

George Clare Surgery

Quality Report

Swan Drive
Chatteris
Cambridgeshire
PE16 6EX
Tel: 01354 695888
Website: www.georgeclaresurgery.nhs.uk

Date of inspection visit: 15 November 2016
Date of publication: 06/01/2017

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to George Clare Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at George Clare Surgery on 15 November 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was generally positive. Patients said they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice in line with local and national averages for most aspects of care.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they sometimes found it difficult to get an appointment at a time convenient for them. The practice had identified that this was an area to be improved upon and proactively sought patient feedback to gain a better understanding of the issue.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt well supported by management. Monthly whole team meetings were held to ensure effective communication throughout the practice.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had identified a high proportion of obesity within the patient population compared to the

Summary of findings

local and national averages. We were told that lifestyle issues created an increased prevalence of diabetes. As a consequence of this the practice had commenced weekly diabetes specific multidisciplinary team meetings, which were attended by practice nurses, healthcare assistants, specialist community diabetic liaison nurses and the local diabetologist. The practice had seen an increasing improvement in patient involvement and attendance to health reviews.

The areas where the provider should make improvements are :

- Ensure that patient feedback continues to be monitored to identify further areas for improvement.
- Improve the recording of minutes of clinical meetings to evidence learning from discussion.
- Monitor near-miss dispensing errors to detect trends and ensure appropriate actions are taken to minimise the chance of similar errors occurring again.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as 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 things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and the practice participated in research which demonstrated improved outcomes for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice in line with local and national averages for most aspects of care.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- The practice was proactive in identifying patients with caring responsibilities. The practice had identified 211 patients as carers (2% of the practice list). There was a notice board in the practice which was specifically aimed at identifying carers and providing advice, information and support to them.
- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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, two GPs at the practice had been involved in the procurement of the local older people's service.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, the practice manager was involved with the Cambridgeshire and Peterborough CCG. Furthermore, practice nurses were involved in national training for diabetes care.
- 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.

Summary of findings

- 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 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 virtual patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good



The practice is rated as good for the care of older people.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. All home visits were triaged by a clinician to prioritise visits and ensure appropriate and timely intervention.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- Clinical staff provided regular home visits to patients living in the three care homes covered by the practice. Each home had a named doctor to ensure continuity of care. We received positive feedback about the practice from the local care homes.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.

People with long term conditions

Good



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

- Both GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 97%, which was above the local and national average of 90%. Exception reporting for diabetes related indicators was 13%, which was in line with the local average of 13% and national average of 11% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The practice had identified a high proportion of obesity within the patient population compared to the local and national averages. We were told this was a local issue which created an increased prevalence of diabetes. As a consequence of this the practice had commenced weekly diabetes specific

Summary of findings

multidisciplinary team meetings, which were attended by practice nurses, healthcare assistants, specialist community diabetic liaison nurses and the local diabetologist. The practice had seen an increasing improvement in patient involvement and attendance to health reviews.

- Patients taking disease-modifying antirheumatic drugs (DMARDs) were regularly monitored by an in house rheumatology specialist nurse, ensuring optimum medication safety for these patients.
- Longer appointments and home visits were available when needed.
- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. There was a robust recall system in place to ensure that patients were invited and attended annual reviews.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- 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 high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 84%, which was in line with the local and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a full range of contraception services and chlamydia screening.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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 where possible.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available between 6.30pm and 8pm on Mondays and Thursdays.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. The practice was able to refer patients to a health trainer to encourage lifestyle changes.
- The practice offered many NHS services in house, reducing the need for outpatient referral and therefore improving patient convenience.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice had 43 patients on the learning disabilities register. Last year 37 out of the invited 43 patients had received a care review. The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, and held regular multidisciplinary team meetings.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice was engaged with the local carers support group, which provided guidance, support and respite for carers. Written information was available to direct carers to the various avenues of support available to them.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 88% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was above the local and national average of 84%.
- 97% of patients experiencing poor mental health had a comprehensive care plan, which was above the local average of 87% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.
- The practice had provided training on dementia awareness and the Mental Capacity Act 2005 to all members of staff to ensure that mental health and psychological wellbeing was considered at every contact.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing below local and national averages in some areas. 229 survey forms were distributed and 117 were returned. This represented a 51% completion rate.

