

West Cambs GP Federation CIC

Inspection report

Unit 6, The Incubator
The Boulevard, Enterprise Campus, Alconbury Weald
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2020
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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection July 2019 – Inadequate)

The key questions are rated as:

Are services safe? – Good Are services effective? – Good Are services caring? – Good Are services responsive? – Good Are services well-led? – Good

We carried out an announced comprehensive inspection at West Cambs Federation CIC on 2 March 2020. This inspection was to follow up on the breaches of regulations we found at the previous inspection, carried out in July 2019. At that inspection, we imposed urgent conditions on the provider's registration with breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

Details of the previous inspection and reports can be found by following the links for the provider at .

This service is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 and provides the following regulated activities:

- Diagnostic and screening
- Family planning
- Maternity and midwifery services
- Treatment of disease, disorder or injury
- Surgical procedures

A lead GP is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The lead GP is also the nominated individual. (A nominated individual is a person who is registered with the Care Quality Commission to supervise the management of the regulated activities and for ensuring the quality of the services provided).

As part of our inspection we asked for CQC comment cards to be offered to patients for completion, prior to our inspection visit. We received 135 comment cards, 131 all of which were wholly positive about the service. The cards reflected the kind and caring nature of staff, how informative staff were, and the positive effects of the treatment received. Four cards were mixed in their feedback, the negative comments were suggestions such as, better signage to front desk and the need for better heating at the weekend. Other forms of feedback, including patient surveys and patient we spoke with, were also consistently positive.

Our key findings were :

- Significant improvements had been made to the service since the last inspection. The senior management team told us and showed evidence to show they were committed to providing a high-quality service and had addressed the issues identified at the previous inspection.
- The management team and staff told us of their disappointment with the outcome of the last inspection. At this inspection we saw that strong leadership and cohesive team working had made significant improvements, that the team were proud to have achieved.
- West Cambs Federation CIC delivered Primary Care services from existing GP practice buildings and had a workforce of over 100 members, which consisted of clinical and clerical staff who generally worked in GP practices within Huntingdonshire and Fenland.
- Significant improvements had been made to the systems and processes and oversight for recruiting staff and ensuring staff had received training appropriate to their role.

Overall summary

- Risk assessments had been completed to assure the provider of the safety of the premises. We noted there needed to be some further review of the risk assessments from the information submitted by the hub practices, where patients were seen.
- Audit activity was used to support and drive changes within the service and monitor performance and changes made as a result of improvements identified. Governance systems and processes had been strengthened and implemented effectively.
- The culture within the service was positive and staff were fully committed to sustaining and further improving the required improvements within the service.

We saw an area of outstanding practice:

Following our previous inspection, the service recognised a significant lack of appropriate face to face training in the local area. To ensure their staff had received appropriate training they commissioned several training events. In addition to their staff attending they invited other primary care staff who worked in the local GP practices to attend. As a result of this initiative, 180 staff received training such as safeguarding children, safeguarding adults and mental capacity Act including Deprivation of Liberty Safeguards.

We did not identify any breaches of regulations, but areas where the provider **should** make improvements are:

- Review risk assessments submitted for oversight of the health and safety of the practice hubs to ensure they are fully reviewed. Where necessary the service should ensure actions are taken and risks mitigated.
- Continue to develop the systems and processes to ensure all staff receive appropriate reviews and development opportunities.

The urgent conditions imposed on the provider's registration have been removed. This service was placed in special measures in July 2019. I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector.

The team included a GP specialist adviser, a nurse specialist adviser and a second CQC Inspector.

Background to West Cambs GP Federation CIC

- The provider of this service is West Cambs Federation CIC.
- The registered location is Unit 6, The Incubator, The Boulevard, Enterprise Campus, Alconbury Weald, Huntingdon, PE28 4XA.
- The website address is: .
- West Cambs Federation CIC is an independent provider founded in 2015 and began providing routine GP services for improved access from September 2018. The service is open to 27 GP practices serving a population of approximately 200,000 patients.
- West Cambs Federation CIC has four sites where patients are seen, and these are located in the Huntingdonshire and Fenland area.
- **There is a West Cambs Federation Board (seven Directors including the CEO), a business and partnership manager, an interim clinical service lead and an interim medical director. The team also consists of a service manager, six shift supervisors, two administrators and a senior administrator. West Cambs Federation employs six advanced nurse practitioners, 19 practice nurses, 10 health care assistants and 23 receptionists. They also engage the services of 31 GPs and a further advanced nurse practitioner on a self-employed basis.**
- **The service is open between 6:30 pm and 8:30pm on weekdays and 8:30am and**

12:30pm on weekends. The service displays the opening times for the site on their website and in the patients' usual GP practice.

