Bottisham Medical Practice

Quality Report

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Date of inspection visit: 25 January 2016
Date of publication: 12/04/2016

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?	Outstanding
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 Bottisham Medical Practice on 25 January 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 report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example referrals were made to a local outreach sexual health service, in addition a GP and the practice manager attended the local college and provided information and signposting for students at the college.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- The practice had developed an easy read pre-health review document for patients who have a learning disability. This used words and pictures in an easy read format to help patients with a learning disability to better understand and respond to questions about their health, illness, lifestyle and treatments. This ensured GPs had the basic and necessary information about the patient and their symptoms prior to their health review. The practice had identified 16 patients on the practice list with a learning disability. Face to face annual reviews were undertaken by GPs and a practice nurse.
- The practice provided support to one nursing home with 156 beds and one residential home with 56 beds. This included support for 10 patients, formerly from a secondary care establishment with complex neurological requirements. The practice had developed an emergency visit request pro forma for residential and nursing homes which ensured GPs had the basic and necessary information about the patient and their symptoms from the staff prior to a home visit. This included specific patient details, the reason for the requested visit and the time the concerns were first raised and by whom. This ensured the GP had all the information relating to the patient's condition should the member of the staff go off duty and could then provide timely, accurate and bespoke care and treatment when required.
- The chairman of the Patient Participation Group (PPG) was a volunteer Health Walk team leader and led the practice Health Walking Group which met fortnightly under the umbrella of the County Council's Walking for Health. With patients consent, GPs could refer patients to the group to promote activity and well-being. Some members of the group regularly joined the walking group however there was scope for patients to join the walks on an ad hoc basis.
- The practice worked with the PPG to increase links with the teenage patients. The practice had recently added a teenager page to its website which provided links to the NHS Choices live well pages for teenagers. The practice manager was working with the information technology students at the local secondary school, to review the teenager pages on the practice website with the intention to make these pages more appealing for this group of patients. This work was on-going, however the practice anticipated this would enable and encourage teenage patients to access services that would meet their needs.
- The practice worked with the local secondary school to review the annual personal, social, health and economic (PHSE) student survey, completed by students aged 16 -18 to assess where there may be gaps in the provision of care. The previous year's PHSE survey highlighted a high incidence of self-harm amongst teenagers. The practice worked to refer such patients to support services. However, the practice had noted that local services were limited due to a lack of resources within the local mental health trust. One GP partner was the practice and local commissioning group lead for mental health, and we were told was in the process of developing appropriate mental health services for the locality.

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, and 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 in line 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 published July 2015 showed patients rated the practice higher than others for several aspects of care For example 96% said the GP was good at listening to them compared to the CCG and national average of 89%. 98% said the GP gave them enough time (CCG and national average 87%). 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).98% said the last GP they spoke to was good at treating them with care and concern (CCG and national average 85%).

Summary of findings

97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 82%, national average 91%). 91% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

- 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.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding 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.
- The practice held monthly meetings to discuss vulnerable or at risk children where the school nurse, health visitor and nursery nurse were invited. Minutes from these meetings were shared as appropriate and patient records were updated. We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice worked with the local secondary school to review the annual personal, social, health and economic (PHSE) student survey, completed by students aged 16 – 18 years to assess where they may be gaps in the provision of care. The previous year's PHSE survey highlighted a high incidence of self-harm amongst teenagers. The practice worked to refer such patients to support services. However, the practice had noted that local services were limited due to a lack of resources within the local mental health trust. One GP partner was the practice and local commissioning group lead for mental health, and we were told was in the process of developing appropriate mental health services for the locality.
- The practice offered the fitting and removal of long term contraception. 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. In addition the practice took part in the C Card system which provided free condoms to patients between the ages of 13 -24.

Summary of findings

- The practice worked with the PPG to increase links with the teenage patients. The practice had recently added a teenager page to its website which provided links to the NHS Choices live well pages for teenagers.
- A GP and the practice manager attended the local secondary school during a sexual health awareness week and provided information and signposting for students at the school. In addition to this, the practice manager was working with the information technology students at the school, to review the pages aimed at teenagers on the practice website, with the intention to make these pages more appealing for this group of patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities, and was well equipped to treat patients and meet their needs.
- The practice had developed an easy read pre-health review document for patients who have a learning disability. This used words and pictures in an easy read format to help patients with a learning disability to better understand and respond to questions about their health, illness, lifestyle and treatments. This ensured GPs had the basic and necessary information about the patient and their symptoms prior to their health review. The practice had identified 16 patients on the practice list with a learning disability. Face to face annual reviews were undertaken by GPs and a practice nurse.
- 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?

