

York Street 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at York Street Medical Practice on 18 October 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were generally assessed and well managed. However, there was scope to improve the systems in place to monitor areas of medicines management within the practice. For example, we found that there was no process in place for clinicians to oversee the management of uncollected prescriptions in the reception area.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice higher than others for several aspects of care.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt well supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There was a focus on continuous learning and improvement at all levels within the practice. The practice was a long standing training and teaching practice, and held twice weekly clinical meetings.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Introduce robust processes for monitoring uncollected prescriptions being held in the reception area before they are destroyed.
- Implement a system to ensure that medical oxygen is in date and accessible to all members of staff within the practice.

In addition, the provider should:

- Review the process for recording the action taken following updates from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- Continue to investigate ways of increasing the number of health reviews undertaken for people with learning disabilities.
- Proactively support and encourage patients to attend national screening programmes for breast and bowel cancer screening.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were generally assessed and well managed. However, there was scope to improve the systems in place to actively monitor uncollected prescriptions being held at the practice, and to ensure that medical oxygen was in date and accessible to staff throughout the practice.
- The practice had a process in place to ensure that staff received and cascaded safety alerts. However, evidence of action taken following alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) was not consistent.

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 local 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice higher than others for several aspects of care. For example, 81% of patients said they would recommend the practice to someone new to the area, compared to the local average of 80% and the national average of 78%.
- 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, and had previously been awarded 'Carers Surgery of the Month' by the Carers Trust.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, a specialist diabetic nurse held monthly clinics at the practice.
- 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.
- Data from the National GP Patient Survey published in July 2016 showed that 96% of patients surveyed were able to get an appointment at a convenient time, compared to the local average of 94% and the national average of 92%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Practice staff were engaged in the wider health community. For example, a GP partner was the director and executive chair of the local GP federation; a network of 31 practices who cared for over 210,000 patients.
- 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 partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. A new member of staff was in the process of developing a patient participation group.
- 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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. All home visits were triaged by a clinician to prioritise visits and ensure appropriate and timely intervention.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- 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 worked closely with local admissions avoidance services, such as the Joint Emergency Team.
- The practice had a strong relationship with the community district nursing team, who were based on site.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for diabetes related indicators was 99%, which was above the local and national averages of 89%. Exception reporting for diabetes related indicators was 15%, which was higher than the local average of 13% and the national average of 11% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Longer appointments and home visits were available when needed.

Summary of findings

- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. There was a robust recall system in place to ensure that patients were invited and attended annual reviews.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with local and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 92%, which was above the local and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies, with a dedicated area of the reception area designed for young children.
- The practice offered a full range of contraception services and chlamydia screening.
- We saw positive examples of joint working with midwives, health visitors and school nurses. Midwives and health visitors were located on site.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available for patients who were unable to access the practice in core business hours.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.
- The practice offered many NHS services in house, reducing the need for outpatient referral and therefore improving patient convenience.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement in the safe and responsive domains for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. The practice had regular contact with patients on the learning disability register; however they had not undertaken any formal health checks for these patients in the past 12 months. The practice were working with the local CCG to implement actions to increase the amount of reviews for these patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, and held regular multidisciplinary team meetings.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations, such as the local drug and alcohol support service.
- The practice was engaged with the local Carers' Prescription Service, which provided respite for carers. Written information was available to direct carers to the various avenues of support available to them.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 89% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was above the local and national averages of 84%.
- 93% of patients experiencing poor mental health had a comprehensive care plan, which was above the local average of 88% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing in line with local and national averages in all areas. 289 survey forms were distributed and 111 were returned. This represented a 38% completion rate.

- 84% found it easy to get through to this surgery by phone compared to a local average of 75% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (local average 87%, national average 85%).
- 84% described the overall experience of their GP surgery as fairly good or very good (local average 86%, national average 85%).
- 81% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all very positive about the standard of care received. Patients felt that the practice provided an efficient, caring and supportive service, praising both individual members of staff and the practice as a whole. One patient commented that they have received 'top treatment from the doctors and nurses for 65 years'. Another patient noted that both physical and emotional needs were always well considered by staff.

We spoke with four patients during the inspection. All four patients said the care they received was 'excellent', and that staff were kind, friendly, caring and easy to talk to. Patients commented that there was consistency of care, and that they were signposted to appropriate services when required. For example, we spoke to a patient with caring responsibilities who had been able to access support groups via the practice.