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During or prior to our visit we:

- Spoke with a range of staff from the service including the registered manager, senior management team, GPs, nurses, health care assistants and reception staff.
- Reviewed a sample of records.
- Reviewed comment cards where patients had shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

At the last inspection, we rated the provider as inadequate for providing safe services.

At this inspection, the practice demonstrated significant improvements and we have rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service had systems to safeguard children and vulnerable adults from abuse. All staff we spoke with were aware who the safeguarding lead was. The service had processes to ensure alerts were in place on the records of patients where there were safeguarding concerns or for those patients who were vulnerable.
- The service had significantly improved their oversight to ensure all recruitment checks were carried out at the time of recruitment and on an ongoing basis where appropriate. The service showed 100% of Disclosure and Barring Service (DBS) checks had been undertaken and recorded. The service policy was to renew checks for all staff three yearly.
- The service had implemented clear systems to ensure they had evidence to show all staff received up-to-date safeguarding and safety training appropriate to their role. Through their action plan they had identified there was a lack of face to face safeguarding training for both adults and children safeguarding training locally. The service commissioned appropriate courses and delivered training to all of their staff who required it. In addition to their staff attending they invited other primary care staff who worked in the local GP practices to attend. As a result of this initiative, 180 staff received safeguarding children and safeguarding adults training.
- All staff who acted as chaperones had received DBS checks and appropriate training.
- There was evidence to show the service had oversight of infection prevention and control. The service had improved their oversight of the premises from where they delivered their services. The service employed shift supervisors who undertook and recorded regular checks. Staff were encouraged to feedback any concerns they identified.

- The service ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems at service level to ensure healthcare waste was managed safely.
- The service had carried out or had clear oversight of appropriate environmental risk assessments which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

The service had systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system which involved an introduction to the premises where the staff member would be working.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- Emergency medicines were in place and safe to use. Those we checked were within their expiry date.
- The service had appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment.

Staff had the information they needed to deliver safe care and treatment to patients.

- At our last inspection we found the service did not have training, systems or processes in place to ensure clinicians accessed patients records appropriately. At this inspection, we saw they had implemented training, policies and monitoring systems to ensure consent was gained from patients and that a process had been implemented to ensure clinicians accessed patient records at the time of consultation.
- The service had conducted a range of audits and reviews of the new procedures and found some clinicians had seen a small number of patients without access to their full records. These records were subsequently reviewed by a lead GP to confirm that care and treatment had been delivered safely. We saw

Are services safe?

evidence to show feedback had been given to the staff members with a clear reminder that they should not see patients without access to their records except in an emergency.

- The service had improved their monitoring of care records and we saw these were written and managed in a way that kept patients safe.
- The service evidenced clear systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We saw that clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. They demonstrated effective systems to ensure the patient's own GP followed up any referrals necessary to ensure timely treatment within secondary care.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- There were systems and arrangements for the safe management of medicines, emergency medicines and equipment to keep staff and patients safe from harm.
- The service relied on the host practice to supply prescription stationery and had systems in place to record the stationery they had used.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service monitored prescribing to ensure staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had improved their safety record.

- There were risk assessments in relation to safety issues for patients and staff.
- The service monitored and reviewed activity to help it understand risks.
- The service had improved oversight of safety risk assessments that had been undertaken in the premises

they used. Service level agreements had been agreed with the hub practices to ensure risk assessments such as fire safety and infection and prevention and control were managed appropriately. The service had achieved this by a series of meetings and calls with the hub's practice manager to ensure all information was available.

- We noted the service needed to further improve their review of the information submitted to ensure all risks had been assessed and action taken to mitigate those risks.

Lessons learned, and improvements made

The service evidenced that they learnt and made improvements when things went wrong.

