

# Acorn Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Outstanding 

Are services safe?	Good 
Are services effective?	Outstanding 
Are services caring?	Good 
Are services responsive to people's needs?	Outstanding 
Are services well-led?	Outstanding 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Acorn Surgery on 9 January 2017. Overall the practice is rated as outstanding.

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

- There was a clear leadership structure, staff were aware of their roles and responsibilities and told us the GPs were accessible and supportive.
- There was evidence of an all-inclusive team approach to providing services and care for patients.
- Feedback from patients about their care was consistently positive.
- Staff said they were proud to work at the practice and felt they delivered good quality service and care to patients.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they meet patients' needs. For example the introduction of a dedicated mental health service at the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice staff had a very good understanding of the needs of their practice population and were flexible in their service delivery to meet patient demands; such as providing flexible GP appointments when required.
- There was good access to clinicians and patients said they found it easy to make an appointment. There was continuity of care and if urgent care was needed patients were seen on the same day as requested. Consultations were available through Skype.
- Patients' needs were assessed and care was planned and delivered following local and national care pathways and National Institute for Health and Care Excellence (NICE) guidance.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice promoted a culture of openness and honesty. There was a nominated lead for dealing with complaints and significant events. All staff were encouraged and supported to record any incidents. There was evidence of good investigation, learning and sharing mechanisms in place.

# Summary of findings

- The practice complied 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.)
- There were safeguarding leads in place and systems to protect patients and staff from abuse.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example the practice had reviewed the appointment system and significantly improved access to appointments for patients.

We saw some outstanding practice:

- There was a proactive approach to understanding the needs of different groups of people, with a focus on people living in vulnerable circumstances. These included support for patients who were homeless, seeking refuge and those with alcohol dependency and substance misuse.
- The practice aimed to reduce unnecessary hospital attendance, with a range of practice based clinics and

services. For instance 'no scalpel vasectomy', acupuncture, anticoagulation monitoring services and working closely and collaboratively with the on site pharmacy which delivers direct HIV services, and with the GUM clinic which operates from the same building.

- There was a proactive approach to safeguarding, with GP leads in place to support a high number of children who were at risk.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they met patients' needs promptly. For example: a pilot project for enhanced mental health needs and an alcohol support service to facilitate 'home detox' for patients.
- The practice team proactively promoted health awareness and self-care in the community by the GP lead and practice team attending local nursery, primary schools and local community events. They have also been selected by the NHS England to deliver a supported self-care pilot programme.

**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



- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- There were systems in place for reporting and recording significant events and near misses. There was evidence of investigation, actions taken to improve safety in the practice and shared learning with staff.
- 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 team had a heightened awareness of the need to prioritise the safeguarding of patients due to the demographics of its practice population and local area. This included high levels of deprivation and a significant proportion of patients from African and Asian background of which language, literacy, cultural and religious factors presented as potential barriers to seeking support when needed.
- Systems were in place to keep patients and staff safeguarded from abuse. We saw there was safeguarding information and contact details available for staff.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There was a nominated lead for infection prevention and control (IPC). They undertook IPC audits and regular checks of the building.

### Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were higher than the national average for the year 2014/2015 and we noted that the practice performance for 2015/2016 was similar in all domains.

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the needs of patients and delivered care in line with local and national pathway and NICE guidance.
- The practice valued and encouraged education for all practice staff giving them the skills, knowledge, and experience to deliver effective care and treatment.
- We saw evidence of appraisals and up to date training for all staff.
- The practice was proactive in reducing medicines waste and had made significant savings to their prescribing budget.
- The practice was supported by the local Clinical Commissioning Group (CCG) pharmacy advisor to ensure effective prescribing was undertaken.
- The practice held regular prescriber's meetings with prescribing staff at the practice and the local pharmacy.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.
- There was evidence of working with other health and social care professionals, such as the health visitors, midwife, palliative care nurses, district nurses, community matron, school nurses and the mental health team to meet the range and complexity of patients' needs.
- Clinical audits demonstrated quality improvement.
- The practice worked proactively to ensure that patients on their learning disability register received their annual health reviews.
- Some clinicians had specialist's skills and interests such as psychiatry, diabetes, vasectomy, sexual health, managing patients with complementary medicine and managing pain by using acupuncture. There was a weekly GP led vasectomy service and a GP led acupuncture service based at the practice.
- Regular health awareness days were held at the practice supported by a range of health focussed experts and organisations.
- The practice team proactively promoted health awareness and self-care in the community by the GP lead and practice team attending local nursery, primary schools and local community events. They have also been selected by the NHS England to deliver a supported self-care pilot programme.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.

## Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP Patient Survey July 2016 showed patients rated the practice higher than other practices for the majority of questions regarding the provision of care. For example, 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- Comments we received from patients on the day of inspection were very positive about their care.
- We observed staff treated patients with kindness, dignity, respect and compassion. Patients' comments aligned with these observations.
- Appropriately trained staff were available to act as chaperones for patients as required.
- It was apparent when talking with both clinical and administrative staff during the inspection there was a genuine caring and supportive ethos within the practice.
- The practice maintained a carers' register and the patient electronic record system alerted clinicians if a patient was a carer. All carers were offered a health check and influenza vaccination.
- The practice was an award winning Beacon Practice for identifying young carers. The practice had also been innovative in setting up a young carers register in 2014 and had identified 25 young carers. They had established a young patients group (similar to the PPG) which focused on engagement with the younger population. The group provided support and information to young carers and coordinated with the practice's young carer's champion

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked with NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and other local practices to review the needs of their population.
- They had innovative approaches to providing integrated patient-centred care. For example the practice had a high proportion of patients with HIV and worked closely with the local sexual health or genitourinary medicine (GUM) clinic based in the same building as the practice.
- The practice identified and provided additional support for children at risk of female genital mutilation, trafficking and radicalisation.

**Outstanding**



# Summary of findings

- The practice worked with local homeless shelters providing primary care and counselling support to women and their children.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met mental health patients' needs promptly. For example, in collaboration with a pilot project for enhanced mental health services working closely with 'PRISM' a dedicated mental health service. This meant there was a permanent Community Psychiatric Nurse (CPN) service at the practice.
- There was a proactive approach to understanding the needs of different groups of people, including people living in vulnerable circumstances. The practice was the primary care provider for a local service for the homeless. They had developed a trusting rapport with a homeless hostel through a flexible, close working and a non-judgemental approach, and had developed a better understanding of their needs.
- The practice worked closely with an alcohol support and substance misuse service and a local specialist pharmacist to support 'home detox' for patients. This gave patients 24/7 support. The GP led substance misuse clinic provided easily accessible support and advice and also offered a range of vaccinations and health screening.
- The practice offered a range of in house services for example acupuncture, no scalpel vasectomy and anticoagulation (INR) monitoring to save people travelling to hospital.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For instance the reviewing of the access to appointments and patients ability to see a GP of their choosing.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- National GP patient survey responses and comments made by patients indicated appointments were available when needed.
- All patients requiring urgent care were seen on the same day as requested. The practice offered an on the day call back service from a GP who would then decide the best course of action.
- They provided access to extended hours services, telephone consultations and where appropriate SKYPE (live video) consultations.
- The practice could evidence being responsive to demands on the appointment system. They continually audited demand and capacity of appointments.

# Summary of findings

- Home visits and longer appointments were available for patients who were deemed to need them, for example housebound patients.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.
- The practice continued to encourage and worked alongside the PPG and together they prepared an action plan for the year. This involved health promotion work and fund raising in addition to collating and acting on patients views.

## Are services well-led?

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

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There were safe and effective governance arrangements in place. These included the identification of risk and policies and systems to minimise risk. There was an open and transparent approach to safety and an effective system for managing significant events.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us they were proud to work at the practice and felt they delivered good, quality service and care to patients.
- The provider complied with the requirements of the duty of candour. There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- The clinicians within the practice maximised the specialist skills and interest to the benefit of the patients. For example a GP the 'no scalpel vasectomy' and the acupuncture clinic.
- There was a strong focus on continuous learning and improvement at all levels. Acorn Surgery has been a training practice since 2002. They have trained doctors to become GPs and supported undergraduate medical and nursing students.
- The practice has been a research-active practice since 2008 and potential studies have been discussed with the patient representative on the practice research team.

**Outstanding**



# Summary of findings

- The practice fully utilised new technology both in re designing the appointment systems, seeking flexible ways to provided consultation to patients and gather feedback from patients.
- It had actively engaged with the patient participation group. This involved health promotion work and fund raising in addition to collating and acting on patients views. The practice also developed the role of patient champions from within their patient group whose role was to support patients to access information, promote health and well-being services.

# 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.

- Proactive, responsive care was provided to meet the needs of the older people in its population.
- Registers of patients who were aged 75 years and above and also the frail elderly were in place to ensure timely care and support were provided. Health checks were offered for all these patients.
- The practice worked closely with other health and social care professionals, via multi-disciplinary care teams. This helped housebound patients receive co-ordinated care and support and reduced hospital admissions.
- The practice worked with local nursing homes and sheltered living establishments to providing regular support and guidance. A GP lead was in place for each service.