York Street Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector and a GP specialist adviser.

Background to York Street Medical Practice

York Street Medical Practice is a purpose built practice situated in Cambridge, Cambridgeshire. The practice provides services for approximately 9800 patients. It holds a General Medical Services contract with Cambridgeshire and Peterborough Clinical Commissioning Group.

According to information taken from Public Health England, the practice population has a higher percentage of patients aged between 20 and 44 years old when compared to the practice average across England. The practice is situated in a central urban area with a low level of deprivation and a large transient population of students and visiting academics, and has a 10% patient turnover each year.

The clinical team consists of six GP partners, a salaried GP, three practice nurses, a healthcare assistant and a phlebotomist. They are supported by a business partner, a deputy practice manager, and a team of multiskilled staff with administration, reception and secretarial duties. The practice works alongside co-located teams of health visitors, district nurses and midwives.

York Street Medical Practice is a training practice and supports trainee GPs (qualified doctors who are undertaking further training to become GPs). The practice has up to two trainee GPs working at any one time. The

practice also supports the education of Foundation Year 2 doctors (qualified doctors who undertake a four month placement in the practice to gain experience of primary care). The practice also teaches medical students.

The practice is open from Monday to Friday. It offers GP appointments from 8.30am to 11.20pm and 3.30pm to 5.50pm daily. Nursing appointments are available from 8.30am to 12.40pm and 3.30pm to 5.50pm daily. Extended hours appointments are available between 7.30am and 8am on Monday mornings, and between 6.25pm and 7.15pm on Monday and Tuesday evenings. Out of hours care is provided by Urgent Care Cambridge via the NHS 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 October 2016. During our visit we:

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

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Patient complaints were also treated as significant events to encourage and embed learning from patient feedback.
- The practice carried out a thorough analysis of the significant events to identify trends and make changes when necessary. A significant events matrix was maintained to ensure that incidents were reviewed in a timely manner.
- Significant events were discussed at whole team meetings and reviewed biannually.
- The practice recorded positive incidents as significant events, which were used to share good practice amongst the team.

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS), and minutes of meetings where these were discussed. There was a lead member of staff responsible for cascading patient safety alerts, such as those from the MHRA. However, data showed that there was no rigorous protocol in place to ensure that reviews of patient safety updates from the MHRA were consistently undertaken and that appropriate action had been taken to keep patients safe.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result of audit.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Medicines management

- There was a comprehensive programme of medicine audits at the practice and there were systems in place to ensure patients received the appropriate monitoring required with high risk medicines.

Are services safe?

- However, there was scope to improve the arrangements in place for managing uncollected prescriptions held at the surgery prior to their destruction. We found that uncollected prescriptions were held at the practice for a period of time before being destroyed by support staff without clinical oversight from a GP. This meant that there was no system in place to ensure that potentially vulnerable patients were receiving their medication as prescribed.
- 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 a process in place for tracking prescription stationery through the building.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use

and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, the oxygen held on site had an expiry date of November 2015. The oxygen cylinder was held on the ground floor, and was not easily accessible to staff as it was difficult to lift. The practice did not have a risk assessment surrounding the suitability of the cylinder.
- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 99% of the total number of points available, which was in line with the CCG and national averages of 95%. The practice had an exception reporting rate of 14%, which was higher than the CCG average of 11% and the national 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 99%, which was above the local and national averages of 89%. Exception reporting for diabetes related indicators was 15%, which was slightly above the local average of 13% and the national average of 11%.
- Performance for asthma related indicators was 100%, which was above the CCG and national averages of 96%. Exception reporting for these indicators was 10%, which was in line with the CCG and national averages of 7%.
- Performance for mental health related indicators was 100%, which was above the CCG and national averages of 93%. Exception reporting for these indicators was 26%, which was above the CCG average of 13% and the

national average of 11%. We discussed this with the practice who confirmed that they followed the national guideline of inviting patients for review on three occasions before exception reporting.

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; two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit of asthma management, which had led to the introduction of patient asthma action plans.

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

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal in the past 12 months.

- Staff met daily for a mid-morning break to discuss patient care and provide peer support to one another.

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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol consumption, and smoking cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 92%, which was above the CCG and national averages of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 63% of the target population, which was below the CCG average of 74% and the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 52% of the target population, which was below with the CCG average of 59% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2014/2015 ranged from 87% to 91%, compared to a CCG average of 87% to 95% and the national average of 73% to 95%. Childhood immunisation rates for the vaccinations given to five year olds in 2014/2015 ranged from 69% to 79%, compared to a CCG average of 88% to 95% and the national average 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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. 100 NHS health checks had been undertaken in the past twelve months.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were conscientious, caring and treated them with dignity and respect.