- The systems for reviewing and investigating when things went wrong had been improved and were monitored regularly. Staff we spoke with told us they were listened to and had been involved in implementing the improvements.
- There was a clear system for recording and acting on significant events. There was an open culture to reporting these. We saw the service had recorded 30 events since our last inspection. They had used their previous inspection report to revisit several events and shared these with the staff and member practices to encourage and sustain improvements.
- The service demonstrated they were fully aware of and complied with the requirements of the Duty of Candour.
- The provider encouraged a culture of openness and honesty. Staff were complimentary about the approach the management team had taken. The leaders from the service had used their experience and improvement plan to help other practices who wanted to engage with the learning process.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. We looked at three recent alerts and saw the service had reviewed the alert and where needed, taken action to mitigate any risks.

Are services effective?

At the last inspection, we rated the provider as inadequate for providing effective services because:

- The provider did not have systems to keep clinicians up to date with current evidence-based practice.
- The service did not always access the patient's full medical records and therefore, the immediate and ongoing needs of patients was not always fully assessed.
- Clinicians did not always have enough information to make or confirm a diagnosis.

At this inspection we have rated the service as good for providing effective services because these issues had been addressed.

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines where appropriate.
- Patients' immediate and ongoing needs were assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis. Where patient's consent to share their records had not been obtained and the reason was not deemed an emergency by clinical staff, the service did not conduct a consultation. The service had systems in place to monitor this, and where a clinician had conducted a consultation in a non-emergency setting without the full clinical record available, a lead GP reviewed the consultation and gave feedback to the clinician concerned.
- We saw no evidence of discrimination when making care and treatment decisions.

Effective staffing

The service had clear oversight to ensure the staff had the skills, knowledge and experience to carry out their roles.

- The service had clear oversight that all staff were appropriately qualified. The service had overcome significant challenges in gaining information from the staff that was evidenced by certificates. To overcome some of the challenge, the service commissioned and hosted training events and when necessary gave staff protected time to attend these.
- The service had an induction programme for all newly appointed staff.
- The service had checked and regularly reviewed to ensure all relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or Nursing and Midwifery Council and were up to date with revalidation.
- The service had a programme of appraisals for regular staff and were developing their programme for staff who worked on sessional basis. The service found this challenging as many staff who worked for them only worked a few hours each month. The service had clear oversight of the competency of staff.

Coordinating patient care and information sharing

The service was able to clearly evidence that staff worked together to deliver effective care and treatment.

- Before providing treatment, staff at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. We saw discharge letters sent to the patient's own GP practice and where referrals such as two week wait for suspected cancer had been made the service contacted the practice directly to ensure they had identified the referral.
- Patients were able to attend for cervical cancer screening; the results were sent back to the patient's own GP. The service reported to the patient's own GP that a screening test had been taken to ensure the practice checked a result was received. The service was investigating ways for the nurses to receive a copy of the result to add to their annual cervical screening audit and to use for their appraisal and re validation information.

Supporting patients to live healthier lives

Are services effective?

Staff told us they were proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service monitored the service performance in relation to proactive help given to patients. They reviewed each month the number of patient's height, weight and blood pressure that had been recorded during consultation sand associated advice given. For example, January 2020, 143 patients had data recorded in their records.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance .

- The service had significantly improved their training for staff, systems and processes for seeking patient's consent to the sharing of their medical records appropriately.
- The service had monitoring systems in place to ensure clinical staff accessed the patient's full medical records. Where staff did not always access the patient's full medical records, the service had acted.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

At our previous inspection we had rated the service as good for providing caring services. At this inspection we found the service had sustained this and is still rated as good.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. We received 135 comments cards and 131 were wholly positive, these highlighted caring staff. We received four comment cards with mixed feedback. They contain positive comments about the care and treatment they had received but had suggestions of improvement including better heating at a site during the weekend and additional signage.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that 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.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected respect patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

At our previous inspection we had rated the service as good for providing responsive services. At this inspection we found the service had sustained this and is still rated as good.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. The service provided evening and weekend appointments across Huntingdonshire and Fenland.
- They had four hub sites across the area where patients could see clinical staff such as GPs, advance nurse practitioners, nurses and healthcare assistants.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment,
- Waiting times, delays and cancellations were minimal and managed appropriately.

- The service offered routine care only, but staff we spoke with told us that if a patient with a deteriorating condition arrived at the service, they would prioritise their care and treatment.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff we spoke with told us they would deal with any negative feedback at the time and if a patient wished to complain further, they would email the managers.
- We saw the service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place.
- Since our last inspection, the service had received three complaints. Changes the service had made as a result of this feedback included, providing different chairs in the waiting room at one hub site, reminders to clinical staff about advice to give to patients in relation to a condition (Fibromyalgia). Following one complaint the service gave additional advice to clinicians regarding access to appropriate X-rays at a local hospital.

