

Rainbow Surgery

Quality Report

1 Stocking Fen Road, Huntingdon, Cambridgeshire
PE26 1SA

Tel: 01487710980

Website: www.rainbowsurgery.co.uk

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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 Rainbow Surgery on 13 September 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- The practice had systems in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not robust enough to ensure patients were kept safe. For example, risk assessments for access to the dispensary for those who are not involved in the dispensing process and the risks associated with the appropriate storage of medicines. There was scope to improve the process in place for undertaking and recording of stock checks of controlled drugs at the practice.
- 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. However, there was scope to improve the competence of staff who worked in the dispensary.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 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

Summary of findings

the same day. 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- The practice had set up stroke, dementia and Parkinson's support groups, an armchair exercise group and a men's weight reduction group. The men's weight reduction group had six members at the time of our inspection with a reported average of seven pounds in weight loss per member since December 2015. The practice provided these groups for the whole community in addition to their own patients.
- Families affected by alcohol abuse were also provided with on-going support and were referred to a service

initiated by the practice seven years ago and now available to all 27 practices in the area. We were told this work had won three national awards including the British Medical Journal Primary Care Team of the Year award 2011/12.

The provider must:

- Ensure that, where the administration of medicines is not covered by a valid Patient Group Direction, staff have authorisation from a prescriber for individual patients before administering medicines.
- Improve the arrangements for the safe storage of medicines including;
 - Making regular checks on Controlled Drugs stock in line with regulations.
 - Ensuring that medicines which require refrigeration are stored at temperatures between 2^o and 8^oC in line with manufacturers' recommendations.
 - Reviewing the arrangements for storing medicines so that they are accessible by authorised staff only.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and truthful information. 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 certain dispensary checks and processes. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer vaccines, but in addition to this the practice had developed their own PGD for vitamin B12 injections. This was not valid as it had not been authorised in line with legislation. Health care assistants were trained to administer vaccines and medicines, however there were no systems in place to ensure and record that the GP had authorised staff to administer medicines such as flu vaccines and vitamin B12 injections to patients.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary). Completed prescriptions were checked by a GP before they were handed to the patient. We saw that the competency assessments undertaken by the practice did not include the full range of competencies required such as the storage of pharmaceutical stock. For example, the fridge used in the dispensary area of the practice was a domestic fridge. Staff were not aware that the fridge needed to be maintained at a temperature between 2 and 8°C, and had not taken action when the temperature was consistently higher than this. This meant that the practice could not be assured that stock within the refrigerator remained safe or effective.
- The dispensary was an open plan area which staff needed to cross to access the staff kitchen. Some dispensing activities were carried

Requires improvement



Summary of findings

out in the kitchen. The practice had not carried out an assessment to identify risks to the security of the medicines or taken any measures to ensure that medicines were accessible only to those involved in the dispensing process.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) which were stored securely, but they did not have the required procedures in place to manage them safely, for example they did not make regular checks on stock levels.

Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for 2014-2015 were above local and national averages. For example, performance for diabetes related indicators was better than the local and national averages with the practice achieving 96%; this was 6 percentage points above both the local and national averages. The rate of exception reporting was in line with the local and national averages.
- Practice staff assessed patient's needs and delivered care in line with current evidence based guidance.
- Clinical audits were routinely used to encourage quality improvement. However, the practice needed to implement audits to monitor the quality of medical summaries and documentation filing into patient records.
- Practice 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.
- Practice staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Results from the national GP patient survey were above local and national averages and showed that patients had a positive experience when dealing with practice staff.
- 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.

Good



Summary of findings

- We saw practice staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice was nominated and shortlisted finalists in the Cambridgeshire “Pride in our Carers” Award 2016 for carer friendly healthcare.
- The practice scheduled a phone call to bereaved patients in the week of the first anniversary of their relative’s death, this included patients/families that had subsequently moved away from the area to provide further guidance and support. Families affected by alcohol abuse were also provided with on-going support.

Are services responsive to people’s needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered to host clinics to bring services closer to the patient, such as a Parkinson’s specialist nurse clinic, a weekly anti-coagulation clinic, an ultrasound clinic and diabetic eye screening clinic twice a month. In addition to this, bi-monthly aortic aneurysm screening was provided from the practice, this saved patients having to attend the community clinic or hospital.
- The practice worked closely with community midwives, health visitors, nursery nurses, diabetic specialist nurses, mental health link workers, chiropractors and foot care practitioners, and promoted provision of these services from the surgery premises where possible.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available 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.

