

Monkfield Medical Practice

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

Good



Are services safe?

Good



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 Monkfield Medical Practice on 17 November 2016.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice provides 15 minute morning appointments with GPs and nurses.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment. However not always with a named GP. We were told 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour. All treatment room doors displayed the name of the clinician and their registration number. For example all GPs names displayed their General Medical Council (GMC) registration number beneath.

The areas where the provider should make improvement are:

Summary of findings

- Ensure patients waiting for their appointments (and whose health might deteriorate) in all areas of the practice can be clearly seen by reception staff.
- There was scope to improve the recording of actions implemented as a result of national patient safety alerts such as MHRA.
- The practice should ensure they continue to proactively encourage patients to attend national screening programmes, such as for bowel and breast cancer screening.
- Ensure regular fire drills are undertaken to ensure staff are aware of their responsibilities.
- The practice should ensure they continue to extend and prioritise work to ensure that patients (including working patients) can access appointments in a timely manner.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Arrangements were in place to respond to emergencies and major incidents.
- We reviewed six personnel files and found that all of the appropriate recruitment checks had been undertaken for all staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service listed.
- Appropriate standards of cleanliness and hygiene were maintained. We saw evidence of staff cleaning checks and monitoring of the cleaners and staff reported any issues raised. We saw evidence that actions were planned or taken to address any improvements identified in the audit.
- The practice had a legionella policy, water temperatures were checked regularly and taps were run when they were in limited use.
- The practice had effective 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in-line with the clinical commissioning group (CCG) and national averages.
- 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.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff. Some nurse appraisals were overdue. However times for these were planned with staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice generally higher than others for aspects of care. For example, 88% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%. 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%. 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.
- Feedback from patients about their care was consistently positive. 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.
- The practice was proactive in identifying patients with caring responsibilities. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 110 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Results from the national GP patient survey published July 2016 showed that patient's satisfaction with how they could access care and treatment was below local and national averages. With 53% of patients satisfied with the practice's opening hours compared to the CCG and the national average of 76% and 60%

Summary of findings

of patients stating they could get through to the practice by phone compared to the CCG average of 75% and the national average of 73%. The practice were aware of the negative feedback for access from the patient survey and continued to review and adjust the appointment system to improve this. For example the practice ensured the appointment system was flexible to reflect seasonal demands such as before bank holidays and during flu season. People told us on the day of the inspection that they were able to get appointments when they needed them; we were told that access to the practice had improved recently. The practice continued to monitor feedback and took part in local community surveys to gauge local opinion.

- People told us on the day of the inspection that they were able to get urgent appointments on the same day when they needed them. However patients commented that it was often difficult to see the same GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision to work in partnership with patients and staff to provide the best primary care services possible, working within local and national governance, guidance and regulations. The practice mission statement incorporated a vision for patients, the local area and the practice team to improve the health, well-being and lives of those the practice cared for.
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The GP and practice manager encouraged a culture of openness and honesty.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with the multi-disciplinary team, out-of-hours and the nursing team to ensure proactive palliative care planning.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were above local and national averages.
- The practice had administered flu vaccinations to 63% of patients aged over 65 years old during the 2016 to 2017 flu vaccination clinics at the time of the inspection.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) 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 for 2015 to 2016 the practice achieved 97% of the total number of points available with a an 18% exception reporting rate which was seven percentage points above the CCG average and eight percentage point above 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).
- Longer appointments and home visits were available when needed.

Summary of findings

- 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.
- The practice had administered flu vaccinations 86% of patients on the practice at risk register during the 2016 to 2017 flu vaccination clinics at the time of the inspection.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 99% which is comparable to the CCG average of 70% to 95% and five year olds from 89% to 98% which is comparable to the CCG average of 88% to 95%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 72% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- 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.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice was working to adjust the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



