

# The New Queen Street Surgery

## Quality Report

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

### Ratings

Overall rating for this service		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The New Queen Street Surgery on 28 June 2016. Overall the practice is rated as good.

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

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they were able to make an appointment with a named GP and there were urgent appointments available the same day.
- Patients were at potential risk of harm because systems and processes were not adhered to. Procedures relating to the dispensing of medicine, including Controlled Drugs, were not always followed.

- The practice liaised effectively with support organisations and supported vulnerable patient groups.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- Information about services and how to complain was easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

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- 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.

The areas where the provider must make improvements are:

- Ensure that processes surrounding medicines management are reviewed and implemented, in relation to dispensing medicine (including Controlled Drugs).

In addition the provider should:

- Undertake regular fire drills.
- Implement and audit near miss recording logs relating to the dispensing of medicine.
- Investigate ways of increasing the number of reviews undertaken for people with learning disabilities.
- Implement and review improvements identified in relation to patient access to storage areas.
- Continue to monitor the practice appointment system to ensure effectiveness.

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, recording, investigating, reviewing and learning from significant events. However, near misses in the dispensary were not documented, so these were not able to be consistently reviewed.
- 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.
- Although risks to patients who used services were assessed, some systems and processes surrounding risks were not implemented well enough to ensure patients were kept safe. For example, a storage room containing medical equipment was accessible to patients.
- The practice had clearly defined systems for dispensing medicine, however we found that these systems were not always implemented by staff. For example, accuracy checks were not always undertaken and the recording process for controlled drugs was incomplete in some areas. The practice had a system in place for reviewing alerts such as those from the Medicines & Healthcare products Regulatory Agency (MHRA).
- The practice had a comprehensive 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?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly at or above average when compared to the national average. For example, the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months (including an

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assessment of asthma control) was 77% compared to the CCG average of 76% and the national average of 75%. The rate of exception reporting was 3% compared to the CCG and national average of 8%.

- 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.
- The practice undertook a comprehensive system of appraisal and personal development plans for all staff which included peer review. The practice hosted training sessions for their own staff and also made these available for staff members from other practices to attend.
- Staff worked proactively 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.

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice comparable to others for several aspects of care. For example, 84% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- Feedback from patients about their care was generally 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. The practice produced a number of leaflets to help patients understand the range of services available at the practice, along with services available outside the practice.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 333 patients as carers which was 4.8% of the practice population. The practice provided support for carers through the local CCG Family Carers' Prescription scheme.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they were able to make an appointment to see a GP or nurse, 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. The practice had a lift installed to allow access to upper floors of the surgery building for people who were unable to manage the stairs.
- 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.
- The practice undertook a comprehensive system of appraisal and personal development plans for all staff which included peer review. The practice hosted training sessions for their own staff and also made these available for staff members from other practices to attend.
- The practice had introduced clinics for patients with more than one long term condition. For example, patients with conditions such as diabetes and heart disease had their annual reviews for both conditions at the same time. This saved the patient making four separate appointments.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were not followed by staff. For example, activities outlined in policies governing activity for dispensing medicine were not always implemented.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was

Good



# Summary of findings

shared with staff to ensure appropriate action was taken, although this required improvement in some areas. For example, near misses were not recorded in the dispensary and therefore could not be shared or trends identified.

- The practice proactively sought feedback from staff and patients, which it acted on. The practice Patient Participation Group (PPG) worked well with the practice. For example, the PPG provided feedback regarding the practice phone system and appointment system and the practice was attempting to make improvements, including updating the phone system and introducing online appointment booking.
- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice hosted programmes of training for all staff. The practice liaised with a training provider to undertake the training and made this available for other practices to attend.
- The practice actively encouraged staff to mix in a non-formal environment. For example the practice encouraged all members of the practice team to attend lunch together.

# 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 had a dedicated telephone line which was shared with staff from nursing homes, so that they were able to contact the practice quickly if necessary.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, heart failure, and chronic obstructive pulmonary disease were above local and national averages.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for diabetes related indicators was 99%, which was above the CCG average of 90% and the national average of 89%. Exception reporting for diabetes related indicators was 20%, which was higher than the CCG 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.
- 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.



# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were in line or above CCG averages for standard childhood immunisations.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 81%, which was in line with the CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a full range of contraception services.