- 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.

Good



Summary of findings

- 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.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. Regular reports were produced and shared with all the practice staff.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with the multi-disciplinary team, out-of-hours and the nursing team to ensure proactive palliative care planning.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were above local and national averages.
- The practice looked after patients living in local nursing homes. GPs undertook regular visits and visited patients as and when required.
- The practice provided rooms for many specialist consultations, this was to bring care closer to the patient's home and allow them to be seen in the practice. These included a weekly Parkinson's specialist nurse clinic, a weekly anti-coagulation clinic, and an ultrasound clinic and diabetic eye screening clinic twice a month. This saved patients having to attend the community clinic or hospital.
- The practice had administered flu vaccination to 90% of patients aged over 65 years old during the 2015 to 2016 flu vaccination clinics.

Good



People with long term conditions

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

- 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 the performance for diabetes related indicators was also better than

Good



Summary of findings

local and national averages with the practice achieving 96%; this was 6 percentage points above both the local and national averages. The rate of exception reporting was also in line with the local and national averages.

- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had set up stroke, dementia and Parkinson's support groups, an armchair exercise group and a men's weight reduction group. The men's weight group had six members at the time of our inspection with a reported average of seven pounds in weight loss per member since December 2015. The practice provided these groups for the whole community in addition to their own patients.
- The practice had administered flu vaccinations to 74% of patients on the practice at risk register during the 2015 to 2016 flu vaccination clinics.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in-line for all standard childhood immunisations. Childhood immunisation rates for the vaccinations given were comparable to local/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 69% to 98%, which was comparable to the CCG average of 52% to 96% and five year olds from 92% to 94%, which was comparable to the CCG average of 88% to 95%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 93%, which was above the local average and the national average of 82%. 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.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice 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 as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 62% of the target population, which was above the CCG average of 59% and the national average of 58%. The breast cancer screening rate for the past 36 months was 58% of the target population, which was below the CCG and the national average of 72%. Following the inspection the practice submitted data which had not been validated, but demonstrated the practice breast screening rates had improved.
- The practice supported a number of self help and support groups. The practice encouraged patients with high blood pressure and thyroid conditions to self-manage and patients submitted regular recordings of their results for the GPs to review. This saved patients having to attend for unnecessary appointments.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had identified 17 patients with a learning disability on the practice register, and all 17 patients had received a health check. The practice referred patients to various support services as required.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 34 of the 36 patients diagnosed with dementia on the practice dementia register had a care plan in place. 35 had their care reviewed in a face to face meeting in the last 12 months.
- 15 of the 20 patients identified on the practice mental health register had received a health check in the past twelve months with one patient excepted and four patients scheduled to be seen. The practice referred patients to various support services as required.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. 227 survey forms were distributed and 106 were returned. This represented a 47% response rate.

- 99% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 100% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients we spoke with during the inspection said they were satisfied with the care they received and thought staff were professional, kind, approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

Ensure that, where the administration of medicines is not covered by a valid Patient Group Direction, staff have authorisation from a prescriber for individual patients before administering medicines.

Improve the arrangements for the safe storage of medicines including;

- Making regular checks on Controlled Drugs stock in line with regulations.
- Ensuring that medicines which require refrigeration are stored at temperatures between 2° and 8°C in line with manufacturers' recommendations.
- Reviewing the arrangements for storing medicines so that they are accessible by authorised staff only.

Outstanding practice

- The practice had set up stroke, dementia and Parkinson's support groups, an armchair exercise group and a men's weight reduction group. The men's weight group had six members at the time of our inspection with a reported average of seven pounds in weight loss per member since December 2015. The practice provided these groups for the whole community in addition to their own patients.
- Families affected by alcohol abuse were also provided with on-going support and were referred to a service initiated by the practice seven years ago and now available to all 26 patients in the area. We were told this work had won three national awards including the British Medical Journal Primary Care Team of the Year award 2011/12.

Rainbow 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 second CQC inspector and a member of the CQC medicines team.

Background to Rainbow Surgery

Rainbow Surgery is semi-rural practice situated in Ramsey, Cambridgeshire and serves the population of Ramsey as well as some of its surrounding villages. The practice provides an on-site dispensing service for any of its patients living more than one mile away from a pharmacy / chemist.