Summary of findings

- Results from the national GP patient survey published July 2016 showed that patient's satisfaction with how they could access care and treatment was below local and national averages. For example; 53% of patients were satisfied with the practice's opening hours compared to the CCG and the national average of 76% and 60% 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%. The practice were aware of the negative feedback for access from the patient survey and continued to review and adjust the appointment system to improve this.
- 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.
- Patients attending national screening programmes, such as for bowel and breast cancer screening were below local and national averages. For example; Patients aged 60-69 screened for bowel cancer in the last 30 months was 56% of the target population, which was below the CCG average of 59% and the national average of 58%. Females aged 50-70 screened for breast cancer in the last 36 months was 67% of the target population, which was also below the CCG average of 74% and the national average of 72%.
- 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. The practice had undertaken 411 NHS health checks last year. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified

People whose circumstances may make them vulnerable

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

- Of the ten patients identified on the practice register with a learning disability, eight had been invited for a health review with five attending and two scheduled for a review. The practice referred patients to various support services as required and continued to encourage those patients who did not attend.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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).

- The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 94% this was above the CCG average of 87% and the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 94% this was above the CCG and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted councillor services from the practice.

Good



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 slightly below local and national averages. 296 survey forms were distributed and 128 were returned. This represented 43% completion rate.

- 60% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 81% 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 87% and the national average of 85%.
- 71% of patients described the overall experience of this GP practice as good compared to the n CCG average of 86% and the national average of 85%.
- 59% 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 80% and the national average of 78%.

From the Care Quality Commission comment cards we received, all 16 were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Patients said they felt the practice offered an excellent service, staff were helpful, caring and treated them with dignity, we were told they were always given sufficient time with clinicians' and they were treated with consideration and respect.

We spoke with four members of the patient participation group (PPG) and three patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We were told the practice made every effort to ensure patients were seen in a timely way. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients commented that staff were professional and noted that they felt things were improving at the practice.

Areas for improvement

Action the service SHOULD take to improve

- Ensure patients waiting for their appointments (and whose health might deteriorate) in all areas of the practice can be clearly seen by reception staff.
- There was scope to improve the recoding of actions implemented as a result of national patient safety alerts such as MHRA.
- The practice should ensure they continue to proactively encourage patients to attend national screening programmes, such as for bowel and breast cancer screening.
- Ensure regular fire drills are undertaken to ensure staff are aware of their responsibilities.
- The practice should ensure they continue to extend and prioritise work to ensure that patients (including working patients) can access appointments in a timely manner.

Monkfield Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Monkfield Medical Practice

Monkfield Medical Practice is located in Cambourne, Cambridgeshire. The practice is run by three female GP partners (one partner is currently on maternity leave). The practice employs three salaried GPs, one male and one female nurse practitioners, one female practice nurse supervisor, two female practice nurses, two minor illness practice nurses, one female health care assistant, a female phlebotomist and a clinical pharmacist. Four of the nursing team are qualified to prescribe medicines. The clinical team is supported by a practice manager, a business manager, an assistant practice manager and a team of administrative, secretarial and reception staff.

According to Public Health England information, the practice age profile has higher percentages of patients 0 to 14 years and 25 to 44 years compared to the practice average across England. It has lower percentages of patients aged 15 to 24 years and 50 to 85+ years. Income deprivation affecting children and older people is below both the local area and national average.

The practice is open between 8am to 6pm Monday to Friday. Appointments with GPs are on average from 8.40am to 12.20 every morning nurse practitioners appointments are from 8.35am to 12.30am. Afternoon appointments are from 3pm/3.30pm to 5.20 daily. The practice does not offer

an extended hours service, however we were told patients are seen when required with additional appointments made available each day. In addition to pre-bookable appointments that can be booked up to five weeks in advance, urgent appointments are also available for people that need them. The practice runs a duty GP pre-appointment assessment offering telephone advice and where required appointments, nurse practitioner appointments, minor illness nurse appointments, on-line appointments, telephone appointments and face to face appointments. With older patients given priority for urgent appointments. The practice provides 15 minute morning appointments with GPs and nurses.

The practice is located in a County Council owned building and is shared with other services such as the library and a children's services centre.

The practice holds a Personal Medical Service (PMS) contract to provide GP services to approximately 10,486 registered patients, which is commissioned by NHS England. A PMS contract is a nationally negotiated contract to provide care to patients. In addition, the practice also offers a range of enhanced services commissioned by their local CCG: facilitating timely diagnosis and support for people with dementia and extended hours access. The practice has seen a rapid growth and a high turnover in patient population due to the patient population demographic and local closure of practice lists. For example the practice has seen an increase in new registrations from 12% to 15 % per annum, above both local and national averages.