**Outstanding**



### People with long term conditions

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

- The practice nurses had lead roles in the management of long term conditions, supported by the GPs.
- A nurse led diabetes service with GP support was in place working with a specialist community diabetes nurse to help ensure coordinated delivery of care.
- The practice had identified patients at high risk of developing diabetes. This enabled the clinicians to support and advise patients on changes required to prevent diabetes developing.
- 91% of patients with diabetes had an HbA1C result higher than both local and national figures at 89% and 88%. (HbA1c is a blood test which can help to measure diabetes management.)
- Annual reviews were undertaken to check patients' health care and treatment needs were being met.
- 79% of patients diagnosed with asthma had received an asthma review in the last 12 months, compared to 76% locally and 76% nationally.
- 97% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months, compared to 88% locally and 90% nationally.

**Outstanding**



# Summary of findings

## Families, children and young people

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

- The practice worked with midwives and health visitors to support the needs of this population group. For example, the provision of ante-natal, post-natal and child health surveillance clinics.
- 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.
- There was a high rate of child related safeguarding alerts and concerns. This included children who may be at risk of female genital mutilation. A GP lead was in place and dedicated staff were in place to ensure children were protected. Regular safeguarding meetings were in place in at the practice to review concerns. The practice identified and provided additional support for children at risk trafficking and radicalisation.
- The practice also worked with a local women's refuge providing primary care and counselling support to women and their children. Children at risk of abuse, hospital admission, living in disadvantaged circumstances or deteriorating health needs had their health and social care needs discussed at regular multi-disciplinary meetings attended by the health visitor.
- Immunisation rates were high for all standard childhood immunisations.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day access was available for all children under the age of five.
- GP led baby clinics were held weekly at the practice. The practice had access to on site midwives and health visitors in the building.
- The practice team reviewed all new births on a regular basis to ensure post-natal care was in place for the mothers. Dedicated members of the admin team regularly contacted mothers to discuss registration of their new baby and encourage attendance.
- We saw positive examples of joint working with the midwives. For example, the midwife and GP reviewed the care of expectant mothers with gestational diabetes.
- The practice ensured rapid registration and vaccinations and health checks of university students, signposting them to further support services.

Outstanding



# Summary of findings

- Sexual health, contraceptive and cervical screening services were provided at the practice.
- 83% of eligible patients had received cervical screening, compared to 82% locally and 81% nationally.
- The practice worked with local nurseries and preschool services in promoting early health promotion.

## Working age people (including those recently retired and students)

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

- The needs of these patients 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 provided video and telephone consultations, online booking of appointments and ordering of prescriptions. The practice also sent patient appointment reminders and information such as help line contacts and appointment updates by text (SMS) messaging.
- Appointments were available earlier and later in the day to accommodate patients who worked.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. We saw evidence where an early diagnosis of diabetes and another of hypertension had been made for patients giving them the opportunity to improve their long term outcomes.
- Travel health advice and vaccinations were available.
- 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.
- Fast track registration was made available to University students.
- The practice offered a full range of contraceptive services including long acting reversible contraceptive services (LARC).The practice arranged appointments convenient to the patient.

Outstanding



## People whose circumstances may make them vulnerable

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

Outstanding



# Summary of findings

- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- We saw there was information available on how patients could access various local support groups and voluntary organisations.
- There was a GP led service for patients with a learning disability. There were longer appointments available for patients with a learning disability either in their own home or at the practice to reduce the stress a visit to the practice may cause. Annual health checks and flu jabs with dedicated leads for learning disabilities in place.
- There was a proactive approach to understanding the needs of different groups of people, including people living in vulnerable circumstances. The practice was the primary care provider for a local service for the homeless. They had developed a trusting rapport with a homeless hostel through a flexible, close working and a non-judgemental approach, and developing a better understanding of their needs.
- GPs worked with a local alcohol and substance misuse charity and helped provided a 'home detox' service. This gave patients 24/7 support GP led substance misuse clinic held at the practice to provide accessible support and advice and offer a range of vaccinations and health screening.

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

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

- 100% (45 patients) diagnosed with dementia had received a face to face review of their care in the last 12 months, which is higher than the local and national averages 87% and 83%.
- The practice had developed comprehensive care plans for patients with patients diagnosed with dementia.
- The practice had responded to the needs of its patients experiencing poor mental health and there were effective arrangements to provide care and support for those patients. The practice is a pilot project for enhanced mental health

Outstanding



# Summary of findings

services. They worked closely with a dedicated Community Psychiatric Nurse (CPN) based at the practice, and had local access to a psychiatric consultant to support patients promptly and effectively.in primary care.