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

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services such as online appointment booking and repeat prescription requests. The practice also offered a range of health promotion and screening that reflects the needs for this age group.
- The practice provided both telephone and sit and wait appointments. The practice also offered eConsult (a system where a patient is offered a discussion with an appropriate clinician 24 hours a day and then offers the option of a patient completed consultation form which is passed electronically to the practice to be dealt with within one working day.) This system also offered for example, general and specific health advice.
- The practice offered pre-bookable appointments on Monday evenings this met the need of those patients who could not attend during the day.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients, and held monthly multidisciplinary team meetings.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Patients who were carers were proactively identified and signposted to local carers' groups. The practice engaged with the local Family Carers' Prescription scheme, a local CCG initiative that gave access to the Peterborough branch of the Carers Trust who were able to provide information and support for carers.
- 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. There was a lead member of staff for safeguarding.

## 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).

- 81% of patients diagnosed with dementia had received a face to face care review in the last 12 months, compared to the CCG and national average of 84%.
- 94% of patients experiencing poor mental health had a comprehensive care plan, which was above the CCG average of 87% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice performance was mixed when compared with the local and national averages. 241 survey forms were distributed and 120 were returned. This represented a 50% response rate.

- 65% of patients found it easy to get through to this practice by phone compared to the local (CCG) average of 75% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local (CCG) average of 87% and the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the local (CCG) average of 86% and the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local (CCG) average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 103 comment cards which were all positive about the standard of clinical care received. Out of the 103 comment cards 80 were wholly positive about the practice. The remaining 23 cards contained positive comments, however some contained negative comments on issues such as appointment availability and the telephone appointment system. The practice told us that following the feedback from patients and the PPG they had introduced new systems and processes to improve this. They had introduced online appointment booking and online consultation requests to which a GP would respond for patients who did not want to attend the surgery. The practice carried out regular audits on the booking process to monitor effectiveness.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Ensure that processes surrounding medicines management are reviewed and implemented, in relation to dispensing medicine (including Controlled Drugs).

In addition the provider should:

- Undertake regular fire drills.
- Implement and audit near miss recording logs relating to the dispensing of medicine.
- Investigate ways of increasing the number of reviews undertaken for people with learning disabilities.
- Implement and review improvements identified in relation to patient access to storage areas.

- Continue to monitor the practice appointment system to ensure effectiveness.

### Action the service **SHOULD** take to improve

In addition the provider should:

- Undertake regular fire drills.
- Implement and audit near miss and error recording logs relating to the dispensing of medicine.
- Investigate ways of increasing the number of reviews undertaken for people with learning disabilities.
- Implement and review improvements identified in relation to patient access to storage areas.
- Continue to monitor the practice appointment system to ensure effectiveness.

# The New Queen Street Surgery

## 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, a practice manager specialist adviser and remote support from a medicines management advisor.

## Background to The New Queen Street Surgery

The New Queen Street Surgery is situated in Whittlesey, Cambridgeshire. The practice provides services for approximately 10,000 patients and operates from a purpose built surgery. The practice building operates over two floors. A lift is available for access to the upper part of the building.

The practice has seven GP partners, two female and five male, and four female salaried GP's. The team includes seven nurses, one healthcare assistant one phlebotomist, and a pharmacist. They also employ a practice manager, a deputy practice manager, medical secretaries and a lead dispenser. A team of fourteen reception and administration staff support the manager and the lead dispenser.

The practice holds a General Medical Services (GMS) contract, and is a training practice with five GP trainers. A training practice has trainee GPs working in the practice; a trainee GP is a qualified doctor who is undertaking further training to become a GP. A trainer is a GP who is qualified to teach, support, and assess trainee GPs. The practice has up to two trainee GPs working in the practice at any one time.

The practice also supports the education for Foundation Year 2 doctors. Foundation Year 2 doctors are qualified doctors who undertake a four month placement in the practice to gain experience of primary care. The practice has up to two Foundation Year 2 doctors at any one time. The practice also teaches medical students from Cambridge University.

The most recent data provided by Public Health England showed that the patient population has a higher than average number of patients up to the age of four and aged 60 to 69 compared to the England average. The practice had a lower than average number of patients aged between 20 to 24 and 35 to 39 compared to the England average. The practice is located within an area of medium deprivation.

The practice reception was open between 8am to 6pm Tuesday to Friday, and until 9pm Mondays. GP appointments were available from 8.30am to 12 noon and 2.30pm to 5.40pm, Tuesday to Friday. On Mondays appointments were available until 9pm. Nurse appointments were available from 8.30am to 1pm and from 2pm to 5.30pm Monday to Friday.