The practice is run by two GP partners (one male and one female). The practice employs four regular male locum GPs, two practice nurses and two health care assistants/ receptionists as well as the practice manager, an information technology manager, medical secretaries and a team of reception /administration staff. The practice holds a General Medical Service (GMS) contract to provide GP services to a population of 4,633 patients, which is commissioned by NHS England. A GMS contract is a nationally negotiated contract to provide care to patients. In addition, the practice also offers a range of enhanced services commissioned by their local CCG: facilitating timely diagnosis and support for people with dementia and extended hours access.

According to Public Health England information, the practice age profile has higher percentages of patients from 0 to 19 years and 40 to 59 years compared to the practice average across England. It has lower percentages of patients aged 20 to 39 years and 75 years and over.

The practice is open between 8am and 6pm Monday to Friday. Extended hours appointments are offered from 7am to 8am Thursday mornings. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that need them. Where patients request an appointment on the day, contact details are transferred to the GPs. The patient is then contacted that morning and where required an appointment is allocated with the most appropriate clinician. Telephone consultations are available for patients that wish to use this service.

Out-of-hours care is provided via the NHS111 service. The practice has undergone a period of change in the past year. Previously a three GP partner practice. Following the relocation of one GP partner in spring 2016, the patient list at the practice was closed in September 2016 with permission from NHS England, due to high demand in the area and low doctor-patient ratio. The practice is part of a sustainability initiative from local CCG managers, to see how to support practices through GP recruitment issues.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 September 2016. During our visit we:

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

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

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 protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. The practice told us that only clinical staff acted as chaperone, that they 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. An infection control clinical lead had been appointed and they 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. Six monthly infection control audits were undertaken; we were told staff could take any issues identified to the partners meetings where GPs supported any required changes.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Medicines management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, and disposal). Improvements were required in the storage, security and administration of medicines.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer vaccines but in addition the practice had developed a PGD for vitamin B12 injections which was not valid as it had not been authorised in line with legislation. Health Care Assistants were trained to administer vaccines and medicines but there was no process in place to ensure that they had authorisation from a prescriber for individual patients before administering medicines such as flu vaccines and vitamin B12 injections.

Are services safe?

- There was a named GP responsible for the dispensary. Completed prescriptions were checked by a doctor before they were handed to the patient.
- We saw that the staff competency assessments undertaken by the practice did not cover all dispensary activities such as the storage of pharmaceutical stock. For example the dispensary refrigerator was a domestic model, and staff were not aware that it needed to be maintained at a temperature between 2°C and 8°C. They used a temperature recording chart which stated that the range should be 2°C to 10°C and had not taken action when the temperature was consistently higher than 8°C, which meant that they could not be assured that stock within the refrigerator remained safe or effective. Following our visit the practice told us that they intend to replace the refrigerator.
- Any medicines incidents or 'near misses' were recorded for learning and we saw minutes of meetings which showed that these were shared with staff for learning. Dispensary staff showed us a standard procedure which covered the dispensing process (these are written instructions about how to safely dispense medicines).
- The dispensary was an open plan area which staff needed to cross to access the staff kitchen. Some dispensing activities were carried out in the kitchen. The practice had not put measures in place to ensure that medicines were accessible only to those involved in the dispensing process
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) which were stored securely, but the Standard Operating Procedure did not include all the arrangements to manage them safely, for example they did not make regular checks on stock levels.

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 adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 99% of the total number of points available with 9% exception reporting. This was below both the clinical commissioning group (CCG) and national averages (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 2014/15 showed:

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression epilepsy, heart failure, hypertension, learning disabilities, mental health, osteoporosis, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack indicators were all better or in line with CCG and national averages with the practice achieving 100% across each indicator. The rate of exception reporting was in line with both the CCG and national averages.
- Performance for diabetes related indicators was also better or in line with the CCG and national averages with

the practice achieving 96%; this was 6 percentage points above both the CCG and national averages. The rate of exception reporting was also in line with the CCG and national averages.

There was evidence of quality improvement including clinical audit.