- 54% found it easy to get through to this surgery by phone compared to a local average of 75% and a national average of 73%.
- 81% said that the last appointment they got was convenient (local average 94%, national average 92%).
- 72% were able to get an appointment to see or speak to someone the last time they tried (local average 87%, national average 85%).
- 83% described the overall experience of their GP surgery as fairly good or very good (local average 86%, national average 85%).

- 68% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection, however we did not receive any completed comment cards to review.

We spoke with nine patients during the inspection. All nine patients said the care they received was 'excellent', and that staff were kind, friendly, caring and approachable. Patients told us that the clinical staff at the practice were thorough in their approach and gave them adequate time to discuss their concerns.

George Clare Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector, a GP specialist adviser and a practice manager specialist adviser. The inspection was observed by a GP working for the CQC.

Background to George Clare Surgery

George Clare Surgery is a purpose built practice situated in Chatteris, Cambridgeshire. The practice provides services for approximately 12,375 patients. It holds a General Medical Services contract with Cambridgeshire and Peterborough Clinical Commissioning Group.

We reviewed the most recent data available to us from Public Health England which showed that the practice population is similar to the national average. Income deprivation affecting children is 9%, which is lower than the CCG average of 13% and national average of 20%. Male and female life expectancy at the practice is 79 years for males and 83 years for females. This is in line with local life expectancy which is 80 years and 84 years and the national life expectancy which is 79 years and 83 years respectively.

The practice clinical team consists of ten GPs (two male and eight female), a nurse practitioner, six practice nurses and four healthcare assistants. The practice is a training practice for GP registrars and Foundation Year 2 doctors (a GP registrar is a qualified doctor who is training to become a GP. The foundation programme is a two year training programme for doctors who have just graduated from

medical school). They are supported by a practice manager, an IT manager and teams of reception, secretarial administration teams. The practice is licensed to dispense medicines and employs two dispensers.

George Clare Surgery is open from Monday to Friday. It offers appointments from 8.30am to 12.30pm and 1.30pm to 6.30pm daily. In addition to this, extended hours appointments are available between 6.30pm and 8pm on Mondays and Thursdays. Out of hours care is provided via the NHS 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 November 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were discussed at monthly significant event meetings, where outcomes were reviewed and put into practice.

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS) and minutes of meetings where these were discussed. There was a lead member of staff responsible for cascading patient safety alerts, such as those from the MHRA.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child safeguarding level three.

- Notices in the clinical, consultation and waiting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result of audit. There were hand washing signs next to all sinks and alcohol hand gel was available for use. There was a sharps injury policy and procedure available. Clinical waste was stored and disposed of in line with guidance.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Medicines management

There were clear operating procedures in place for the dispensary that accurately reflected practice. We saw a positive culture in the dispensary for reporting and learning from medicine incidents and errors. Dispensed errors were logged and then reviewed. However, we noted that the practice did not keep records of near-miss dispensing errors to monitor trends and ensure appropriate actions were taken to minimise the chance of similar errors occurring again.

All repeat prescriptions were signed before the medicines were given to patients. Dispensary staff could identify when a medicine review was due and explained that they would

Are services safe?

alert the relevant GP before issuing the prescription if the review was out of date. There was a comprehensive programme of medicine audits at the practice and there were systems in place to ensure people received the appropriate monitoring required with high risk medicines. We carried out data searches and found that patients taking high risk medications were receiving reviews in line with prescribing guidance. Patients taking disease-modifying antirheumatic drugs (DMARDs) were regularly monitored by an in house rheumatology specialist nurse, ensuring optimum medication safety for these patients.