- 95% (63 patients) who had a severe mental health problem had received an annual review in the past 12 months and had a comprehensive, agreed care plan documented in their record. This was higher than the local average of 90% and the national average of 89%.
- Same day appointments and phone consultations were made for patients experiencing poor mental health.
- Patients and their carer, where appropriate, were given information on how to access various support groups and voluntary organisations.

# Summary of findings

## What people who use the service say

### What people say

The national GP patient survey distributed 298 survey forms of which 116 were returned. This was a response rate of 39% which represented 1% of the practice patient list. The results published in July 2016 showed the practice was performing in line with local CCG and national averages, for the majority of questions. For example:

The results showed the practice was performing in line with local CCG and national averages, for the majority of questions. For example:

- 88% of respondents described their overall experience of the practice as fairly or very good (local CCG 86%, nationally 85%)
- 77% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local CCG 80%, nationally 78%)

- 87% of respondents said they found the receptionists at the practice helpful (local CCG 88%, nationally 87%)
- 94% of respondents said they had confidence and trust in the last GP they saw or spoke to (local CCG 95%, nationally 95%)
- 95% of respondents said they had confidence and trust in the last nurse they saw or spoke to (local CCG 97%, nationally 97%)

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 28 comment cards. They stated they felt listened and staff were caring and committed to their work.

We saw the Family and Friends (NHS survey) latest comments were positive where 98% of patients would recommend the practice to others; the results were displayed on the practice web site.

# Acorn Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team comprised a CQC Lead Inspector, practice manager and GP specialist advisor.

### Background to Acorn Surgery

Acorn Surgery is a member of the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). General Medical Services (GMS) are provided under a contract with NHS England.

The surgery is in a purpose built building with consulting and treatment rooms on the ground floor. There is a substantial car park with disabled parking bays and disabled access into and throughout the building.

The practice is located in an area of deprivation in Huntingdon in Cambridgeshire. Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice currently has a patient list size of 9,765. The average life expectancy of the practice population comparable with both CCG and national averages for males at 78 years (compared to national average 80 years). Life expectancy for females is also comparable with CCG and national averages at 83 years (national average 83 years).

The practice has 25% of their patients aged less than 15 years of age and the highest birth rate in the county.

There are seven GPs at the practice (five female and two male). Nursing staff consist of a female nurse specialist practitioner (prescriber), five female practice nurses, one

assistant practitioner and two health care assistants. There is a practice manager and a team of reception and administrative staff who oversee the day to day running of the practice.

Acorn Surgery has been a GP training practice since 2002. They are accredited to train doctors to become GPs (registrars) and to support undergraduate medical and nursing students with clinical practice and theory teaching sessions. Some of these students have qualified and returned to work at the practice.

The practice has good working relationships with health and social services to support provision of care for its patients. Locally, they have close working links with four nursing homes. Each nursing home has a lead GP. Regular visits are made by the clinicians to these sites.

The practice (reception) is open Monday to Friday 8am to 6pm with appointments available from 7:30am until 8pm on some days.

### 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 and inspection programme. 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 that we hold about the practice and asked other organisations, such as the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed the latest 2015/16 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions. We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 9 January 2017. During our visit we:

- Spoke with a range of staff, which included GPs, specialist practitioner nurse, practice nurses, the practice manager, administrative and reception staff.
- Observed in the reception area how patients, carers and family members were treated.
- Looked at templates and information the practice used to deliver patient care and treatment plans.
- Spoke with a representative from the Patient Participation Group (PPG).

- Reviewed CQC comment cards and spoke with patients regarding the care they received and their opinion of the practice.

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 are provided for specific groups of people and what good care looks 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, recording and investigating significant events and near misses.

- There was a culture of openness, transparency and honesty.
- The practice was aware of their wider duty to report incidents to external bodies such as the CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- Staff told us they would inform the practice manager of any incidents. The incidents were discussed at the clinical meeting and team meetings.
- There was a system in place to ensure all safety alerts were cascaded to staff and actioned as appropriate.
- When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, and a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was a nominated lead for ensuring all significant events and near misses were recorded. We saw there was evidence of investigation, actions and shared learning with staff.

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 the practice had reviewed the accuracy of coding on patients records to ensure patients were not subject to unnecessary recalls or reminders.