- We looked at four clinical audits undertaken in last two years; three of these were completed audits where the improvements made were implemented and monitored. These included completed audits on the usage of a contraception injection, patient death audits, the outcomes of minor surgery undertaken at the practice and the recording of patient's body weight at the time of their diabetic blood test. This had evidenced an improvement in patient record keeping and therefore better consultations for patients.
- The practice participated in local audits, peer review, national benchmarking and accreditation. For example the practice was below the CCG average for emergency admissions and total antibiotic prescribing. Where the practice identified they were performing less well compared to local averages, there was a programme of continuous review and re-audit to monitor these. The practice had a system of discussing and triaging referrals to hospital and provided expertise to the local Referral Support Service operating in their CCG, offering suggestions on 30% of referrals with the aim to improve quality of care and lower cost.
- Findings were used by the practice to improve services. For example, the practice had a pro-active approach to diagnosing Chronic Obstructive Pulmonary Disease (COPD) early and to ensuring the best use of inhalers and availability of supplies of rescue medicines for appropriate patients. The practice evidenced a low rate of emergency admissions for patients with COPD in the previous year. The cancer intelligence feedback sent to practice reported the practice urgent admissions or two week wait referral outcomes were above average meaning patients were effectively referred to secondary care.
- Information about patients' outcomes was used to make improvements. For example, the practice was leading on a screening project along with seven other practices to reduce diabetes. The practice had introduced software within the clinical system to find previously unidentified diabetic patients and to target

Are services effective?

(for example, treatment is effective)

healthy living advice to pre-diabetic patients. Along with the other local practices within the project, 15 new diabetic patients and 88 pre-diabetics had been identified.

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 such topics as 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 competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice had oversight and staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, 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. These were often virtual meetings where other health and social care professionals could not attend in person.

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, smoking and alcohol cessation. The practice strategies on prevention included in-house support to patients and the practice quit smoking rates were above local averages. Where relevant, patients were signposted to support services.
- The practice supported a number of self help and support groups. The practice encouraged patients with high blood pressure and thyroid conditions to self-manage and patients submitted regular recordings of their results for the GPs to review.

Are services effective?

(for example, treatment is effective)

- The practice had also set up stroke, dementia and Parkinson's support groups, an armchair exercise group and a men's weight reduction group. The men's weight group had six members at the time of our inspection with a reported average of seven pounds in weight loss per member since December 2015. The practice provided these groups for the whole community in addition to their own patients.

The practice's uptake for the cervical screening programme was 93%, which was above the CCG and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 62% of the target population, which was above the CCG average of 59% and the national average of 58%. The breast cancer screening rate for the past 36 months was 58% of the target population, which was below the CCG and national average of 72%. Following the inspection the practice submitted data which had not been validated, but demonstrated the practice breast screening rates had improved.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 69% to 98%, which was comparable to the CCG average of 52% to 96% and five year olds from 92% to 94%, which was comparable to the CCG average of 88% to 95%.

The practice had administered flu vaccinations to 90% of patients aged over 65 years old and 74% of patients on the practice at risk register during the 2015 to 2016 flu vaccination clinics.

The practice had identified 17 patients with a learning disability on the practice register; all 17 of these patients had received a health check. Of the 20 patients identified on the practice mental health register 15 had received a health check in the past twelve months with one patient excepted and four patients scheduled to be seen. The practice referred patients to various support services as required.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice had undertaken in excess of 397 of these checks over the last three years. Health checks were also offered to patients over 75 years and 147 of these had been completed to date in the past two years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the CCG average and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. The practice had a policy to call care homes before bank holiday weekends to pre-empt any potential health issues for their patients. We were told by the practice this had resulted in a very low emergency admission rate for these patients and a high proportion of patients dying in their preferred place of care.

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 in line with local and national averages. For example:

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

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 106 patients as carers (2.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice was nominated and shortlisted finalists in the Cambridgeshire "Pride in our Carers" award 2016 for carer friendly healthcare.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice also scheduled a phone call to the bereaved in the week of the first anniversary of the death, this included patients/families that had subsequently moved away from the area to provide further guidance and support.

Families affected by alcohol abuse were also provided with on-going support and were referred to a service initiated by the practice seven years ago and now available to all 27 practices in the area. We were told this work had won three national awards including the British Medical Journal Primary Care Team of the Year award 2011/12.

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 a 'Commuter's Clinic' on a Thursday morning from 7am to 8am for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice oversaw the care of patients in two nursing homes and a residential home.
- The practice provided a range of nurse-led services including minor illness clinics, dressings, phlebotomy services, immunisations, shingles, flu and pneumococcal vaccinations and family planning.
- There were disabled facilities, a hearing loop and translation services available. Some information was available in larger print for those patients who were visibly impaired and a member of staff was able to translate for patients who used sign language to communicate.
- The practice worked closely with community midwives, health visitors, nursery nurses, diabetic specialist nurses, mental health link workers, chiropractors, foot care practitioners, and promoted provision of these services from the surgery premises where possible.
- The practice provided rooms for many specialist consultations, this was to bring care closer to the patient's home and allow them to be seen in the practice. These included a weekly Parkinson's specialist nurse clinic, a weekly anti-coagulation clinic, an ultrasound clinic and diabetic eye screening clinic twice

a month. In addition to this, bi-monthly aortic aneurysm screening was provided from the practice, this saved patients having to attend the community clinic or hospital.