Out of hours care is provided via the NHS 111 service by Herts Urgent Care

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

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

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events to identify trends and make changes when necessary; incidents were reviewed in a timely manner. Significant events included a wide range of subjects, including cancer diagnoses, patient deaths, safeguarding concerns, changes to services, near misses, complaints and compliments. For example following a significant event discussion it was agreed to increase childhood immunisation appointments to 20 minutes as these were identified as high risk procedures. Other changes to services included improved daily oversight of all clinical staff by the duty GP to ensure support was provided when required.

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS) and minutes of meetings where these were discussed. There was a lead member of staff responsible for cascading and actioning patient safety alerts, such as those from the MHRA. However we found there was scope to improve the recording of actions completed from these alerts. While there was evidence that clinicians were made aware of alerts and discussed them at meetings, there was no record of any actions taken or not to confirm closure in the practice for the alert. The practice informed us that they would review their processes for dealing with drug updates and alerts and keep a record of actions taken.

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:

- There were effective systems in place to safeguard children and vulnerable adults from abuse. For example, the Practice maintained and updated their safeguarding list of patients regularly. The Practice saw these children or their families as required, usually on the same day, when they telephoned for an appointment. These arrangements ensured that the practice team were informed and were able to respond to vulnerable family circumstances. The systems reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. There was a clear protocol in place to follow up children who did not attend hospital appointments. GPs were trained to child safeguarding level three.
- We noted that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice health care assistant was the infection control lead, however they had not received any lead training in infection control and therefore it was unclear 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 relevant training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There was a comprehensive programme of medicine audits at the practice and there were systems in place to

Are services safe?

ensure patients received the appropriate monitoring required with high risk medicines. Medicines were stored securely in the practice and access was restricted to relevant staff. Nursing staff checked the temperatures in the medication fridges daily which ensured medicines were stored at the appropriate temperature. Nursing staff knew what to do in the event of a fridge failure. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific direction from a prescriber. Blank prescription forms were held securely on arrival in the practice and records were held of the serial numbers of the forms received. The practice had recently introduced the electronic prescribing system.

- We reviewed six personnel files plus the files for locum GPs and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments including an evacuation of the building following a toaster incident. Staff reported that systems worked well during this evacuation. However the practice confirmed there was scope to improve the frequency of fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk

assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was CCTV available in the building, however we were told this was not working. Patients waiting in the reception area on the first floor were not overlooked by staff. Therefore if a patient's health deteriorated there was a risk of their being unobserved by busy staff. We discussed this with the practice GPs and practice manager who agreed they would be reviewing patient safety in this area.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date 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 for 2015 to 2016 the practice achieved 97% of the total number of points available with a an 18% exception reporting rate which was seven percentage points above the CCG average and eight percentage point above 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).

Data from 2015/2016 showed:

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, diabetes, epilepsy, heart failure, hypertension, learning disability, mental health, peripheral arterial disease, rheumatoid arthritis, secondary prevention of heart disease and stroke and transient ischaemic attack were all above or in-line with CCG and national averages with the practice achieving 100% across each indicator.

There were areas where exception reporting for certain indicators was above the local and national averages. For example stroke and heart failure. We discussed these with the practice who were not aware of these areas, however we were told the practice would be investigating all its

exception reporting when the 2015 to 2016 information was available to them and would review this again prior to its submission of QOF data for 2016 to 2017 on 31 March 2017. When we reviewed exception reporting we noted this had been completed appropriately. The practice continued to promote and encourage patients to attend for health and medication reviews to ensure they were not overlooked.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. Clinical audits had been completed in the last year; one of these was a completed audit where the improvements made were implemented and monitored. For example, one two cycle asthma audit reviewed the use of inhalers by patients. Those patients identified as exceeding recommended use were invited to a review with their GP. On review of the audit the practice saw the number of patients exceeding use of their inhalers drop from 35 to 10 patients of those patients assessed. Re-audit evidenced improvements and the learning outcome from completed audits resulted in a change in the practice protocols and showed how the practice had invested time in patient review and education to achieve the reduction in inappropriate use of inhalers. The practice was continuing with this work and planned to review results again at a later date. We saw that each audit resulted in reviews and learning outcomes which were discussed and shared with the practice team to ensure improvements were established and reviewed. Other audits included minor surgery, patients diagnosed with gestational diabetes, referring eligible patients with chronic obstructive pulmonary disease to pulmonary rehabilitation services and the practice planned to review all adult patients who were referred for ear, nose and throat services and cardiology services.