We spoke with four patients, all of whom told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% of patients said the GP was good at listening to them compared to the CCG and national averages of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.

- 91% 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 saw that care plans were personalised.

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages 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.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 134 patients as carers (1.3% of the practice list). The practice was engaged with the local Carers' Prescription Service, which provided respite for carers. Written information was available to direct carers to the various avenues of support available to them. The practice had previously been awarded 'Carers Surgery of the Month' by the Carers Trust.

Staff told us that families who had suffered bereavement were contacted by their usual GP. This call was followed by a patient consultation at a flexible time and location to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, a specialist diabetic nurse held monthly clinics at the practice.

- The practice offered extended hours appointments between 7.30am and 8am on Monday mornings, and between 6.25pm and 7.15pm on Monday and Tuesday evenings.
- There were longer appointments available for patients who required one.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical needs that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were displays providing information on cancer warning signs.
- The practice provided a range of nurse-led services such as management of asthma, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice.
- 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 identified and visited the isolated, frail and housebound regularly. Chronic disease management was provided for vulnerable patients at home and the practice was active in developing care plans and admission avoidance strategies for frail and vulnerable patients.

Access to the service

The practice was open from Monday to Friday. It offered GP appointments from 8.30am to 11.20pm and 3.30pm to 5.50pm daily. Nursing appointments were available from 8.30am to 12.40pm and 3.30pm to 5.50pm daily. 70% of appointments were bookable on the day, with 30% being allocated a week in advance. Out of hours care is provided by Urgent Care Cambridge via the NHS 111 service.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 76%.
- 84% 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%.

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

Listening and learning from concerns and complaints

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

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

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 logged as significant events and shared with staff to encourage learning and development.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement, which was 'to provide appropriate, timely, and effective care, prevention and treatment in partnership with our patients. This will take place in a welcoming, professional environment which fosters self-learning with a focus on training the next generation of doctors and GPs'. The practice listed its key values as openness, fairness, respect and accountability.

The practice had a robust strategy and supporting business plans, which reflected the vision and values and were reviewed annually by the partners. A 'balanced scorecard' tool had been successfully implemented by the current business partner to ensure that there was even focus on four key quadrants of the business. This was displayed in the reception area and staff were invited to discuss the plans and make suggestions for change.

There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed. Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, a GP partner was the director and executive chair of the local GP federation; a network of 31 practices who cared for over 210,000 patients.

Governance arrangements

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

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

Communication across the practice was structured around key scheduled meetings, such as twice weekly clinical meetings, nurse meetings and support team meetings. Multidisciplinary team meetings were also held monthly. We found that the quality of record keeping within the practice was good, with minutes and records required by regulation for the safety of patients being detailed, maintained, up to date and accurate.

Leadership and culture

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

There was a clear leadership structure in place and staff felt supported by management. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the team also held regular social events, such as an annual Christmas event and a recent visit to watch a theatre production. 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 gathered feedback from patients though an annual survey, a comments box and complaints received. Patient feedback was also monitored through the Friends and Family Test and NHS Choices. There was a large feedback board placed in the reception area with cards, letters and survey results displayed for all staff to see.

The practice had struggled to recruit members for a Patient Participation Group (PPG), and had an action plan in place to develop a PPG. This included learning from successful groups, further promotion of a group by clinical staff, and a new member of staff taking the role of coordinating the recruitment of a PPG.

Are services well-led?

Good 

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

The practice had gathered feedback from staff through staff meetings, appraisals, discussion and away days. Feedback from a recent staff survey showed positive results. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a long standing training and teaching practice, and had close links with the local clinical school. The practice was also involved with non-commercial research studies.

Practice staff were encouraged to attend training courses and events to develop their knowledge further. For example, practice nurses were due to attend further long term condition training courses.

There was a strong culture of charity work within the staff at the practice. For example, one GP was a director of a primary school in South West Africa. The practice was supportive of GPs taking sabbaticals and raised money to help these charitable causes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	
	How the regulation was not being met:
	There was no robust method in place to ensure that uncollected prescriptions were overseen by clinicians prior to being destroyed.
	There was no system in place to ensure that medical oxygen was in date and accessible to all members of staff within the practice.
	This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.