All dispensary staff had received appropriate training and held qualifications in line with the requirements of the Dispensary Services Quality Scheme (DSQS), a national scheme that rewards practices for providing high quality services to patients of their dispensary. Dispensary staff had annual appraisals leading to production of development plans as well as annual competency checks.

The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage requirements because of their potential for misuse) and had in place suitable arrangements for the storage, recording and destruction of CDs. For example, access to the CD cupboard was restricted and keys held securely, and there were appropriate arrangements in place for the destruction and recording of both patient returned and out of date CDs. Dispensary staff told us they understood how to investigate a CD discrepancy and were aware of how to contact the regional CD accountable officer.

Medicines were stored securely in the dispensary and access was restricted to relevant staff. Dispensary staff checked stock to ensure medicines were within their expiry date on a monthly basis. All of the medicines we checked were within their expiry date. Staff checked the temperatures in the dispensary fridges daily which ensured medicines were stored at the appropriate temperature. Dispensary staff knew what to do in the event of a fridge failure.

Blank prescription forms were held securely on arrival in the practice and records were held of the serial numbers of the forms received. Staff had a process for tracking prescription stationery through the surgery.

The nurse practitioner had qualified as an independent prescriber and could therefore prescribe medicines for

specific clinical conditions. They received appropriate mentoring and supervision for this role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific direction from a GP.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 100% of the total number of points available, which was above the local average of 96% and the national average of 95%. The exception reporting rate for the practice was 12%, which was in line with than the local average of 11% and the national average of 10% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed;

- Performance for diabetes related indicators was 97%, which was above the local and national average of 90%. Exception reporting for diabetes related indicators was 13%, which was in line with the local average of 13% and the national average of 11%.
- Performance for heart failure related indicators was 100%, which was above the local average of 97% and the national average of 98%. Exception reporting for these indicators was 3%, which was lower than the local average of 11% and the national average of 9%.

- Performance for mental health related indicators was 100%, which was above the local average of 94% and the national average of 93%. Exception reporting for these indicators was 7%, which was lower than the local average of 13% and the national average of 11%.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. Clinical audits had been completed in the last year, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken a two cycle audit of antibiotic prescribing for patients presenting with a sore throat. This had resulted in a decrease in antibiotic prescribing for this complaint.

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

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, extra training was provided for staff who reviewed patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Are services effective?

(for example, treatment is effective)

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis to discuss patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life

care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol consumption, and smoking cessation. Patients were signposted to the relevant service.

The practice had identified a high proportion of obesity within the patient population compared to the local and national averages. We were told this was a local issue which created an increased prevalence of diabetes. As a consequence of this the practice had commenced weekly diabetes specific multidisciplinary team meetings, which were attended by practice nurses, healthcare assistants, specialist community diabetic liaison nurses and the local diabetologist. The practice had seen an increasing improvement in patient involvement and attendance to health reviews.

The practice's uptake for the cervical screening programme was 84%, which was above the local and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 76% of the target population, which was above the CCG average of 74% and the national average of 72%. The bowel cancer screening rate for the past 30 months was 55% of the target population, which was slightly below the CCG average of 59% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were above CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2015/2016 ranged from 83% to 98%, which was above the CCG average of 70% to 95% and the national average of 73% to 95%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 89% to 99%, which was above with the CCG average of 88% to 95% and the national average of 81% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.

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

Results from the National GP Patient Survey published in January 2016 showed patient satisfaction scores were lower than local and national averages in some areas, however, feedback about nursing staff was very positive. For example:

- 80% of patients said the GP was good at listening to them compared to the local and national average of 89%.
- 78% of patients said the GP gave them enough time compared to the local average of 86% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the local and national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local and national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local and national average of 91%.
- 99% of patients said the nurse gave them enough time compared to the local average of 93% and the national average of 92%.