## 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

# Detailed findings

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 28 June 2016. During our visit we:

- Spoke with a range of staff including GP's, practice nursing staff, the practice manager, pharmacist and dispensary staff and reception staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and spoke 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 were systems in place for reporting and recording significant events, however some of these required improvement.

- 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.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a detailed 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 that were recorded and produced detailed annual reports which were shared with the practice. However, as the practice did not record near misses taking place in the dispensary these were not able to be consistently reviewed.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a request for a home visit had not been triaged in a timely manner the practice had reviewed their processes and had made changes to ensure that patient care and treatment was not delayed.

### 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 lead safeguarding GP attended as many safeguarding meetings, as possible, including coming into the practice on days when they were not working, and the GPs 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. All clinical staff were trained to child protection or child safeguarding level three, whilst non-clinical staff were trained to either level one or level two according to their job role.

- 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 and on the day of inspection we observed the premises to be clean and tidy. Practice staff we spoke with told us that they did not have concerns about the cleanliness of the practice. The practice had infection control leads 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.
- We reviewed four personnel files and found most 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 (DBS).

### Medicines management

- The practice held clear standard operating procedures in place for the dispensary, however we saw evidence that these were not always followed by staff. For example, the standard operating procedure for dispensing of medicines stated that there should be a second accuracy check undertaken before the medicine was handed to the patient. On the day of the inspection we saw medicines being dispensed without a second check, although some practice staff told us that secondary checks usually took place. Dispensary staff

## Are services safe?

recorded significant events and these were discussed and reviewed within the practice however, they did not record near misses that would identify trends and prevent significant events from happening.

- The practice had recently employed a pharmacist to oversee medicines management in the dispensary. They told us that they were in the process of undertaking reviews of procedures and medicines management. Following the inspection the practice also immediately contacted the CCG medicine team to assist them in improving their processes within the dispensary area.
- Repeat prescriptions were signed before the medicines were given to patients. Dispensary staff did not issue prescriptions that were due for review instead they passed them onto the relevant GP or pharmacist to be reviewed and authorised before issued.
- We saw evidence that audits of high risk medicines had been carried out. There were systems in place to ensure that patients who were taking high risk medicines were monitored. For example, the pharmacist checked the blood test results of patients before repeat prescriptions of warfarin were dispensed (warfarin is a medicine used to increase the time it takes for blood to clot). The practice pharmacist also carried out medicine reviews for patients.
- The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage requirements because of their potential for misuse) and had in place suitable arrangements for the storage of CDs. For example, access to the CD cupboard was restricted and keys held securely. The dispensary kept a register of CDs, however the recording process was incomplete in some areas. For example, although dispensary staff were able to explain the processes for checking the identity of patients collecting CDs, there were some records of CDs dispensed to patients that had not been completed appropriately. When we spoke with the practice about this they told us that they would investigate why this had occurred and would put actions in place to ensure that it did not happen in the future. There were arrangements in place for the destruction and recording of both patient returned and out of date CDs. Dispensary staff told us they understood how to investigate a CD discrepancy and were aware of how to contact the regional CD accountable officer.

- Medicines were stored securely in the dispensary and access was restricted to relevant staff. External auditors checked expiry dates annually but there was scope to introduce an in-house system of checks, which should be documented to provide an audit trail. All medicines were within their expiry date on the day of inspection. Staff checked the temperatures in the dispensary fridges which ensured medicines were stored at the appropriate temperature. Dispensary 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 (PSD) or direction from a prescriber. We requested information following the inspection, which demonstrated that the process followed for PSD's was robust.

### 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, although the last fire drill was carried out in 2012. Following the inspection the practice informed us that a fire drill had been scheduled to be carried out in July 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We also saw evidence of calibration tests relating to medical equipment. 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).
- During the inspection we saw that a storage room door was open near to one of the waiting areas. This room contained medical items such as dressings and scissors, as well as the emergency response bag containing the practice defibrillator. There was also an unlocked cabinet in the waiting area that contained other medical items. When we discussed this with the practice they explained that the door was left open so that staff had



## Are services safe?

easy access to the emergency equipment. They told us that they would review this arrangement, ensure that medical items were kept securely and the emergency equipment would be easily accessible for staff in the event of an emergency.