An annual “significant event report” was produced and discussed with staff. This report included actions taken by the practice team in response to significant events, the agreed learning and improved outcomes to ensure patient safety. The February 2015/2016 report highlighted concerns relating to the management of prescribing errors. As a result of this, regular audits and checks were implemented and records we reviewed demonstrated that improvements were made. Other action taken included refresher training and updated protocols for staff to refer to when needed.

Significant events were considered alongside complaints and friends and family test data to ensure any trends or concerns were also identified and monitored. The practice maintained records of patient safety alerts received, the discussions that took place during staff meetings and the action taken in response to these. For example, the clinicians would review the medicines of affected patients when alerts received from the medicines and healthcare products regulatory agency (MHRA) indicated issues relating to recommended dosages, side effects and interactions with specific medicines.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient’s welfare.

The practice team had a heightened awareness of the need to prioritise the safeguarding of patients due to the demographics of its practice population and local area. This included high levels of deprivation and a significant proportion of patients from African and Asian background of which language, literacy, cultural and religious factors presented as potential barriers to seeking support when needed.

Staff had received training relevant to their role and could demonstrate their understanding of safeguarding. Domestic abuse and radicalisation awareness training was in place for all staff. Staff were sensitive and aware of their responsibility to report any concerns.

Dedicated GPs acted in the capacity of safeguarding leads for adults and children and all staff had been trained to the appropriate level. Staff met regularly to seek advice and discuss safeguarding concerns. Regular meetings were in place with the health visitors and safeguarding coordinators where safeguarding issues or concerns were discussed.

There was a high rate of child related safeguarding alerts and concerns. This included children who may be at risk of FGM. A GP lead was in place and further dedicated staff were in place to ensure children were protected. Regular safeguarding meetings took place to review concerns. The practice team prioritised the safeguarding of children and

## Are services safe?

families. This included being signed up to the “prevent strategy” which is about safeguarding people and communities from the threat of radicalisation. The practice also identified and provided additional support for vulnerable children at risk of trafficking.

A notice was displayed, advising patients that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. Suitably trained staff acted as chaperones and had received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a nominated lead for infection prevention and control (IPC) who could evidence an organised and knowledgeable approach. They undertook regular checks of the building and we saw evidence an IPC audit had taken place and action had been taken to address any improvements identified as a result. There were spillage kits available in the practice, which could be used to deal with the spillage of bodily fluids, such as blood.

Processes were in place for handling repeat prescriptions which included the review of high risk medicines such as controlled drugs. Regular medication audits were carried out by the CCG pharmacy advisor to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. We saw that the practice had responded to Medicines and Healthcare products Regulatory Agency (MHRA) alerts and had reviewed their prescribing of Simvastatin and Clopidogrel.

Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use.

Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines, in line

with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. This was in line with the practice recruitment policy, for example proof of identification, references and DBS checks.

### Monitoring risks to patients

The practice had procedures in place for assessing, monitoring and managing risks to patient and staff safety. We saw evidence of:

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health and fire safety.
- A health and safety policy.
- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff worked flexibly to cover any changes in demand, for example annual leave or sickness.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff were up to date with fire and basic life support training.
- There was a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines and equipment we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.



# 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 peoples' 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. We saw minutes from meetings which evidenced QOF was discussed within the practice and any areas for action were identified.

Data showed that the practice was performing highly when compared to practices nationally. For example, the most recent published results (2015/16 showed the practice had achieved 100% of the QOF points available compared to the England average of 95%. (QOF is a system intended to improve the quality of general practice and reward good practice). Exception reporting was 10% which was the same as the England average and comparable to the CCG average of 9 %.( Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data showed

- 91% of patients with diabetes had an HbA1C result which was within normal parameters, which was higher than both local and national figures at 89% and 88%. (HbA1c is a blood test which can help to measure diabetes management.)
- 95% of patients with diabetes had received a foot examination and a risk classification for potential problems, which was higher compared with 90% locally and 88% nationally.

- 100% of newly diagnosed patients with diabetes were referred to a structured education programme which was higher than 93% locally and 92% nationally.
- 85% of patients with hypertension had a blood pressure reading which was within normal parameters, compared to 82% locally and 83% nationally.
- Of those experiencing poor mental health 95% had an agreed care plan in place which was higher than the national average of 88%.

The practice had specialist skills for managing diabetes within the practice team. They supported patients with starting their insulin injections and promoting self-management. The practice worked closely with the specialist diabetic nurse who visited the practice weekly.

The practice used clinical audit, peer review, local and national benchmarking to improve quality. We saw seven clinical audits for example; the practice had completed minor surgery, interuterine contraceptive device and COPD audits. The audits had been undertaken and repeated again within 12 months. The audits could demonstrate where improvements had been identified and where further improvement was required. The results were shared with the other clinicians for example in the minor surgery audit improvements to electronic coding had been identified.