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.
- High standards were promoted and owned by all practice staff, teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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
- There was a high level of constructive engagement with staff and a high level of patient and staff satisfaction. The practice gathered feedback from patients using a number of external agencies, and it had an active patient participation group (PPG) which influenced practice development.
- 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 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 engaged regularly with a local hospital geriatrician. Patients' care records were reviewed annually and where required, six monthly.
- GPs undertook twice weekly 'ward round' visits to local nursing homes.
- GPs and dispensing staff delivered medication to patients in their own homes when unable to attend the practice.
- The East of England Ambulance coordinator met with the practice team to review patients shared care plans. In addition the practice liaised with social services and GPs arranged joint home visits to patients where support was required.
- The practice had developed an emergency visit request pro forma for care and nursing homes which ensured GPs had the basic and necessary information about the patient and their symptoms from the care staff prior to a home visit. This included specific patient details, the reason for the requested visit and the time the concerns were first raised and by whom. This ensured the GP had all the information relating to the patient's condition should the member of the care staff go off duty.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice undertook quarterly virtual case review meetings diabetic patients. This was organised by the CamHealth local commissioning group to aid best practice. A practice nurse had

undertaken a foundation course in diabetic care, and assisted the GP lead in the CamHealth community diabetes service. The practice GP lead for diabetes worked with other practices in the support of patients with Type I and Type II diabetes.

- The lead GP for respiratory conditions worked with GPs and clinical staff to manage patients' conditions. Additionally, another GP provided patient information evenings for patients with asthma who used maintenance therapy single inhalers.
- The practice performance for 2014/2015 QOF for chronic obstructive pulmonary disease epilepsy, heart failure and palliative care were all above or in line with CCG and national average with the practice achieving 100% across each indicator.
- The nurse prescriber provided spirometry and asthma reviews and worked closely with the GPs to highlight any concerning results. In addition to this, the practice had a process in place where they would contact any patient following an admission to hospital for an asthma exacerbation or contact with the out of hours service as a result of an asthma exacerbation.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as 24 hour ambulatory blood pressure machines, electrocardiogram tests and ankle brachial index tests to read the severity of peripheral arterial disease.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, the practice engaged with care pathways such as the psychology service and the respiratory service to further support patients with long term conditions.
- The charity Campaign for Tackling Acquired Deafness 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.
- Longer appointments and home visits were available when needed.
- The practice provided support to one nursing home with 156 beds and one residential home with 56 beds. This included support for 10 patients, formerly from a secondary care establishment with complex neurological requirements. The practice had developed an emergency visit request pro forma for residential and nursing homes which ensured GPs had the

basic and necessary information about the patient and their symptoms from the staff prior to a home visit. This included specific patient details, the reason for the requested visit and the time the concerns were first raised and by whom. This ensured the GP had all the information relating to the patient's condition should the member of the staff go off duty and could then provide timely, accurate and bespoke care and treatment when required.

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.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice liaised with the community school nurse who was based at the practice; we were told this strengthened the collaborative working between the practice and community teams.
- The health visitor and nursery nurses were based at the children's centre in the village and worked with the practice. We saw the practice was active in advertising the children centre events.
- The practice held monthly meetings to discuss vulnerable or at risk children where the school nurse, health visitor and nursery nurse were invited. Minutes from these meetings were shared as appropriate and patient records were updated.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice worked with the local secondary school to review the annual personal, social, health and economic (PHSE) student survey, completed by students aged 16 – 18 years to assess where they may be gaps in the provision of care. The previous year's PHSE survey highlighted a high incidence of self-harm amongst teenagers. The practice worked to refer such patients to support services. However, the practice had noted that local services were limited due to a lack of resources within

the local mental health trust. One GP partner was the practice and local commissioning group lead for mental health, and we were told was in the process of developing appropriate mental health services for the locality.
- The practice offered the fitting and removal of long term contraception.
- 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. In addition the practice took part in the C Card system which provided free condoms to patients between the ages of 13 -24.
- The practice worked with the PPG to increase links with the teenage patients. The practice had recently added a teenager page to its website which provided links to the NHS Choices live well pages for teenagers.
- A GP and the practice manager attended the local secondary school during a sexual health awareness week and provided information and signposting for students at the school.
- In addition to this, the practice manager was working with the information technology students at the local secondary school, to review the pages aimed at teenagers on the practice website, with the intention to make these pages more appealing for this group of patients.