- 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 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 the practice which alerted staff to any

emergency. In addition, the practice computer system also had a button which alerted other staff logged into the system to an emergency. The practice also had the facility to broadcast messages via the phone system.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- 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 had embedded the guidelines and CCG referral pathways within their computer system so that automatic links to relevant information was available to clinicians at all times.

### 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 from 2014/2015 were 98% of the total number of points available. This was 3.7% above the local CCG average and 3.2% above the national average. The practice had an overall clinical exception reporting rate of 14.5%, which is 4% above the local CCG average and 5.3% 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). The practice showed us evidence that the exception reporting rate for 2015/16 had improved. For example, overall exception reporting rates for diabetes in 2014/15 was 29.8% but this had decreased to 6% for the period 2015/16.

Data for QOF from 2014/15 showed:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months (including an assessment of asthma control) was 77% compared to the CCG average of 76% and the national average of 75%. The rate of exception reporting was 3% compared to the CCG and national average of 8%. The percentage of patients experiencing poor

mental health who have a comprehensive, agreed care plan documented in their records in the preceding 12 months was 94% compared to the national average of 89%. The rate of exception reporting was lower than both the CCG and national averages.

- Performance for other indicators was above or in-line with CCG and national averages. The rate of exception reporting was mostly in-line or lower than both the CCG and national averages. However, the exception reporting rate for the percentage of patients with diabetes, on the register, in which the last blood test results for IFCC-HbA1c is 64 mol/mol or less in the preceding 12 months was 30% compared to a CCG average of 16% and an England average of 12%. The practice showed us their most recent data which showed that their current exception reporting level for this area was 6%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years and we saw evidence that two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We also saw evidence of audit relating to medical conditions such as diabetes and asthma, as well as auditing of the effectiveness of the practice appointment processes.
- Findings were used by the practice to improve services. For example, the practice had undertaken an audit in conjunction with the CCG to determine whether opioid patches were being prescribed in line with current guidance (an opioid is a medicine used for pain relief and this can be prescribed in the form of a patch to ensure a regular dose of the medicine is maintained). Results of the first cycle of the audit indicated that 43 patients were prescribed opioid patches. The practice found that 16% of these patients were on a stable regular dose of strong opioid prior to the prescription of a patch. The second cycle of the audit showed that the practice had identified 48 patients were prescribed opioid patches and that 60% of these patients were on a stable regular dose of strong opioid prior to the prescription of a patch.

# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- The practice had an induction programme, tailored to the needs of each newly appointed staff member. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice demonstrated that they ensured role-specific training and updating for relevant staff. For example, nursing staff were supported to undertake the relevant diploma course before being the lead or involved in chronic disease management.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The practice carried out some minor injury procedures and staff ensured that they kept up to date with their skills by working at the local emergency department.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice used a comprehensive 360 degree appraisal system which involved the practice manager, relevant department lead, colleagues and the staff member undergoing appraisal. Staff told us that they initially found this difficult but now appreciated the extra processes surrounding the appraisal system. During appraisal staff learning needs were identified and all staff had objectives set for the next year, which included those for both personal improvement and enhancing patient experience. Identifying the training helped inform planning for external courses. Staff we spoke with felt able to request training they felt was suitable for their job role. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information

governance. Staff had access to and made use of e-learning training modules and in-house training. The practice hosted programmes of training for all staff and made this available for other practices to attend.

- The practice participated in the training of medical students and also provided placements for trainee GPs, Foundation Year two doctors and had received a teaching award from students. The practice participated in research studies and was an accredited research practice by the Royal College of Registered Practitioners. The practice gave details of several research projects it was currently participating in on its website.

### 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 on-going 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. Actions arising from monthly multidisciplinary team meetings were entered directly onto patient notes to ensure that the information was available to all clinicians. The practice also undertook monthly palliative care meetings for end of life patients. The practice ensured that advanced care plans were in place along with anticipatory medicine prescribing. All patients at the end of their lives were allocated a named GP and deputy to ensure that they had continuity of care. The practice had a lead GP for avoiding unplanned admissions and multidisciplinary working.