Are services well-led?

At our previous inspection we rated the service as inadequate for proving well led service because:

- The practice had failed to demonstrate they provided services in a safe and effective way. They had failed to meet all the legal requirements required.

At this inspection we have rated the service as good for proving well-led services because:

- We found the management team had worked cohesively with the staff to make significant improvements. They had met all the legal requirements and demonstrated a commitment to continue to further improve and sustain those improvements.

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders demonstrated they had the knowledge about issues and priorities relating to the quality and future of services. They had reviewed and strengthened their senior management structure and team. The team had recognised significant risks identified at our last inspection and had developed an action plan to address those risks.
- Staff told us leaders were visible and approachable. They had been involved in the action plan and making the improvements. They told us they had been listened to and some of the improvements had been made as a result of feedback they had given.
- The provider had implemented effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The service had a vision and strategy to deliver high quality care and promote good outcomes for patients. On the day of the inspection we found the service had a strategy embedded to support the delivery of safe care and treatment.

Culture

The service had a culture of high-quality sustainable care.

- Staff we spoke with felt respected, listen to, supported and valued.
- Leaders and managers had the systems and processes in place to show that they would recognise behaviour and performance inconsistent with the vision and values.
- The service demonstrated openness, honesty and transparency when responding to incidents and complaints.
- Staff told us they could raise concerns, felt confident to do so. A staff member we spoke with told us they had given some negative feedback about a new policy that had been proposed. The service listened and made changes that address the shortfall identified.
- The service had processes for providing all staff with the development they needed. The service was still developing these processes to meet the needs of all of the staff who only worked for the service a small number of shifts.
- The service demonstrated there was a strong emphasis on the safety and well-being of all staff. The service had employed shift supervisors to support staff and ensure systems and processes were being followed. Staff we spoke with were highly complimentary about this staff role and the benefits to them and the patients. For example, a staff member did not have access to a piece of equipment they required. The shift supervisor was able to obtain this in a timely way.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- There were defined structures, processes and systems to support good governance and the management responsibilities were clearly set out, understood and effective. These had been reviewed and changed since our last inspection.
- The service was actively recruiting a patient representative to be part of the West Cambs Federation Board.

Are services well-led?

- Leaders were clear about their roles and accountabilities. The management team had recognised where leadership and staff performance needed to be improved and had addressed the situation.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- The service had implemented effective processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service's processes to manage current and future performance had been improved. Performance of clinical staff was demonstrated through audit of their consultations, prescribing and referral decisions.
- The service routinely used clinical audit to identify and monitor quality improvements. For example, an audit programme had been established. Audits included; those relating to prescribing, safety alerts, provision of chaperones and clinical history taking. Improvements made as a result of audits included better coding of medical records.
- The service had plans for major incidents and staff we spoke with were aware of those plans.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.

- The service told us they used performance information which was reported to the Clinical Commissioning Group. This information showed they were providing appointments in line with their contract.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service regularly undertook visits to all of the hub sites and had held staff meetings to encourage and hear views and concerns from staff. Staff told us they had met with the leaders to review the poor findings of the last inspection. They told us they felt able to voice any concerns and ideas and reported they felt listened to.
- The service had a process of recording patient feedback via the family and friends test. This supported the inspection findings that patients were highly satisfied with the care and treatment given by the service and staff. Comments received from the feedback included; friendly, useful, convenient, excellent.
- The service had introduced a staff newsletter, this newsletter gave staff information such as team updates on new staff, clinical assurance updates, staff engagement events, and details of the staff survey being undertaken.
- The staff engagement events had been received positively and attendance had been high. These events had ensured morale and cohesive working was achieved. Staff we spoke with told us they valued the commitment of the leadership in arranging these.
- Results from the staff survey (41 responses) showed that on a scale of 1 to ten, how happy are staff working at West Cambs Federation (WCF) the average score was 8.51.

Continuous improvement and innovation

The service told us they had recognised the failings identified in our last report and had as a result developed

Are services well-led?

the knowledge and confidence to drive the improvement processes. They told us they had and will continue to respond and adapt to change, sustain improvements and bring new ideas to make a positive difference.

They had held discussions with other stakeholders and as a result of the positive turnaround were exploring areas where the service could further develop to support the wider health care system.