes Hospital site. This opens from 8 to 1pm Monday to Friday and is primarily aimed at staff who work at the hospital although any registered patient can attend at either location. The branch surgery was not visited as part of this inspection. An out of hour's service is provided locally through the NHS 111 service.

At the time of the inspection, the practice partnership registration had not been updated in line with CQC (Registration) Regulations 2009. The practice had taken steps to rectify this.

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.

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 10 January 2017. During our visit we:

- Spoke with a range of staff which included GPs, nurses, reception and administrative staff.
- Gathered feedback from patients and reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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, detailed 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. However, we also found there was room to improve records so that the details of each incident could be more easily tracked.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient discharged from hospital, experienced a delay in commencing recommended medication. The practice identified a need to check discharge letters more closely and question recommendations with the hospital if details are unclear. We also saw the practice team had reviewed and discussed their home visiting policy in response to a safety alert in March 2016.

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 to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the

lead member of staff for all safeguarding issues within the practice and liaised with the health visiting team. There were no formal meetings in place to review safeguarding issues although the practice was trying to establish these arrangements with a designated health visitor. The GPs attended safeguarding meetings when possible and the safeguarding lead provided very comprehensive reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- 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)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP 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 which included hand hygiene training. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example some carpeted areas were not being cleaned and this had been addressed. The practice had also identified a number of issues for further improvement for example some clinical rooms did not have designated hand wash basins. However, there was no infection control action plan or records to demonstrate what actions had already been taken. Arrangements were in place for a member of the community infection control team to visit and provide them with further advice on managing any infection control risks.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We asked a GP partner to check the records of patients who had been prescribed two high risk medicines. This demonstrated that safe prescribing

Are services safe?

procedures were in place. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were stored securely by each GP 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed a personnel file and found that all appropriate recruitment checks had been completed prior to appointing the most recent new member of staff. However, two other files had some gaps in recruitment evidence such as a lack of an application form or CV, no proof of identification, or health declaration.

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 in the staff meeting room which identified local health and safety representatives. The practice had an up to date fire risk assessment and had carried out a recent fire drill. 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 completed assessments to monitor risks and control safety in relation to COSHH (The Control of Substances Hazardous to Health. A legionella risk assessment had been completed within the last two years (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A general risk assessment had recently been completed although this required further development to be

assured that health and safety of the environment had been considered in every room of the practice. The practice manager had booked onto risk assessment training to develop this further.

- 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 each staff group to ensure enough staff were on duty and this was monitored by the practice manager. Annual leave was planned in advance to ensure there remained appropriate staff cover. The partners reviewed the need for any additional staff during their regular meetings as the need arose. The practice used a locum GP who was well known to the practice and therefore was familiar with policies and procedures.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure 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 programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 88% of the total number of points available. Exception reporting was at 6% overall which was 5% lower than CCG and 4% lower than the national average. 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 scored well in some QOF areas but was an outlier in the diabetes indicator. Data from 2015/2016 showed:

- Performance for diabetes related indicators was below average scoring 66% overall compared to the CCG average of 90% and the national average of 89%.
- Performance for the overall mental health related indicators was below average scoring 86% compared to a CCG average of 94% and a national average of 93%. The low results were for example: for the number of woman who had cervical screening, monitoring patient's lithium levels and recording blood pressure checks.

We reviewed these results with the practice and found that they had made some improvement to the diabetes

indicators during the current year. This had been done for example by introducing six monthly reviews for patients with type 2 diabetes, having dedicated diabetic clinics and providing diabetic patients with same day appointments whenever possible. They were also working to improve health monitoring for patients with mental health conditions during the current year through a cervical screening campaign, opportunistic screening and improved recording to assist with accurate data collection.

The practice scored well or similar to average in other indicators for example:

- Performance for asthma related indicators scored 100% compared to a CCG and national average of 97%.
- Performance for depression indicators scored 100% compared with the CCG average of 93% and the national average of 92%.
- Performance for chronic obstructive pulmonary disease indicators scored 100% compared with a CCG and national average of 96%.
- Performance for heart failure indicators scored 100% compared with a CCG average of 97% and a national average of 98%.