### Consent to care and treatment

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

# Are services effective?

## (for example, treatment is effective)

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice recorded written consent for minor surgical procedures carried out at the surgery as well as recording clinical diagnosis, histology and any further complications arising from the minor surgical procedure.
- 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 and those requiring advice on their diet, smoking and alcohol.
- Patients who were at risk of unplanned admission to hospital. Patients were identified using a risk predictor tool and ensured proactive care plans were in place to minimise the likelihood of an unplanned admission.
- The practice had a full time health trainer who saw patients for lifestyle support. The health trainer also held a weekly health walk and chair based exercise for patients, for patients unable to use a gym. Smoking cessation advice was available onsite once a week from Camquit, a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and national average of 82%. They ensured a female sample taker was available and there were systems in place to ensure results were received for all samples sent for the cervical screening programme.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, the percentage of females aged 50-70 who had been screened for breast cancer in the last 36 months was 79% compared to a CCG and England average of 72% and percentage of persons aged 60-69 who had been screened for bowel cancer in the last 30 months was 59% compared to a CCG average of 59% and an England average of 58%.

Childhood immunisation rates for the vaccinations given were inline or above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 99% compared to the local CCG averages of 52% to 97% and five year olds from 87% to 99% compared to the local CCG averages of 87% 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 number of checks for people aged 40-74 in the last 12 months was 308. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

During the inspection we noted that 24% of annual reviews for patients with learning disabilities were undertaken during 2014/15. The practice explained that they were aware of this and were actively liaising with the local CCG to implement actions to increase the amount of reviews for these patients.

# 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.
- When patients booked in or wished to speak to someone in reception they entered a 'privacy booth'. As only one patient was able to enter at a time this ensured that confidentiality in the reception area was observed at all time. The practice had notices on display explaining the reception process.

All of the 103 patient Care Quality Commission comment cards we received were positive about the clinical care experienced. 80 of these comment cards were wholly positive about the practice. The remaining 23 cards contained positive comments, however some contained negative comments on issues such as appointment availability and the telephone appointment system.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said they felt involved in their care. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 82% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.

- 85% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 77% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 93% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 95% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.

### 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly in line with local and national averages. For example:

- 93% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 87% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- There was a hearing loop available in reception.
- The practice website appearance was able to be customised to enable all patients to be able to use it effectively.

### **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 333 patients as carers (4.2% of the practice list). The practice participated in the local CCG Family Carers' Prescription scheme. The scheme gave carers access to specialist advisors at the Peterborough branch of the Carers Trust who provided information on carers' rights, benefits available to carers, and the types of support available for carers and the people they were caring for. The practice also had a dedicated area of the practice noticeboard displaying relevant information on caring organisations.

The practice had information for support organisations such as Age Concern, Marie Curie and the Alzheimer's Society.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours opening every Monday evening until 9.00pm for patients who could not attend during normal opening hours.
- Home visits were available for all patients and were triaged by the practice nurses and the designated duty doctor.
- 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. The practice was a registered yellow fever vaccination centre.
- There were disabled facilities, a hearing loop and translation services (such as language line) available. The touch screen that patients used to book in could be translated into four languages
- There was a lift available for those patients who could not manage the stairs.
- GPs visited local care homes in order to provide treatment for their registered patients who lived there. We spoke with staff at several of the care homes, they told us that that they received good care and the practice was responsive to the residents' needs.
- We found that practice waiting areas were clean, furnished appropriately, and in good decorative order.
- The practice had several noticeboards assigned to different groups. These included carers, practice information, patient participation group information, services available to young people and separate board displaying services available to families.
- The practice held an annual flu clinic at the surgery. The practice invited local support and health organisations such as Age Concern and Dementia Friends. The practice engaged with the patient participation group to organise the event and took the opportunity to take undertake some health checks such as pulse and blood

pressure measurements so that patients could be identified if they were at risk of other healthcare conditions. This event had been held for the past five years.

### Access to the service

The practice reception was open between 8am to 6pm Tuesday to Friday, and until 9pm Mondays. GP appointments were available from 8.30am to 12 noon and 2.30pm to 5.40pm, Tuesday to Friday. On Mondays appointments were available until 9pm. Nurse appointments were available from 8.30am to 1pm and from 2pm to 5.30pm Monday to Friday. Urgent Care Cambridgeshire provides GP services out of hours. In addition to pre-bookable appointments urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed in comparison to local and national averages.

- 87% of patients were satisfied with the practice's opening hours compared to the local CCG and national averages of 76%.
- 66% of patients said they could get through easily to the practice by phone compared to the local CCG average of 75% and the national average of 73%.
- 88% of patients said that they 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%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However 23 of the 103 CQC comments cards completed by patients contained some negative comments on issues such as appointment availability and the telephone appointment system. The practice was aware of this and had introduced new systems and processes including online appointment booking and internet advice following feedback from patients and the Patient Participation Group (PPG). The practice carried out regular audits on the booking process to monitor effectiveness.