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.
- 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.
- Contraception and minor surgery clinics were held on an ad hoc basis. Patients were contacted for an appointment to the clinics when enough patients were available to fill the appointments.
- The practice's uptake for the cervical screening programme was 82% which was comparable to the national average of 82%.
- The practice hosted annual talks or guest speakers at the PPG annual general meeting (AGM).At the previous AGM, the topic of

discussion was the Mediterranean diet. There were plans in place for a talk by the Alzheimer's Society. In addition to this, the practice hosted Saturday health education sessions organised by the PPG and run by the British Heart Foundation. We were told these sessions were well attended by the local community.

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. The practice had identified 16 patients with a learning disability on the practice register; annual reviews for these patients were planned for February 2016. The practice QOF achievement for the 2014/2015 learning disability indicators were 100%.
- 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.
- A GP lead on the provision of care for patients with a learning disability. We were told housebound patients were visited to undertake regular health checks.
- There were systems in place to identify and follow up patients whose circumstances may make them vulnerable, for example those who had a high number of A&E attendances or out of hours contacts were flagged up to the GPs and were included on the weekly practice meeting's agenda for discussion and to ensure the patient was followed up by their usual GP.
- The practice had developed an easy read pre-health review document for patients who have a learning disability. This used words and pictures in an easy read format to help patients with a learning disability to better understand and respond to questions about their health, illness, lifestyle and treatments. This ensured GPs had the basic and necessary information about the patient and their symptoms prior to their health review.

Summary of findings

People experiencing poor mental health (including people with dementia)

Outstanding

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

- 96% of patients experiencing poor mental health had a comprehensive, agreed care plan documented in their record, in the preceding 12 months which is above the national average of 86%.
- 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.
- The practice worked collaboratively with community mental health services. The practice had noted that local services were limited due to a lack of resource within the local mental health trust. A GP partner was the practice and local commissioning group lead for mental health, and we were told he was developing appropriate mental health services for the locality.
- GPs had weekly agreed telephone consultation time with the locality psychiatrist to discuss care and treatment pathways.
- The practice worked with and hosted a counsellor who attended the practice weekly. Patients were able to contact the counsellor directly without requiring a referral from a GP.
- The practice provided intensive support in the care and management of a group of patients who had been in long term hospital care for chronic enduring mental illness and who now resided in a nursing home. We saw evidence of detailed care plans and systematic reviews of their health needs. The care provided by the support unit was dependent on the care and expertise provided by the GPs at Bottisham Medical Practice through regular discussion with the staff at the support unit and review of care and treatment plans. There was a regular discussion by telephone with the local Consultant Psychiatrist which enabled the practice to manage this group in a primary care setting.

Summary of findings

- The practice worked with the local secondary school to review the annual personal, social, health and economic (PHSE) student survey, completed by students aged 16 -18 to assess where there may be gaps in the provision of care. The previous year's PHSE survey highlighted a high incidence of self-harm amongst teenagers. The practice worked to refer such patients to support services. However, the practice had noted that local services were limited due to a lack of resources within the local mental health trust. One GP partner was the practice and local commissioning group lead for mental health, and we were told was in the process of developing appropriate mental health services for the locality.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2015. The results showed the practice was performing above local and national averages. 233 survey forms were distributed and 130 were returned. This represented 2% of the practice's patient list.

- 94% found it easy to get through to this surgery by phone, compared to a CCG average of 75% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 93% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 93% 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%).

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were very positive about the standard of care received. However, two expressed concerns which included appointment times and seeing a GP of choice. One card went on to comment that appointment times had improved over the last 18 months. Staff including nurses and GPs received specific praise for their professionalism, kindness, support and care. Patients reported that they felt listened to and involved in decisions about their treatment and were treated with compassion.