There was evidence of quality improvement including clinical audit. There had been at least three clinical audits completed in the last year, one of which was a completed audit where the improvements made were implemented and monitored. For example, recent action taken as a result included the addition of scales and height measurement in all consultation rooms following a two cycle audit to establish whether women prescribed oral contraceptives were fully assessed in line with 2015 NICE guidelines. A minor surgery audit in 2015/2016 resulted in the practice investing in improved materials and equipment and extending appointment times by 10 minutes.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example comparisons were made with other practices in relation to the prescribing of medicines.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction pack for all newly appointed staff although the practice manager had identified this needed to be strengthened and records completed for each individual staff member. Further role specific induction programmes were also required. We saw the practice had a locum induction pack in place and this included the home visit policy, information, staff guide, the practice mission statement and the process for dictating letters.
- 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 and nurses undertaking cervical screening.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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, mentoring, supervision and support for revalidating GPs. All staff had received an appraisal with the new practice manager within the last few months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules as well as in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans and medical records. We found that investigation and test results were reviewed by a GP in a timely manner.
- 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 monthly 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.

- Most staff understood the relevant consent and decision-making requirements of legislation and guidance of the Mental Capacity Act 2005. However not all staff were confident in their understanding of this legislation.
- 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.
- There was a clear process for seeking consent from patients having minor surgery or other invasive treatments such as the insertion of contraception. This included the use of templates to seek written consent to record in patient records.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, those recently discharged from hospital, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A counsellor was also available on the premises and could be referred to this service by their GP.

The practice's uptake for the cervical screening programme was currently 71%, which was similar to the CCG average of 72% and the national average of 74%. Steps taken during

Are services effective?

(for example, treatment is effective)

2016 to increase cervical screening in response to a low uptake in previous years had been beneficial. This had included for example, a poster campaign and targeting women aged 30-39. 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 bowel and breast cancer screening when possible although the uptake was below national average. We discussed this with the partners who told us they had a patient turnover of around 1000 patients each year and this had some impact on all health screening programmes.

Childhood immunisation rates for the vaccinations given were lower than CCG/national averages. For example,

childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 86% and five year olds from 58% to 78% (compared to an expected coverage of vaccinations at 90%). However the practice explained that they had lower than average numbers of children in these age ranges compared with other practices as well as a high turnover of patients. This accounted for the low results.

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 that 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 13 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 a patient who had expressed an interest in becoming involved with a patient participation group (PPG). The practice had in the past, had a PPG but it was not active at the time of the inspection. The patient told us they were satisfied with the care provided by the practice and said that staff were friendly and listened with empathy. Comment cards highlighted that staff responded compassionately to patients when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scored average results for its satisfaction scores in most aspects of the consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 93% 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%.

- 92% 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% the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

We also found that:

- 76% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 80% 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%.

We received a comment from one CQC card from a patient who acknowledged the time pressure on the service and the GPs in particular. When we spoke with the practice manager she was not aware of the national GP patient survey and was keen to use the results as a tool for improvement.

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 during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded below the average to questions about their involvement in planning and making decisions about their care and treatment. 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%.
- 76% 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%.

Are services caring?

- 71% 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%.

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.
- The practice worked with a nurse based at a local university to help overseas patients understand how to access the UK health care system.
- The practice supported patients to access advocacy services if appropriate.

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. This included the Carers Trust, organisations for carers supporting relatives with mental health needs and for patients with substance misuse as well as a veteran's mental health charity. 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 33 patients as carers (approximately 0.5% of the practice list). All staff were knowledgeable about the carers trust and sign posted carers to appropriate services. Information in the waiting room also promoted support services for carers and advised patients to inform the practice if they had caring responsibilities. Written information was also available.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and any advice on access to bereavement care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with more complex needs for example patients with a learning disability or with multiple needs.
- Patients could book appointments by phone, in person or online. Repeat prescriptions could also be requested online.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There was a hearing loop available and access to translation services if required.
- The practice had level access with one GP consultation room and the nurse's rooms available on the ground floor.
- The practice had developed links with college nurses to better understand the cultural and health needs of their registered patients who were students.
- The GPs provided support to four intermediate care beds within the local community to facilitate early discharge from hospital for older people.
- Practice staff developed links with local services to support vulnerable patients and those with mental health needs. For example through the community matron, safeguarding team and the community mental health services.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services for example, the practice accepted and supported homeless patients to access health services.