The practice was proactive in reducing medicines waste. The practice had also undertaken prescribing audits in line with the quality improvement in practice programme. An audit of repeat ordering of prescriptions had identified significant cost savings that could be made.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed there was a strong focus on staff training and development:

- The learning and development needs of staff were identified through appraisals, meetings and reviews of practice performance and service delivery. All staff had received an appraisal within the preceding 12 months.
- Staff were supported to access e-learning, internal and external training. They were up to date with mandatory training which included safeguarding, fire procedures,



# Are services effective?

## (for example, treatment is effective)

infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.

- Some clinicians had specialist's skills and interests such as psychiatry, diabetes, vasectomy, sexual health, managing patients with complementary medicine and managing pain by using acupuncture. Staff continually completed training to enhance their skills, for example nurses in gynaecology and minor injuries.
- Staff who administered vaccines and the taking of samples for the cervical screening programme had received specific training, which included an assessment of competence. We were informed staff kept up to date with any changes by accessing online resources or guidance updates.
- The GPs were up to date with their revalidation and appraisal.
- The practice nurses were up to date with their nursing registration.
- The practice was a training practice with five GP trainers in place to support trainees.
- The practice was part of the pathfinder practice apprentice scheme which encouraged staff to further develop within the practice. For example previous non clinical staff had been supported to enhance their skills and qualifications to degree level and also the health care assistant had recently qualified as a nurse via the Open University with the practice's full support.

### Coordinating patient care and information sharing

The practice had timely access to information needed, such as medical records, investigation and test results, to plan and deliver care and treatment for patients. They could evidence how they followed up patients who had an unplanned hospital admission or had attended accident and emergency (A&E); particularly children or those who were deemed to be vulnerable.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that regular multidisciplinary team meetings were in place.

The practice identified and provided additional support for children at risk of female genital mutilation, trafficking and radicalisation. The practice also worked with a local women's refuge providing primary care and counselling support to women and their children.

Care plans were in place for those patients who had complex needs, were at a high risk of an unplanned hospital admission or had palliative care needs. These were reviewed and updated as needed. Information regarding end of life care was shared with out-of-hours services, to minimise any distress to the patient and/or family.

### Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome of the assessment.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance.

### Supporting patients to live healthier lives

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

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- who required healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- who acted in the capacity of a carer and may have required additional support

These patients were then signposted or assisted to the services relevant to them.

The practice also liaised with a range of services, these included, substance misuse, and mental health services, midwives, health visitors, cancer support nurses and hospice liaison.

We were informed (and saw evidence in some instances) that the practice encouraged its patients to attend national screening programmes for bowel and breast cancer;



## Are services effective? (for example, treatment is effective)

- Breast screening of females aged 50 to 70 in the last 36 months was 74% (CCG 74%, national 73%).
- Bowel screening of patients aged 60 to 69 years in the last 30 months was 53% (CCG 58% and national 58%).
- Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40 to 75 years. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken.
- Provided sexual health advice and contraception services, such as coil fittings and implants.
- The practice team proactively promoted health awareness and self-care in the community by GP lead and practice team attending local nursery, primary schools and local community events.
- They have been selected by the NHS England to deliver a supported self-care pilot programme.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- There was a private area available should patients in the reception area want to discuss sensitive issues or appeared distressed.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations to ensure confidentiality was maintained.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record.

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

Data from the national GP patient survey showed respondents rated the practice higher than CCG and national averages for many questions regarding how they were cared for. For example:

- 94% of respondents said the last GP they saw or spoke to was good at listening to them (local CCG 89%, nationally 86%)
- 94% of respondents said the last nurse they saw or spoke to was good at listening to them (local CCG 92%, nationally 91%)
- 91% of respondents said the last GP they saw or spoke to was good at giving them enough time (local CCG 86%, nationally 87%).
- 94% of respondents said the last nurse they saw or spoke to was good at giving them enough time (local CCG 93%, nationally 92%)
- 86% of respondents said the last GP they spoke to was good at treating them with care and concern (local CCG 85%, nationally 85%).

- 90% of respondents said the last nurse they spoke to was good at treating them with care and concern (local CCG 91%, nationally 91%).

### Care planning and involvement in decisions about care and treatment

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

- The 'choose and book' service was used with all patients as appropriate.
- Interpretation and translation services were available for patients who did not have English as a first language. There were also sign language interpreters available to support patients when required.

