Dr J. L. Tweedale and Partners

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr J. L. Tweedale and Partners also known as Shelford Medical Practice on 25 February 2016.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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.
- 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

There were areas where the provider could make improvements and should

- Monitor the systems in place to ensure that the process for identifying carers is robust.

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?

Good

The practice is rated as good 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

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 manager had been an active member of the steering group for an association of GP practices.
- 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.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for the disabled and a hearing loop available.
- Translation services were available and the practice's web-site had an automatic translation facility which meant that patients who had difficulty understanding or speaking English could gain 'one-click' access to information about the practice and about NHS primary medical care.
- The new patient questionnaires included signposting to support services such as alcohol and drug addiction services.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as home blood pressure monitors, electrocardiogram tests, spirometry checks and phlebotomy.
- The practice offered a minor injuries including sports injuries service and a muskoskeletal clinic.
- The practice was equipped with a dermatoscope and was able to offer minor surgeries and joint injections.
- The practice offered the fitting and removal of long term contraceptive devices.In addition the practice encouraged chlamydia testing for the under 24 age group. Referrals were also made to a local outreach sexual health service. Emergency contraception was available at the practice.

Summary of findings

- The practice offered a range of on-line services which included; appointment bookings, prescription requests, Summary Care Records and on-line access to clinical records.
- The charity 'Cambridge Hearing Help' attended the practice monthly to support hearing impaired patients .

Are services well-led?

Good

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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus of supporting the future sustainability of primary care and continuous learning and improvement at all levels within the practice.
- The practice was a teaching and training practice for GP registrars and medical students from the University of Cambridge and was overseen by the GP School, Health Education East of England.
- The practice was an established research practice and took part in several clinical research projects. For example research into medicines such as those for gout, research into coughs and research into providing blood pressure results to patients by text message.

Summary of findings

- There was a strong focus on staff skill mix within the practice. For example one GP had undertaken a diploma in sports medicine, two GPs were medical training programme directors, one GP was a GP appraiser and the practice manager had a Master's degree in business administration.
- GPs had special interests in sports injuries muscoskeletal conditions, sigmoidoscopy and dermatology.
- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was active in discussing a merger with neighbouring practices and/or federating within a larger group of practices.
- The practice was in the process of reorganising resources and job roles within the practice. A business plan to oversee this restructure was in place with an estimated start date of the end of February 2016. This included a revised method of giving more time to patients with long-term conditions, co-morbidities and complex pharmaceutical needs.

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

Good

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 used the “Improving Outcomes for Older People” programme to increase responsiveness and ensure all requests for home visits were notified to the morning duty GP as soon as possible after they arrived at the practice.The duty GP then attempted to make a home visit before 11am.
- GPs provided telephone numbers and home visits for patients on palliative or end of life care at weekends and bank holidays.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management such as diabetes and respiratory diseases and patients at risk of hospital admission were identified as a priority.
- The practice achieved 100% across all QOF diabetes indicators for the year 2014 to 2015.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine 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 offered in-house diagnostics to support patients with long-term conditions, such as home blood pressure monitors, electrocardiogram tests, spirometry checks and phlebotomy. Other services available from the practice included district nursing, midwifery, health visitors, optometrists, chiropody and podiatry services and physiotherapy services. The practice offered a minor injuries including sports injuries service and a muscoskeletal clinic. Other services included a monthly community child health

clinic, a nurse led complex dressings service and a GP led sigmoidoscopy service. The practice was equipped with a dermatoscope and was able to offer minor surgeries and joint injections.
- The charity 'Cambridge Hearing Help' attended the practice monthly. This group provided support to patients who had a hearing impairment with the aim of enabling them to retain or recover their ability to communicate through better hearing and communication. It also supported family friends and members of the local community coming into daily contact with patients with hearing impairments.