High risk medicines were monitored regularly by doing a search on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. There were recalls in place and the practice checked that patients had been in for their blood tests.

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

Are services effective?

(for example, treatment is effective)

The practice participated in non-clinical audits including data quality, patient feedback, infection control, cleaning standards, minor surgery outcomes and appointment schedules. The practice also took part in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- All treatment room doors displayed the name of the clinician and their registration number. For example all GPs names displayed their General Medical Council (GMC) registration number beneath.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example one member of the nursing team completed a family planning training update; the information from this meeting was then shared with the nursing team at the following nurses meeting. Other updates shared with staff included minor illness updates from a 'hot topics study day'.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation 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. We noted that some nurse appraisals were overdue, but were assured these were scheduled for a future date. Staff told us the GPs and management team were always available to approach for advice and support. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. For those patients that were considered for hospital admission avoidance the practice worked closely with other services. They discussed these patients on a weekly basis with community services and we saw evidence of improved patient outcomes because of effective information sharing.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition including diabetes and those requiring advice on their diet, drug and alcohol consumption, and smoking cessation. Patients were signposted to the relevant service. We noted during our inspection there was a drug and alcohol support display in the reception area with a representative available to provide support and advice to patients.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of

Are services effective?

(for example, treatment is effective)

72% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

- Patients aged 60-69 screened for bowel cancer in the last 30 months was 56% of the target population, which was below the CCG average of 59% and the national average of 58%.
- Females aged 50-70 screened for breast cancer in the last 36 months was 67% of the target population, which was also below the CCG average of 74% and the national average of 72%.

The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 94% this was above the CCG average of 87% and the national average of 88%. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 94%

this was above the CCG and the national average of 84%. Of the ten patients identified on the practice register with a learning disability, eight had been invited for a health review with five attending and two scheduled for a review. The practice referred patients to various support services as required and continued to encourage those patients who did not attend.

Childhood immunisation rates for the vaccinations given were in-line with the CCG and England averages.

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 99%, with the CCG averages of 70% to 95% and the England averages of 73% to 95%.
- Childhood immunisation rates for the vaccinations given to five year olds ranged from 89% to 98%, with the CCG averages of 88% to 95% and the England averages of 81% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice had undertaken 411 NHS health checks last year. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice had administered flu vaccinations to 63% of patients aged over 65 years old and 86% of patients on the practice at risk register during the 2016 to 2017 flu vaccination clinics at the time of the inspection.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

From the Care Quality Commission comment cards we received, all 16 were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Patients said they felt the practice offered an excellent service, staff were helpful, caring and treated them with dignity, we were told they were always given sufficient time with clinicians' and they were treated with consideration and respect.

We spoke with four members of the patient participation group (PPG) and three patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We were told the practice made every effort to ensure patients were seen in a timely way. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients commented that staff were professional and noted that they felt things were improving at the practice.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in-line with local and national averages. For example:

- 85% 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%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG 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.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 110 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

In addition;