These findings were also reflected during our conversations with patients during our inspection. We spoke with seven patients during our inspection. The feedback from patients was extremely positive. Patients told us about the ability to speak or see a GP on the day and where necessary get an appointment when it was convenient for them with the GP of their choice. We were given clear examples of effective communication between the practice and other services. Patients told us they felt the staff respected their privacy and dignity and the GPs, nursing, reception and the management teams were all very approachable and supportive. Patients felt confident in their care and liked the continuity of care they received at the practice. The patients told us they felt their treatment was professional and effective and they were very happy with the service provided.

We also spoke with members of the PPG who told us they could not fault the care they had received. We spoke with visiting health care professionals who reiterated and confirmed patient feedback.

Outstanding practice

- The practice had developed an easy read pre-health review document for patients who have a learning disability. This used words and pictures in an easy read format to help patients with a learning disability to better understand and respond to questions about their health, illness, lifestyle and treatments. This ensured GPs had the basic and necessary information about the patient and their symptoms prior to their health review. The practice had identified 16 patients on the practice list with a learning disability. Face to face annual reviews were undertaken by GPs and a practice nurse.
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the patient's condition should the member of the staff go off duty and could then provide timely, accurate and bespoke care and treatment when required.

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Bottisham Medical Practice

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 and a practice manager specialist adviser.

Background to Bottisham Medical Practice

Bottisham Medical Practice provides General Medical Services to approximately 5,828 patients. The practice area comprises the town of Bottisham and the surrounding villages. The surgery is situated in a purpose built health centre and has a dispensary. Compared to other towns in Cambridgeshire, Bottisham has a high proportion of over 85 year old patients, and patients with complex needs at local nursing and residential homes.

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

The practice has a team of six GPs (one currently on maternity leave), a GP registrar and a GP returner. In addition to this, there are two associated GPs and two fixed term contract GPs covering maternity leave. Four GPs are partners, meaning they hold managerial and financial responsibility for the practice. There is a team of practice nurses, which includes two nurse prescribers, one practice nurse and one health care assistant / phlebotomist 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, a dispensary manager and a practice administrator. In addition there is a team of dispensers and non-clinical administrative, secretarial and reception staff who share a range of roles, some of whom are employed on flexible working arrangements.

The practice provides a range of clinics and services, which are detailed in this report, and operates generally between the hours of 8.30am and 6pm Monday to Friday. Appointment times are from 9am to 11.30am and 3pm to 5.10pm daily with GPs. Nurse appointments are from 9am to 11.50am and 2pm to 5pm daily. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are also available for people that need them.

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.

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.

Detailed findings

How we carried out this inspection

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

During our visit we:

- Spoke with a range of staff which included GPs, the advanced nurse practitioner, practice nurses, the practice manager, health care assistants, members of the dispensing and reception/administration teams, visiting health care professionals and spoke with patients who used the service.
- Spoke with members of the patient participation group.
- Spoke with staff from a local care home.
- Spoke with visiting health professionals.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

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. For example, medicines and healthcare regulatory agency (MHRA) alerts were disseminated to all appropriate staff and discussed at the next weekly meeting 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.

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 an information board available for all staff with clear guidance on safeguarding procedures and contact information. 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 to Safeguarding level 3. We saw that safeguarding issues were discussed and minuted at weekly practice meetings; learning was shared at the time of the meeting and cascaded to all staff. Those staff unable to attend the meetings received copies of the minutes. We saw that a review of the proposed learning and actions from the issues were added to the practice diary to ensure any actions agreed were completed and to review their effectiveness.
- 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 clean and tidy. The nurse practitioner 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.
- We checked how medicines were ordered, stored and handled at the practice. Medicines were stored securely, in a clean and tidy manner and were only accessible to authorised staff. Medicines were purchased from approved suppliers and all medicines were within their expiry date and fit for use.
- Expired and unwanted medicines were disposed of in line with waste regulations and confidential waste was appropriately handled. Systems were in place to action any medicine recalls. We saw that medicines requiring cold storage were kept in refrigerators which were maintained at the required temperatures and staff knew what to do in the event of failure.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice staff and controlled drugs were stored securely and only authorised staff could access them.There were arrangements in place for the destruction of controlled drugs.

Good

Are services safe?