Families, children and young people

Good

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 relatively high for all standard childhood immunisations.
- 80% of patients with asthma had received an asthma review in the preceding 12 months that included an assessment of their asthma control in comparison to the national average of 75%.
- 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 percentage of women aged 25-64 years whose notes record that a cervical screening test has been performed in the preceding 5 years was 81%, this was comparable to the national average of 82%.
- 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)

Good

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.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice used text reminders for patients who had provided their mobile telephone numbers to remind them of pre-booked appointment times.
- Patients were able to pre-book to see a practice nurse up to 6pm most week days and phlebotomy and health care assistant appointments were available from 8am daily. We were told appointments with GPs were often available up to 6pm each day and telephone appointments were available daily. However three of the four patients we spoke with were not aware of this service.
- The practice offered the fitting and removal of long term contraceptive devices. In addition the practice encouraged chlamydia testing for the under 24 age group. Referrals were also made to a local outreach sexual health service. Emergency contraception was available at the practice.
- The practice offered a range of on-line services, which included; appointment bookings, prescription requests, Summary Care Records and on-line access to clinical records.

People whose circumstances may make them vulnerable

Good

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.
- Of the 12 patients on the practice's learning disability register, eight had received a health check in the previous 12 months. Invitations had been sent to the remaining patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- The new patient questionnaires included signposting to support services such as alcohol and drug addiction services.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- 91% of patients experiencing poor mental health had a comprehensive, agreed care plan documented in their records in the previous 12 months. Which was above the national average of 88%.Mental health reviews were undertaken by both the GP and a specialist mental health lead practice nurse.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published January 2016 showed the practice were performing above local and national averages. 237 survey forms were distributed and 132 were returned. This represented a 56% completion rate.

- 92% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 92% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

We received 41 patient Care Quality Commission comment cards, 39 of these were positive about the service experienced. However two raised concerns about the availability of appointments and early morning telephone access. 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 two members of the patient participation group. 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.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. However two reported difficulty in getting an appointment and getting through to the surgery by telephone.

Areas for improvement

Action the service SHOULD take to improve

- Monitor the systems in place to ensure that the process for identifying carers is robust.

Dr J. L. Tweedale and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr J. L. Tweedale and Partners

Dr J. L. Tweedale and Partners provide General Medical Services to approximately 8,700 patients in Shelford, Cambridgeshire and the surrounding area. The surgery has been situated in a purpose built health centre since 1980 owned by NHS properties, with little room for development and a growing local population.

The practice provides treatment and consultation rooms on the ground floor with ramp access and automatic doors. Parking is available. The practice is an accredited eastern region clinical research network practice and an accredited teaching and training practice.

The practice has a team of nine GPs. Seven GPs are partners which means they hold managerial and financial responsibility for the practice. In addition to this, there is one salaried GP, and one GP retainer (the GP Retainer Scheme enables GPs with other commitments to undertake a limited amount of general practice to maintain their skills until returning to more substantive general practice in the future. Retainees may work up to four sessions a week in an educationally approved Retainer practice).

There is a team of three practice nurses and a health care assistant who run a variety of appointments for long term conditions, minor illness and family health.

There is a practice manager who is supported by an office manager. In addition there is a team of non-clinical administrative, secretarial and reception staff who share a range of roles, some of whom are employed on flexible working arrangements.

The practice is open between 8am and 6pm Monday to Friday. Appointments with nurses are from 8.30am to 12.20pm every morning and from 3pm to 4.20pm Mondays and 2.30pm to 4.20pm Tuesday to Friday. Appointments with GPs are from 9am to 11.30am and 3.30 pm to 5.30pm daily. The practice is closed between 1pm to 2 pm Wednesdays for staff training and meetings. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments are also available for people that need them. The practice uses text reminders for patients who have provided their mobile telephone numbers to remind patients of pre-booked appointment times. Patients are able to pre-book to see a practice nurse up to 6pm most week days and phlebotomy and health care assistant appointments are available from 8am daily. We were told that appointments with GPs are often available up to 6pm each day and telephone appointments are available daily.

The practice does not provide GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by Urgent Care Cambridge via the 111 service.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 February 2016. During our visit we:

- Spoke with a range of staff which included; GPs, practice nurses, the practice manager, the health care assistant, members of the reception/administration teams and spoke with patients who used the service.
- Spoke with two members of the patient participation group and four patients.
- Observed how patients were being cared for.
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support and a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained appropriately to manage safeguarding concerns.
- Medicines and healthcare regulatory agency (MHRA) alerts were disseminated to all appropriate staff and discussed at weekly meetings before being stored on the shared intranet folder. All other essential guidance and documents were kept on a shared intranet file which was available to all staff on all their computer desktops.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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 visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable the health care assistant to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed three 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.
- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Good

Are services safe?