Access to the service

The main practice was open between 8.30am and 6pm Monday to Friday. Appointments were from 8.20 to 11.40 every morning and from 2.10 to 5.20pm each afternoon. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The branch practice based at the Addenbrookes Hospital, opened weekday mornings only between 8 and 1pm. Appointments were available with either a nurse or GP between 8.10 and 11am. These were on the day appointments to suit patients that worked at the hospital.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment did not entirely reflect local and national averages because;

- 59% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 76%.
- 92% 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%.

Extended hours appointments had been trialled in the past but the practice had concluded there was insufficient demand. The above results had not been reviewed by the practice.

Patient feedback we received indicated that they were able to get appointments when they needed them.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Both clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Reception staff were confident in asking the patient key questions to establish the urgency of their needs. For example whether they had an emergency care need that required an ambulance, or whether a GP needed to speak with them to assess their needs further so that an appropriate response could be arranged.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- There was a designated responsible person who handled all complaints in the practice.
- There was limited information available to help patients understand the complaints system. There was no information displayed in the waiting rooms and no practice leaflets were available to help patients identify how to raise a concern or complaint. The practice website contained information to signpost patients to the practice manager if they had a concern or complaint.

The practice had received one complaint in the last 12 months. We found this had been satisfactorily handled in a timely way with openness and transparency. Action was taken to review the prescribing process so that the quality of care was improved and the risk of a further occurrence had been reduced.

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. Staff were clear that they aimed to provide individualised care to patients while empowering them to take responsibility for their own health. Staff were committed to maintaining their own professional development, maintaining links with local resources and services and using technology to improve patient outcomes.

The partners were committed to providing high quality care to their patients within the changing health environment. They were due to become a training practice for GPs in the near future and were considering business plans in order to progress the service.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The management team maintained an understanding of the performance of the practice and we saw examples of actions taken to improve performance for example in relation to the quality and outcomes framework. However, there was no evidence that the results from the last GP patient survey had been reviewed so that underperforming areas could be considered and addressed.
- The practice had recognised that patient involvement in shaping and developing the service was limited. As a result the practice manager was taking steps to relaunch the patient participation group.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However, actions plans following infection control audits were not being recorded to enable progress with actions to be monitored.

- There were systems in place to identify record and manage risks. However, general health and safety risk assessments required a review.

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 and demonstrated several examples of their commitment in doing this. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings, there was an open culture within the practice and they felt confident in raising any concerns or issues and were supported in doing so.
- Staff said they felt respected, valued and supported, by the management team which had had some significant changes within the past 12-18 months. 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 valued and proactively sought feedback from patients, the public and staff.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the practice website and from a comments box placed near the reception desk. Few comments had been received and most of these were positive and shared with the team. The practice did participate in the NHS friends and family test but had a low number of responses.
- In the past, the practice did have a patient participation group (PPG) but the group had disbanded due to limited attendance. The new practice manager planned to relaunch the group and we spoke with a patient who had expressed an interest in working with staff to help improve and develop the service.
- The national GP patient survey results published in July 2016 resulted in some area of care that was lower than the national average scores. The survey had not been formally reviewed by the practice at the time of the inspection although the practice manager agreed to take action.
- The practice gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told

us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or the management team. For example nurses were able to feedback to the GPs that patients were not being appropriately advised on providing specimens that were appropriately packaged and labelled. Action was taken and the nurses noted improvement. Staff told us they felt involved and engaged to improve how the practice was run.

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 such as the facilitated early hospital discharge scheme. One of the GPs was completing their training so that the practice could support GP training. Another partner was an active member of the Cambridge GP Federation with a keen interest in developing local services in the future.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person did not ensure that recruitment procedures were completed effectively. Some recruitment records were not in line with schedule 3 of the HSCA 2008 (Regulated Activities) Regulations 2014. This was in breach of regulation 19.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	