Data from the national GP patient survey showed respondents rated the practice comparable to CCG and national averages for many questions regarding how they were treated. For example:

- 85% of respondents said the last GP they saw was good at involving them in decisions about their care (local CCG 85%, nationally 85%)
- 87% of respondents said the last nurse they saw was good at involving them in decisions about their care (local CCG 85%, nationally 85%)
- 93% of respondents said the last GP they saw was good at explaining tests and treatments (local CCG 87%, nationally 86%).
- 90% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (local CCG 90%, nationally 90%)

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

The practice proactively identified and supported its carers with support from the local carers association. A total of 316 patients had been identified as carers and this represented approximately 3% of the current practice list. Carer's assessments were undertaken by the practice with evidence of personalised support plans being put in place to address the carer's needs. The practice supported carers with regular organised social events and signposted carers to supportive organisations.

The practice had also been innovative in setting up a 'young carers' register in 2014 and identified 25 young carers. The practice appointed trained staff as carer's champions for this age group. The practice worked with

## Are services caring?

local schools and young person's support services to help these young people. The practice also established a young patients group, which focused on engagement with the young population. The group provided support and information to young carers and coordinated with the young carer's champion. Young carers were referred to the local support services who offered respite and one-to-one support. The practice also referred young carers to the GP safeguarding lead in case there were any safeguarding issues related to the type of care they were providing and their circumstances.

The practice was identified as the top practice in the county in recognition of their work to support carers and presented with a Gold Award by the Carers Trust in

conjunction with NHS Cambridgeshire. They remain one of the highest performing practices in the CCG with regard to identifying and supporting carers according to the local commissioning group.

We saw notices and leaflets in the patient waiting area, informing patients how to access a number of support groups and organisations. We also confirmed information was available on the practice website.

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. At the time of our inspection there were 29 patients on the palliative care register which equated to 0.3% of the practice population.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with the local CCG to identify and secure provision of any enhanced services or funding for improvements. Services were provided to meet the needs of their patient population, which included:

- Home visits for patients who could not physically access the practice and were in need of medical attention.
- Urgent access appointments for children and patients who were in need.
- They provided access to extended hours services, telephone consultations and where appropriate Skype (video and voice call service) consultations.
- All patients requiring urgent care were seen on the same day as requested. The practice offered an on the day call back service from a GP who would then decide the best course of action.
- Longer appointments as needed
- Disabled facilities, a hearing loop, sign language interpreters and translation services were available.

The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For instance they had reviewed access to appointments and patients opportunities to see a GP of their choosing.

There are innovative approaches to providing integrated patient-centred care. For example

- The practice deals with the highest HIV rate in the county and an HIV service was provided at the pharmacy adjacent to the practice.
- The practice identified and provided additional support for children at risk of female genital mutilation, trafficking and radicalisation.
- The practice worked with a local women's refuge providing primary care and counselling support to women and their children.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they meet mental health patients' needs promptly. For example, there was a pilot

project at the practice for enhanced mental health services working closely with 'PRISM' a dedicated mental health service. This means that there is a continuing CPN service at the practice.

- There was a proactive approach to understanding the needs of different groups of people, including people living in vulnerable circumstances. The practice was the primary care provider for a local service for the homeless. They had developed a trusting rapport with a homeless hostel through a flexible, close working and a non-judgemental approach, and developing a better understanding of their needs.
- The practice worked closely with an alcohol support and substance misuse service and local specialist pharmacist to support 'home detox' for patients. This gave patients 24/7 support. The GP led substance misuse clinic provided easily accessible support and advice and also offered a range of vaccinations and health screening.
- There was an acupuncture GP led service available at the practice to help patients with pain management and potentially reduce prescribed medication.
- The practice held a weekly GP led no scalpel vasectomy service on site for practice patients and patients throughout the county. This reduced the need for patients attending hospital and stresses on secondary services.
- Health promotion was a priority for the practice, a health trainer regularly attended the practice to encourage and motivate patients to improve their lifestyle

### Access to the service

The reception was open Monday to Friday 8am to 6pm with appointments available from 7:30am to 8pm daily.

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 recently introduced an innovative system in response to the patient survey and difficulties with access and long waits for routine appointments. The system operated an appointment system based initially on a GP telephone consultation service. With some pre bookable appointments available. Patients were asked to ring the practice and speak with reception who would arrange a call back from a GP who would decide the action to be taken. The patient would either have a telephone



# Are services responsive to people's needs?

## (for example, to feedback?)

consultation or be asked to attend the surgery for a face to face appointment with a nurse or GP. This was guaranteed to be within the same day. Where required, a GP could book an on-going appointment for a patient into the system. The practice had 'duty' GPs available daily. This was alongside pre bookable appointments. There had been a high 'did not attend' (DNA) rate of over 200 appointments per month. The practice provided evidence that after the introduction of the new system the DNA rates had reduced by 70%.