- 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 skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff in the different teams were able to cover each other's roles and there were designated leads for clinical areas such as asthma, cancer and epilepsy as well as for general work areas, such as training, safeguarding and practice education.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' 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 people's needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

We saw that staff were open about asking for and providing colleagues with advice and support. GPs told us that they supported all staff to continually review and discuss new best practice guidelines. We saw that this also took place during clinical meetings and the minutes we reviewed confirmed this. We saw that where a clinician had concerns they would telephone or message another clinician to confirm their diagnosis, treatment plan or get a second opinion.

We found from our discussions with the GPs and nurses they completed thorough assessments of patients' needs in line with NICE guidelines. These were reviewed when appropriate.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97% of the total number of points available, with 7% exception reporting. (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 to 2015 showed;

- Performance for diabetes related indicators was better in comparison to the CCG and national average, with the practice achieving 92% across diabetes indicators; this was 2% above CCG average and 3% above national average.
- Performance for asthma, atrial fibrillation, cancer, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disability, mental health, osteoporosis, palliative care, rheumatoid arthritis and stroke and transient ischaemic heart disease indicators was better or in–line when compared to the CCG and national average with the practice achieving 100% across each indicators.

We looked at exception reporting rates for each of these indicators and with the exception of the dementia indicators the practice were generally in-line or below CCG or national averages. The practice exception reporting for dementia indicators was 13%; this was 2% above CCG averages and 4% above the national average. We discussed these figures with the practice, the practice had an ethos to not except patients from QOF, (where appropriate a practice may except a patient from a QOF indicator, for example, where patients decline to attend for a review, or where a medication cannot be prescribed due to a contraindication or side-effect), we were told where certain recommended treatments were not appropriate the practice would exception the patient from the indicator. However the practice continued to encourage attendance from these patients for health and medication reviews to ensure they were not overlooked.

- Performance for chronic kidney disease and peripheral arterial disease indicators were both in-line with CCG and national average. The practice achieved 91% for chronic kidney disease compared to the CCG average of 92% and national average of 95%. The practice achieved 83% for peripheral arterial disease compared to the CCG and national average of 96%. The practice reported a high proportion of patients in whom it had been demonstrated that it was not clinically appropriate to carry out further investigation & treatment. Review of performance for this current QOF year, where these indicators had also been refined, showed a higher achievement level.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to

Good

Are services effective?

(for example, treatment is effective)

improve care and treatment and patient outcomes. Clinical audits completed in the last two years included an audit of inhaler prescribing for patients with a respiratory disease to screen for overuse. Subsequent review of the audit results showed that clinicians ensured that potential overuse of inhalers was monitored carefully at medicine reviews.

Another audit looked at the introduction of screening for coeliac disease in patients being monitored for Thyroid disease in line with current NICE guidance. An audit was undertaken to identify all patients on the practice thyroid disease register and ensure they were offered a discussion on the potential risk of coeliac disease and appropriate blood tests. We saw a second cycle of this audit which demonstrated that there was an increase in the numbers of patients with thyroid disease being screened for coeliac disease. The practice had ensured that a system of reminders had been put in place for patients who had not yet been reviewed. A further cycle of the audit was planned for September 2016 to monitor progress. This highlighted that audits resulted in improvements in addition to appropriate monitoring to maintain the beneficial changes for patients.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

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. It covered such topics as safeguarding, complaints, consent, 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources such as travel vaccinationwebsites 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, equality and diversity, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff we spoke with said they had been provided with additional training they had shown an interest in. One GP partner provided team training sessions for staff at lunchtime meetings. Staff we spoke with told us these were very useful and informative.

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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

Good

Are services effective?

(for example, treatment is effective)

- 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 records audits.

Supporting patients to live healthier lives

The practice identified patients who might be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and sexual health advice. Patients were then signposted to the relevant service either internally (with a GP or nurse) or an external provider.

The practice's uptake for the cervical screening programme was 81% which was comparable to 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 they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for patients aged 60-69 years, screened for bowel cancer in last 30 months was 66%; this was above the CCG average of 59% and the national average of 58%. The practice uptake for female patients screened for breast cancer in the last 36 months at 72% was comparable to the CCG and national average of 72 %.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 97% and five year olds from 93% to 99%. Flu vaccination rates for the over 65s were 73%, and at risk groups 37%.

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

Good

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.