- 87% of patients said they found the receptionists at the practice helpful compared to the local average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey published in July 2016 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were variable. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the local average of 87% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local and national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local and national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 211 patients as carers (2% of the practice list). The practice was engaged

Are services caring?

with the local carers support group, which provided support, guidance and respite to carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, two GPs at the practice had been involved in the procurement of the local older people's service.

- Extended hours appointments were available between 6.30pm and 8pm on Mondays and Thursdays.
- The practice had 43 patients on the learning disabilities register. Last year 37 out of the 43 patients had received a care review. The practice offered longer appointments for patients with a learning disability.
- There were longer appointments available for patients who required one.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were displays providing information on cancer warning signs.
- The practice provided a range of nurse-led services such as management of asthma, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, doppler services, spirometry checks, blood taking, health screening, minor injuries and minor surgery.
- The practice offered an acupuncture service to patients.

- Many community services held clinics at the practice, such as ultrasound scanning, drug and alcohol support services, smoking cessation, diabetic specialist nursing, mental health outreach services, preschool eye screening and Macmillan nursing care.
- The practice identified and visited the isolated, frail and housebound regularly. Chronic disease management was provided for vulnerable patients at home and the practice was active in developing care plans and admission avoidance strategies for frail and vulnerable patients.

Access to the service

The practice offered open access appointments from 8.30am to 12.30pm and pre-bookable appointments from 1.30pm to 6.30pm daily. In addition to this, extended hours appointments were available between 6.30pm and 8pm on Mondays and Thursdays. Out of hours care was provided via the NHS 111 service.

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

- 65% of patients were satisfied with the practice's opening hours compared to the local and national average of 76%.
- 54% of patients said they could get through easily to the practice by phone compared to the local average of 75% and the national average of 73%.

The practice were aware of these results, and were proactively working to resolve the issues reported by patients. The practice had implemented a new open access appointment system as a result of patient feedback. The practice were planning to review this system throughout the year, and proactively sought patient feedback on the topic.

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

Listening and learning from concerns and complaints

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

Are services responsive to people's needs? (for example, to feedback?)

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

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. Complaints were shared with staff to encourage learning and development.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to provide 'a personal approach, excellent continuity of care, flexibility of appointments and a wide range of services', by delivering the 'best medical care possible to the practice population'. The practice had an effective strategy and supporting business plans, which reflected the vision and values and were reviewed annually by the partners.

There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed. Staff at the practice were engaged with local healthcare services and worked within the wider health community.

Governance arrangements

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

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

Communication across the practice was structured around clinical meetings. Multidisciplinary team (MDT) meetings were regular, with diabetes and respiratory meetings held weekly and general MDT meetings held monthly. Whole team clinical governance meetings were held monthly. However, records of these meetings needed to contain more detail and action points so that improvement could be monitored. We were told that many issues were dealt with informally which meant there were few records to demonstrate the action taken or to help monitor progress with actions.

There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

There was a clear leadership structure in place and staff felt supported by management. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the team also held social events, such as a Christmas party. Staff were involved in discussions about how to run and develop the practice, and the partners and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. An annual patient survey was undertaken and supported by the Patient Participation Group (PPG). Completed actions from the previous survey included new décor throughout the practice and background music in the waiting area.

The PPG had recently moved into a virtual format with over 40 active members. We spoke with two members of the PPG who spoke extremely highly of the practice team. The PPG represented the practice at the Isle of Ely Patient Forum and the Fenland Health and Wellbeing Group. The PPG had been actively involved in gathering feedback relating to changes in the appointment system and were keen to promote this to patients.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice. The practice was in the process of installing a bike rack following suggestions from staff.

Are services well-led?

Good 

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

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice took part in NHS supported research

studies and they also trained medical students and doctors who were training to become GPs. In addition to this, the practice offered apprenticeship courses in administration and healthcare roles.