- Dispensing staff ensured that repeat prescriptions were signed before medicines were handed to patients. Safe systems of dispensing were in operation. Dispensing staff were responsible for handing out prescriptions to patients and followed a safe system of working and had an area available for use if they needed to speak to someone in confidence. Dispensary staff were keeping a log book of dispensing errors and near misses, which was regularly reviewed and we saw evidence that actions had been implemented when necessary.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Members of staff involved in the dispensing process had received appropriate training and received annual appraisals and competency checks. There was a tracking system in place in the dispensary to ensure that if members of the dispensing team had alerted the GPs about a medicines issue that this was followed through and completed, and we saw good communication between the dispensing team and the GPs regarding the handling of repeated requests for medication and monitoring compliance. We also saw that the dispensary team informed patients in a timely manner if they were unable to get a medicine and would co-ordinate with the GPs to supply a substitution if appropriate.
- 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.

- 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). The practice had recently been awarded the certificate of achievement for commitment to workplace health, safety and welfare by a business consultancy company.
- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date 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 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 peoples' needs.
- 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The GPs told us they lead in specialist clinical areas such as diabetes and the practice nurses supported this work, which allowed the practice to focus on specific conditions.
- 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 90% of the total number of points available, with 6% 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 2014/2015 showed;

- Performance for diabetes related indicators was below average when compared to the CCG and national averages. The practice achieved 77% in comparison to the CCG average of 90% and the national average of 89%.
- Performance for chronic kidney disease, depression, hypertension, peripheral arterial disease and rheumatoid arthritis, were also below average when compared to the CCG and national averages. With the practice achieving 79.3% for chronic kidney disease, this was 12.6 percentage points below CCG average and 15.5 percentage points below national average. 64.7% for depression indicators, this was 25.9 percentage points below CCG average and 27.6 percentage points below national average. 96% for hypertension indicators, this was 2 percentage points below CCG average and 1.7 percentage points below national averages. 92.7% for peripheral arterial disease indicators, this was 3.6 percentage points below CCG average and 4 percentage points below national average. 85% for rheumatoid arthritis indicators, this was 9.3 percentage points below CCG average and 10.2 percentage points below 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 this was also reflective of the large elderly practice population where certain recommended treatments were not appropriate. However, the practice continued to encourage attendance from these patients for health and medication reviews to ensure they were not overlooked.

- Performance for asthma indicators was above CCG and national averages, with the practice achieving 98% compared to the CCG average of 98% and the national average of 97%.
- Performance for mental health indicators was also above CCG and national averages with the practice achieving 96% compared to the CCG average of 92% and the national average of 92%.
- Other indicators such as atrial fibrillation, cancer, chronic obstructive pulmonary disease, dementia, epilepsy, heart failure, learning disability and palliative

Good

Are services effective?

(for example, treatment is effective)

care were all above or in line with CCG and national average with the practice achieving 100% across each indicator with exception reporting for each indicator generally in line with CCG averages.

Clinical audits demonstrated quality improvement.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. A number of QOF based clinical audits had been undertaken in the last two years. These were completed audits where the improvements made were implemented and monitored. We also saw examples of full cycle audits that had led to improvements in prescribing.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Following a review of administration and management systems the practice had introduced processes for dealing with suspected urinary tract infections, yearly planning of specialist clinics and automatic updating of the clinical diaries, all of which we saw had continued to improve service delivery to patients.

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 topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Reviews were carried out to ensure staff were competent and had completed the induction programme successfully.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff, for example, 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 and discussion at practice meetings.
- The learning needs of staff were identified through a system of staff performance reviews (previously known as 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 had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, information governance awareness, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. 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. In addition to this, the practice liaised with the locality MDT coordinator who organised monthly local meetings of GPs, district nurses, palliative care nurses and administrative staff. We saw minutes of meetings where teams had discussed future care requirements for patients with complex needs. Staff we spoke with told us this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

GPs undertook pro-active twice weekly 'ward rounds' at local nursing and residential homes. Furthermore, the practice supported the care and management of complex neurological patients who resided in a local support unit. We saw that the care provided by the support unit was dependent on the care and expertise provided by the GPs at Bottisham Medical practice through regular discussion with the staff at the support unit and review of care and treatment plans.

Good

Are services effective?

(for example, treatment is effective)

The practice also held regular meetings with nursing home teams and worked with them to create efficient working processes to support patient care. Additionally, the practice worked with both the nursing and residential homes and through an agreement dispensed urgent medicines and end of life medicine to support patient care. The practice also worked with the CCG medicines management team and together undertook regular medicine and oral nutrition reviews for patients at the nursing and residential homes. There was a dedicated telephone line for the nursing and residential homes and other healthcare professionals to access the practice which bypassed the main telephone system.