We received 41 patient Care Quality Commission comment cards, 39 of these were positive about the service experienced. However two raised concerns about the availability of appointments and early morning telephone access. 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 two members of the patient participation group. 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.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. However two reported difficulty in getting an appointment and getting through to the surgery by telephone.

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% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 88% said the GP gave them enough time (CCG and national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG and national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 96% said they found the receptionists at the practice helpful (CCG average 88%, national average 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 on the comment cards we received was also positive and aligned with these views.

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 above local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 94% said the last GP they saw was good at involving them in decisions about their care (CCG and national average 82%)
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG and national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 77 patients, 0.8% of

Good

Are services caring?

the practice list as carers. This was low in comparison to national averages. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. GPs described how they often provided telephone numbers for patients on palliative or end of life care. We were told that on one occasion where a patient or relative had been left at the local hospital without transport the practice had paid the taxi fare to ensure they arrived safely home.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice manager had been an active member of the steering group for an association of GP practices.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. The practice used the "Improving Outcomes for Older People" programme to refine responsiveness and ensure all requests for visits were notified to the morning duty GP as soon as possible after they arrived. The duty GP then attempted to make a home visit before 11am.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for people with disabilities and a hearing loop available.
- Translation services were available and the practice's web-site had an automatic translation facility which meant that patients who had difficulty understanding or speaking English could gain 'one-click' access to information about the practice and about NHS primary medical care.
- The new patient questionnaires included signposting to support services such as alcohol and drug addiction services.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as home blood pressure monitors, electrocardiogram tests, spirometry checks and in-house phlebotomy. Other services available from the practice included district nursing, midwifery, health visitors, optometrists, chiropody and podiatry services and physiotherapy services. The practice offered a minor injuries including sports injuries service and a muskoskeletal clinic. Other services included a monthly community child health clinic, a nurse led complex dressings service and a GP led sigmoidoscopy service.
- The practice was equipped with a dermatoscope and was able to offer minor surgeries and joint injections.
- The practice provided support for patients with type II diabetes who were initiating insulin therapy. This ensured the patient was supported through initiation therapy in a local and familiar environment.
- The practice's health care assistant was trained in weight management as well as general health checks and was able to offer patients healthy lifestyle advice and guidance and signpost them to support services such as weight management information.
- The practice offered the fitting and removal of long term contraceptive devices.In addition the practice encouraged chlamydia testing for the under 24 age group. Referrals were also made to a local outreach sexual health service. Emergency contraception was available at the practice.
- The practice offered a range of on-line services, which included; appointment bookings, prescription requests, Summary Care Records and on-line access to clinical records.
- The charity Cambridge Hearing Help attended the practice monthly. This group provided support to patients who have a hearing impairment with the aim to enable them to retain or recover their ability to communicate with their social group and the wider world through better hearing and communication. It also supported family friends and members of the local community coming into daily contact with hard of hearing patients.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments with nurses were from 8.30am to 12.20pm every morning and 3pm to 4.20 Mondays and 2.30pm to 4.20pm Tuesday to Friday. Appointments with GPs were from 9am to 11.30am and 3.30pm to 5.30pm daily. The practice was closed between 1pm to 2pm Wednesdays for staff training and meetings. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. The practice used

Good

Are services responsive to people's needs?

(for example, to feedback?)

text reminders for patients who had provided their mobile telephone numbers to remind patients of pre-booked appointment times. Patients were able to pre-book to see a practice nurse up to 6pm most week days and phlebotomy and health care assistant appointments were available from 8am daily. We were told appointments with GPs were often available up to 6pm each day and telephone appointments were available daily. However three of the four patients we spoke with were not aware of this service.

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.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 92% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 64% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

Not all the patients we spoke with told us that they were able to get appointments when they needed them. The practice manager and GP told us that following the results of GP surveys and patient feedback, the appointment system was undergoing a daily review to assess appointment demand. As a result the practice were in the process of restructuring the appointment system and had visited other GP surgeries to assess the systems used. The practice was also in the process of reviewing clinics for patients with long term conditions and were revising the system to ensure patients with long-term conditions, co-morbidities and complex pharmaceutical needs received the time required with the clinician. In addition the practice had increased the number of GP partners with the practice and therefore the number of GP appointments available.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns, but there was scope to improve this. A complaints policy and procedure had been shared with staff. There was a designated responsible person who handled the complaints in the practice.