The practice was aware of the latest GP patient survey results and was looking at ways to improve patient satisfaction for phoning the practice. For example the practice had analysed feedback from patient surveys and

# Are services responsive to people's needs?

(for example, to feedback?)

the PPG and implemented changes to the ways that patients could book appointments, such as online booking and eConsult. Following the inspection the practice provided evidence showing that most patients encountered difficulties due to phoning the practice prior to the surgery opening time. The practice were monitoring the results of the improvements to the appointment system through a series of audit and planned to carry out another patient survey to see if the changes were effective.

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. For example, requests for home visits were triaged by the practice nurses for assessment to allow an informed decision to be made on prioritisation according to clinical need. The practice nurses were able to book urgent appointments with the duty doctor as well as themselves. 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. The practice had a dedicated phone line that could be used by local care homes and paramedics to contact the surgery in the event of an emergency.

The practice had introduced clinics whereby more than one long term condition could be treated. For example patients with more than one long term condition, such as diabetes and heart disease could have their annual reviews for both conditions undertaken at the same time rather than make two separate appointments.

## 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 was available online. The online resources also contained copies of the practice information leaflet and how to complain. There was also an option to complete a complaint form online. However, on the day of inspection we did not see notices informing patients how to complain in the practice building, although there were complaints leaflets available upon request at the reception area.

We looked at two complaints received in the last 12 months and found that these had been fully investigated and were dealt with in an empathic and timely way. Lessons were learnt from individual concerns and complaints. For example, the practice had changed the way that prescription requests were processed due to an incident whereby patient's prescriptions were not available. The practice identified that the task was raised but was being inadvertently completed before the task had been processed. The practice also carried out an annual audit of complaints in order to identify trends.

# 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's mission statement was work hard with their patients, carer's and other local providers of health and social care, to empower their registered population to live healthy and happy lives. Staff knew and understood the values of the mission statement.

### Governance arrangements

The practice had an overarching governance framework which mostly 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. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.
- Whilst practice specific policies were available to all staff not all of the specific policies were implemented by staff. For example, in the dispensary the policy for dispensing medicine stated that there should always be a secondary accuracy check, however on the day of inspection we did not see evidence of this taking place.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however some of these required improvement. For example, some of the protocols regarding controlled drugs in the dispensary were not adhered to.

### Leadership and culture

The partners had a variety of skills, knowledge and experience, however on the day of the inspection we found that there was scope for the practice leadership to be improved in areas surrounding medicine management. For

example, in the dispensary operating procedures were in place but staff did not always follow them. Staff told us the partners were visible, approachable, took the time to listen to them, and tried to make them feel part of the practice.

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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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 PPG held regular meetings at the surgery. These meetings were recorded and were attended by PPG members and practice staff including the practice manager whilst GPs attended when possible. We spoke with two members of the group, who were keen to promote the PPG and were proactive in supporting practice staff to achieve good outcomes for patients. They reported that the suggestions made by the PPG to



# Are services well-led?

Good 

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

improve the service were listened to and acted upon by the practice. For example, the PPG highlighted problems with the practice phone system and appointment system which the practice was reviewing and hoped to make improvements.

- The PPG provided assistance at the annual flu clinics provided by the practice and also assisted with practice patient surveys and friends and family tests. The PPG also liaised with the practice to develop education evenings for patients. They had arranged for speakers to come in and talk to patients and subjects included first aid, diabetes and dementia.
- The PPG undertook regular fund raising events such as cake sales in order to raise funds for practice equipment. For example funds raised by the PPG had helped to buy blood pressure machines and weighing scales.

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. The

practice carried out a comprehensive system of appraisal that encouraged peer review of performance. The practice encouraged staff to meet together for lunch where informal discussion regarding the practice could take place.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. We found that staff working at the practice were encouraged to develop their skills. For example, the practice also supported apprentices through their qualifications and two members of staff were encouraged to apply for their Foundation Nursing degrees. The practice pharmacist was undertaking their non-medical prescriber's course with support from the practice.

The practice offered a comprehensive training programme which was accessed by health and care staff working within Cambridgeshire. This included a full programme of practice nurse update training required on an annual, biannual and triennial basis. The programme included an audit system was in place to ensure that staff training was up to date, and further training opportunities were offered when required.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Patients were at risk of harm as standard operating procedures for the dispensing of medicine, including Controlled Drugs, were not followed.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	