Data from the national GP patient survey showed respondents rated the practice higher than other local and national practices. For example:

- 81% of respondents were satisfied with the practice opening hours (local CCG 76%, nationally 76%).
- 85% of respondents said they could get through easily to the surgery by phone (local CCG 75%, nationally 73%).
- 93% of respondents say the last appointment they got was convenient (local CCG 94%, nationally 92%)

### Listening and learning from concerns and complaints

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

- The 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.
- The practice kept a record of all written and verbal complaints
- All complaints and concerns were discussed at the practice meetings.
- Information was available to help patients understand the complaints system. For example

Information was available and displayed in the waiting area and was also available via the practice website.

- The practice had a Facebook, YouTube and twitter presence to keep patients updated about the practice and events and also give opportunity for patient's comments.

There had been 21 complaints received in the last 12 months. We found they had been satisfactorily handled. Lessons had been learned and action taken to improve quality of care.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

The practice had a clear vision and comprehensive strategy to deliver high quality, safe and effective care in response to the needs of patients within their community.

The practice mission statement identified the practice values, for example, 'Provide a service that puts the welfare of every patient at the heart of everything we do'.

We found there was a strong patient centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care.

### Governance arrangements

There were good governance processes in place which supported the delivery of good quality care and safety to patients. There was:

- A good understanding of staff roles and responsibilities. Staff had lead key areas, such as safeguarding, dealing with complaints and significant events, data and recall of patients, and infection prevention and control.
- Practice specific policies implemented, updated, regularly reviewed and available to all staff.
- Regular clinical and team meetings where practice performance, significant events and complaints were discussed.
- A programme of clinical and non-clinical audits were in place, which were used to monitor quality and drive improvements.
- Comprehensive arrangements for identifying, recording, managing and mitigating risks.
- Business continuity and comprehensive succession planning in place, for example the recruitment and development of staff.

### Leadership and culture

There was a clear leadership structure in place and staff told us the partners were approachable and they felt respected, valued and supported.

On the day of the 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.

The culture of the practice was one of openness and honesty and was supportive of patients, and staff who worked there. Patients said they felt it was 'a friendly and welcoming practice'. Staff said they felt very supported and proud of the service they provided

There was an open and transparent approach to safety and an effective system for managing significant events. Significant events were fully investigated and learning was shared with the practice team, other stakeholders and the national reporting and learning system (NRLS). The NRLS ensures the learning gained from the experience of a patient in one part of the country is used to reduce the risk of something similar occurring elsewhere. An annual "significant event analysis" report was produced and discussed with staff to ensure learning had taken place and changes were embedded.

The practice was aware of, and had systems in place to ensure compliance with, their 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). When there were unexpected or unintended incidents regarding care and treatment, the patients affected were given reasonable support, truthful information and a verbal and written apology.

There was a strong focus on staff training and development. The practice was a training practice with five GP trainers and retainer GP scheme. It was part of the pathfinder practice apprentice scheme allowing apprentices pathways for further development within the practice. For example previous non clinical staff had been supported to enhance their skills and qualifications to degree level and a healthcare assistant had qualified as a nurse.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through day to day engagement with them.

# Are services well-led?

Outstanding



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

- Members of the patient participation group (PPG) who they met with regularly carried out patient surveys and submitted proposals for improvements to the practice management team. For example changes to the appointment system and reduction of the number of patients who did not attend.
- We saw evidence the practice had reviewed the patients' surveys and put in place an action plan. Following patient feedback the practice had introduced a new appointment system and made more appointments available by offering GP access on the same day
- Staff, through the annual staff survey, staff meetings, discussions and the appraisal process. Staff told us they were able to raise any concerns with the management team and there was an open and transparent culture within the practice.
- The practice is leading the formation of a local training Hub to deliver future training to staff, based on identified needs in the area.
- Appointment of nursing staff with specialist skills to provide a dedicated 'minor injuries' clinic at the practice.
- The practice continued to encourage and worked alongside the PPG and together they prepared an action plan for the year. This involved health promotion work and fund raising in addition to collating and acting on patients views. This collaboration has meant that equipment for patients comfort has been purchased for the waiting area and other equipment such as a 24 hour blood pressure monitoring machine and additional spirometers has also been purchased.
- The practice have been a research-active practice since 2008 and potential studies were discussed with the PPG patient representative on the Practice Research Team.

## Continuous improvement

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