We noted that the complaints procedure did not direct complainants to other bodies such as the parliamentary ombudsman or NHS England. However during the inspection the practice manager confirmed this would be included in future.

Information to help patients understand the complaints system was displayed at the reception desk. Patients could make a complaint in writing or verbally. Patients we spoke with were generally unaware of the process to follow if they wished to make a complaint, although they told us that they would feel confident to report any concerns should they arise. Generally, patients we spoke with had not had any cause for complaint. We noted that verbal complaints had been recorded in order to identify any learning needs and trends. We looked at twenty complaints recorded in the last 12 months and saw that these had been dealt with in a timely manner and learning outcomes had been cascaded to staff within the practice where appropriate.

A summary of each complaint included, details of the investigation, the person responsible for the investigation, whether or not the complaint was upheld, and the actions and responses made. We saw that complaints had all been thoroughly investigated and the patient had been communicated with throughout the process. We saw that there was a quarterly review of complaints to identify trends and themes. Staff were alerted to learning outcomes and changes through meeting agendas which were circulated to all members of staff.

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 equitable, high quality, safe and caring primary health care to its patient population. The practice aimed to be responsive to change, capable of innovation and creativity, and to listen and respond to the practices patients' needs whilst maintaining traditional family doctor values.

- The practice had a mission statement to 'treat others as you would be treated yourself' and staff knew and understood these values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values of the practice and these were regularly monitored.

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 which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice regularly completed an annual information governance tool to ensure it managed patients' information in line with legal requirements and actioned any areas where improvements were identified.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 in doing so and felt supported if they did. We noted team away days were held every three months.
- 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. For example the health care assistant was supported through a national vocational qualification to ensure they were developing the skills required to undertake their role.

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) meetings, through virtual PPG members and through patient surveys. In addition the practice analysed patient compliments and complaints received, registrar patient

Are services well-led?

Good

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

satisfaction questionnaires, feedback forms and practice website suggestions and comments. There was an active PPG which met regularly. We spoke with the chair of the PPG and another member of the group, both were passionate about the practice and proactive in supporting the practice to achieve good outcomes for patients.

- The practice collated feedback from patients from the 'NHS Friends and Family' test, which asked patients, 'Would you recommend this service to friends and family?' The friends and family feedback form was accessible in the waiting room for patients to complete and could also be completed via the practice's web site. Results showed that 92% of respondents would recommend the practice.
- The practice manager wrote monthly news articles for five village newsletters.
- The practice's equipment fund was established from donations from patients and their relatives. The items purchased from this fund were for the benefit of patients and had been used to provide equipment such as two defibrillators and children's play equipment for the waiting room.
- The practice also gathered feedback from staff through practice meetings, appraisals and discussions.Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a strong focus of supporting the future sustainability of primary care and continuous learning and improvement at all levels within the practice. The practice was a teaching and training practice for GP registrars and medical students from the University of Cambridge and was overseen by the GP School, Health Education East of England. The practice showed us evidence of well-planned inductions for trainees which took account of their personal circumstances. In addition the practice were an established research practice and took part in several clinical research projects. For example research into medications such as those for gout, research into coughs and research into blood pressure results by text message.

There was a strong focus on staff skill mix within the practice. For example one GP had undertaken a diploma in sports medicine, two GPs had completed a certificate of medical education and another GP had achieved a Master's degree in medical education. Two GPs were training programme directors, one GP was a GP appraiser and the practice manager had a Master's degree in business administration. GPs had special interests in sports injuries, muskoskeletal conditions, sigmoidoscopy and dermatology. Six GPs had undertaken the Diploma of the Royal College of Obstetricians and Gynaecologists, four had completed the Membership of the Royal College of General Practitioners and two had been awarded the Fellowship of the Royal College of General Practitioners.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was active in discussing a merger with neighbouring practices and/or federating within a larger group of practices. One area of improvement the practice had identified from this collaborative working would be the provision of a system of extended opening times and services close to patient' homes for both routine and urgent consultations. In addition the practice had been in discussions with a nursing home due to open in the local area, to outline potential service requirements.

The practice was in the process of reorganising resources and job roles within the practice. A business plan to oversee this restructure was in place with an estimated start date of the end of February 2016. This included a revised method of giving more time to patients with long-term conditions, co-morbidities and complex pharmaceutical needs.