The local district nursing team were based at the practice which we were told strengthened the collaborative working across the teams.

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 records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82% 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 and 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.

Childhood immunisation rates for the vaccinations given were above CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 100% and five year olds from 86% to 98%.

Flu vaccination rates for the over 65s were 74%, and at risk groups 47 %. These were comparable to national averages.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice website provided links to a wide variety of supportive information and links to health websites such as NHS Choices and care charities. There were a number of notice boards in the waiting room area including a community notice board, a carer's notices board and a patient participation group board. In addition to these there were topical and seasonal health promotion boards and generic community/health boards promoting self-help and self-care.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous, discreet 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.
- We saw that the reception and waiting rooms were quite open; however we observed that staff were careful not to mention patient's names or details, conversations with patients at the reception and dispensary desks were discreet and respectful. 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 26 comment cards which were mostly positive about the standard of care received. Two cards expressed concerns which included appointment times and seeing a GP of choice, however one card went on to comment that appointment times had improved over the last 18 months. 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 PPG. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2015 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%.
- 98% said the GP gave them enough time (CCG and national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 98% said the last GP they spoke to was good at treating them with care and concern (CCG and national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 82%, national average 91%).
- 91% 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 Friends and Family Test showed that 98% of patients were extremely likely or likely to recommend the practice.

Results from the National GP Patient Survey published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 92% 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%.
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG and national average 82%).
- 91% 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, this included access to British sign language services which provided hands on signing for those patients with limited

vision and hearing and visual frame signing which may be used for patients who have lost peripheral vision. In addition to this, three of the practice GPs were fluent in Flemish, Dutch and Polish.

We saw notices in the reception areas and practice website informing patients this service was available.

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 87 patients on the practice list as carers. There was a carers notice board in the reception area with written information and leaflets available to direct carers to the various avenues of support available to them.

Parents of newly delivered babies received a congratulations card from the practice and information on post natal care and childhood immunisations.

Staff told us that if families had experienced 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.

Outstanding ☆

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, local mental health services were limited due to a lack of resources within the local mental health trust. A GP partner was the practice and local commissioning group lead for mental health, and he was developing appropriate mental health services for the locality.

- 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/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available. In addition to this, three GPs were fluent in Flemish, Dutch and Polish.
- The practice worked closely with multidisciplinary teams to improve the quality of service provided to vulnerable and palliative care patients. Meetings were minuted and audited and data was referred to the local CCG.
- The practice worked closely with the medicines management team towards a prescribing incentive scheme (a scheme to support practices in the safe reduction of prescribing costs).
- Online appointment booking, prescription ordering and access to basic medical records were available for patients.
- Chlamydia test kits were available at the practice.
- Emergency contraception was available at the practice. In addition the practice took part in the C Card system which provided free condoms to patients between the ages of 13 -24.
- The practice worked closely with community midwives, mental health link workers, substance abuse and alcohol support workers and diabetic specialist nurses and promoted provision of these services from the surgery premises where possible.
- The practice liaised monthly with local health visitors and school nurses to check the list of 'at risk' patients and to ensure the health visitors were aware of children who had not attended for childhood immunisations and children who had been included on the child protection register or who were vulnerable to abuse.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice engaged regularly with a local hospital geriatrician, patient's care records were reviewed annually and where required, six monthly.
- GPs undertook twice weekly 'ward round' visits to local nursing homes. 78% of patients in these homes were on the practice dementia register.
- GPs and dispensing staff delivered medication to patients in their own homes when unable to attend the practice.
- The East of England Ambulance coordinator met with the practice team to review patients shared care plans. In addition the practice liaised with social services and GPs arranged joint home visits to patients where support was required.
- The practice provided support to one nursing home with 156 beds and one residential home with 56 beds. This included support for 10 patients, formerly from a secondary care establishment with complex neurological requirements. The practice had developed an emergency visit request pro forma for residential and nursing homes which ensured GPs had the basic and necessary information about the patient and their symptoms from the staff prior to a home visit. This included specific patient details, the reason for the requested visit and the time the concerns were first raised and by whom. This ensured the GP had all the information relating to the patient's condition should the member of the staff go off duty and could then provide timely, accurate and bespoke care and treatment when required.
- The practice undertook quarterly virtual case review meetings for all its diabetic patients organised by the CamHealth local commissioning group as part of a community diabetic enhanced service to aid best practice. A practice nurse had undertaken a foundation

course in diabetic care and assisted the GP lead in the CamHealth community diabetes service. The practice GP lead for diabetes worked with other practices in the support of patients with Type I and Type II diabetes.