- There were longer appointments available for patients with a learning disability.
- All GPs and nurses offered 15 minute appointments each morning, afternoon GP appointments were ten minutes.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a lift, a portable hearing loop and translation services available.
- A wide range of patient information leaflets were available in the waiting areas including NHS health checks, services for carers and promotion of mental health awareness.
- The practice provided a range of nurse-led services such as management of asthma, and spirometry clinics, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice. Chronic disease appointments were available at a time that was convenient to patients.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, health screening, minor injuries and minor surgery.
- The practice supported the management of leg ulcers, minor injuries; post-operative wound care, learning disability health checks.
- Telephone appointments were available for patients if required. The practice used text messages for results, patients who did not attend and appointment reminder service for those patients who had given their mobile telephone numbers.
- The practice website provides links to on-line services such as; booking and cancelling appointments, prescription ordering, notifying changes to patients records and online access to records.
- The practice also provided NHS Health Checks, emergency contraception, family planning, sexual health advice, weight management and smoking and drug misuse guidance.
- There were a number of community services available in the same building as the practice including a children's centre, health visitors and school nurses attended once a month, district nurses, physiotherapists, twice weekly midwifery clinics, a gym and health trainers which patients could be referred to. The practice described themselves as a central hub for patients in the area and hosted services such as a weekly drug and alcohol addiction service, counsellors and speech and language therapists, a monthly continence clinic and vasectomy clinics. Every second week the practice hosted an ultra sound scan clinic.
- A breastfeeding and quiet room was available for patients to use as required with a drop in breast feeding support service available on site.

Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments with GPs were on average from 8.40am to 12.20 every morning nurse practitioners appointments were from 8.35am to 12.30am. Afternoon appointments were from 3pm/3.30pm to 5.20 daily. The practice did not offer an extended hours service, however we were told patients were seen when required with additional appointments made available each day. In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments were also available for people that needed them. The practice ran a duty GP pre-appointment assessment offering telephone advice and where required appointments, nurse practitioner appointments, minor illness nurse appointments, on-line appointments,

Are services responsive to people's needs?

(for example, to feedback?)

telephone appointments and face to face appointments. With older patients given priority for urgent appointments. The practice had introduced 15 minute morning appointments with GPs and nurses.

Results from the national GP patient survey published July 2016 showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 53% of patients were satisfied with the practice's opening hours compared to the CCG and the national average of 76%.
- 60% 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%.

The practice were aware of the negative feedback for access from the patient survey and continued to review and adjust the appointment system to improve this. For example the practice ensured the appointment system was flexible to reflect seasonal demands such as before bank holidays and during flu season. People told us on the day of the inspection that they were able to get appointments when they needed them; we were told that access to the practice had improved recently. The practice continued to monitor feedback and took part in local community surveys to gauge local opinion.

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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints' policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. Complaints were shared with staff to encourage learning and development.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to work in partnership with patients and staff to provide the best primary care services possible, working within local and national governance, guidance and regulations. The practice mission statement incorporated a vision for patients, the local area and the practice team to improve the health, well-being and lives of those the practice cared for.

The practice had identified future challenges including local disinvestment, increased demand on its chronic disease services and local increased population. There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual challenges and changes to practice, and made in depth consideration as to how they would be managed. For example the potential housing developments, local practice list closures and the development and expansion of the practice team and facilities.

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 members of staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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 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 there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the team also held regular social events, such as a Christmas party. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had a newly formed and active patient participation group (PPG). The PPG had held two meetings to date. We were told the first meeting had seen 20 participants and 12 at the second. The PPG had submitted proposals for improvements to the practice management team. We were told this was very early days for the PPG but there was a clear direction and plan to work with the practice to improve services for patients. For example, members of the PPG were exploring new information technology and ways for the practice to utilise and develop this to improve access and patient services.

Are services well-led?

Good 

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

- The local parish council had developed a community wide survey to review facilities available to people living in Cambourne. The practice had submitted five questions on GP service with a further two submitted on dentistry services. These included questions such as;

1. Are you satisfied with the health services available in Cambourne.
2. How satisfied are you with the availability of appointments at Monkfield Medical Practice.
3. How satisfied are you with the quality of care at Monkfield Medical Practice.

Results from these questions were not available until December 2016. The practice was to work with the PPG to develop an action plan and from there develop further patient surveys.

- We spoke with four members of the PPG who provided many examples of good care provided by the practice. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. However we were told patients were not always able to see the same GP each appointment.

- The patient participation group worked with the practice to produce news bulletins for patients in the local Cambourne newsletters. This included important health information such as flu clinic dates, practice news and links to local organisations.
- The practice encouraged the NHS friends and family test and provided cards and a collection box in the reception areas. The results for May 2016 through to October 2016 were 95% of patients who completed the test said they were extremely likely or likely to recommend the practice to friends and family, 3% were neither likely nor unlikely to recommend and 1% were unlikely or to recommend the practice.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.