- The practice worked with an alcohol and drug support group, who attended the practice as required. The practice reported patients received support within three days of their initial request, with the practice reporting a 75% chance of success at one month, 60% chance at two months and a 30% success rate at 12 months.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Extended hours appointments were offered from 7am to 8am Thursday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Where patients requested an appointment on the day, contact details were transferred to the GPs. The patient was then contacted that morning and where required an appointment was allocated with the most appropriate clinician. Telephone consultations were available for patients that wished to use this service. The practice reported 30% of the total GP consultations were through telephone consultations.

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

- 89% of patients were satisfied with the practice's opening hours compared to the CCG and the national average of 76%.
- 99% 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 and all feedback received on comments cards mentioned that access to a GP appointment was good. 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.

The GPs also oversaw all requests for home visits. In cases where the urgency of need was so great that it would be

Are services responsive to people's needs?

(for example, to feedback?)

inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was scope to include information relating to complaints on the practice website.
- There was a designated responsible person who handled complaints in the practice.

- We saw that information was available to help patients understand the complaints system within the reception area.
- Patients were also invited to provide compliments when they had received good care. The practice also reviewed these to ensure if any wider learning could be applied.

We looked at the few complaints received by the practice in the previous two years and found these were dealt with in a satisfactory and timely way, and handled with an open and transparent approach. Lessons were learnt from complaints, including those made verbally and action was taken as a result to improve the quality of the service.

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 philosophy to deliver the service they would like to receive if they were patients.
- Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients through reviews and listening to staff and patients and had made changes accordingly.
- The practice business plan was under review following the departure of one partner and the difficulties in recruiting GPs to the area. The practice had identified that there were short falls in GP recruitment in the area and had taken steps to address this with NHS England by closing their list until further recruitment was successful, the practice were also in talks with other local practices to explore restructure and future development of existing services.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence. There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings.
- 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.

All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and was a combination of face to face meetings with 15 members and a virtual group with 160 members who were regularly consulted by the practice. The PPG carried out patient surveys and submitted proposals for improvements

Are services well-led?

Good 

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

to the practice management team. For example, following concerns raised by a patient to the PPG, the PPG raised funds and provided automatic doors at the main practice entrance to improve patient access to the building. The PPG members helped at the annual flu clinics which were held in the practice and provided refreshments. The PPG supported health fairs and educational meetings at the practice, providing patients with health information and signposting to support groups. The PPG were also members of a local congress of PPGs from over 25 local practices, the PPG chairperson attended these meetings and fed back information to the PPG members and practice team.

- The practice took part in the 'Friends and Family test' comments cards and prompted patients to state whether they were likely to recommend the practice to their own friends and family. Out of 311 responses, 96% of patients who provided a response between January 2015 to December 2015 stated that they were likely or extremely likely to recommend the practice in this way. Out of 342 responses, 93% of patients who provided a response between January 2016 to September 2016 stated that they were likely or extremely likely to recommend the practice in this way.

- The practice submitted regular articles to local newsletters and publications. These included practice news, health education and current NHS matters.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they enjoyed the non-hierarchical nature of the staff structure and would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

- Staff told us they felt involved and engaged to improve how the practice was run, with the majority of staff in place for the past 23 years and two recent retirements reaching over 12 years.

- The staff team were proud to tell us of the awards the practice team had been nominated for and received including being shortlisted for the carer friendly health care award in 2016.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes and bring services closer to patients in the area.

The practice management team told us that the whole practice team would continue to develop new models of care, including GPs continuing to take leads in clinical roles such as diabetes, mental health and gynaecology that would ensure they were in line with best practice and meet and enhance patient care. The practice was part of a sustainability initiative from CCG managers to see how to support practices through the predicaments of GP recruitment and was actively involved in the West Cambridge Federation and activity looked at ways of joint working to improve services for patients.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The registered person did not ensure the proper and safe management of medicines by failing to store medicines at the correct temperature and not making appropriate checks on Controlled Drugs.• They did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by failing to ensure that medicines were only accessible to authorised staff• They failed to ensure that nurses and healthcare assistants were properly authorised to administer medicines <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>