- The lead GP for respiratory conditions worked with GPs and clinical staff to manage patient's conditions. Furthermore, another GP provided patient information evenings for patients with asthma who used maintenance therapy single inhalers.
- The nurse prescriber provided spirometry and asthma reviews and worked closely with the GPs to highlight any concerning results. In addition to this, the practice had a process in place where they would contact any patient following an admission to hospital for an asthma exacerbation or contact with the out of hours service as a result of an asthma exacerbation.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as 24 hour ambulatory blood pressure machines, electrocardiogram tests and ankle brachial index tests to read the severity of peripheral arterial disease.
- Patients with long term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, the practice engaged with care pathways such as the psychology service and the respiratory service to further support patients with long term conditions.
- The charity Campaign for Tackling Acquired Deafness attended the practice monthly to provide information and support to patients with reduced hearing.
- The practice liaised with the community school nurse who was based at the practice; we were told this strengthened the collaborative working between the practice and community teams. The health visitor and nursery nurses were based at the children's centre in the village and worked with the practice. We saw the practice was active in advertising the children centre events. The practice held monthly meetings to discuss vulnerable or at risk children where the school nurse, health visitor and nursery nurse were invited. Minutes from these meetings were shared as appropriate and patient records were updated. We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice worked with the local college to review the annual personal, social, health and economic (PHSE) student survey, completed by students aged 16 -18 to assess where there may be gaps in the provision of care. The previous year's PHSE survey highlighted a high incidence of self-harm amongst teenagers. The practice worked to refer these patients to support services. However, the practice had noted that local services were limited due to a lack of resources within the local mental health trust. One GP partner was the practice and local commissioning group lead for mental health, and we were told was in the process of developing appropriate mental health services for the locality
- The practice had a system in place to follow up patients who had attended accident and emergency or out of hours services.
- The practice worked with and hosted a counsellor who attended the practice weekly. Patients were able to contact the counsellor directly without requiring a referral from a GP. GPs had weekly agreed telephone consultation time with the locality psychiatrist to discuss care and treatment pathways.
- The practice had developed an easy read pre-health review document for patients who had a learning disability. This used words and pictures in an easy read format to help patients with a learning disability to better understand and respond to questions about their health, illness, lifestyle and treatments. This ensured GPs had the basic and necessary information about the patient and their symptoms prior to their health review.
- The practice provided intensive support in the care and management of a group of patients who had been in long term hospital care for chronic enduring mental illness and who now resided in a nursing home. We saw evidence of detailed care plans and systematic reviews of their health needs. The care provided by the support unit was dependent on the care and expertise provided by the GPs at Bottisham Medical Practice through regular discussion with the staff at the support unit and

review of care and treatment plans. There was a regular discussion by telephone with the local Consultant Psychiatrist which enabled the practice to manage this group in a primary care setting.

- The practice offered the fitting and removal of long term contraception. 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 took part in the C Card system which provided free condoms to patients between the ages of 13 -24.
- The practice worked with the PPG to increase links with the teenage patients. The practice had recently added a teenager page to its website which provided links to the NHS Choices live well pages for teenagers. A GP and the practice manager attended the local secondary school during a sexual health awareness week and provided information and signposting for students at the school. In addition the practice manager was working with the information technology students at the school, to review the teenager pages on the practice website with the intention to make these pages more appealing for this group of patients.
- The PPG chair was a volunteer Health Walk team leader and led the practice Health Walking Group which met fortnightly under the umbrella of the County Council's Walking for Health. With patients consent, GPs could refer them to the group to promote activity and well-being.

Access to the service

The practice was open and appointment times were between 8.30am to 6pm Monday to Friday. Appointment times were variable, but generally were from 9am to 11.30am and 3pm to 5.10pm daily with GPs. Nurses appointments were from 9am to 11.50am and 2pm to 5pm daily. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 90% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 78% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

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.

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.

Patients we spoke with had not had any cause for complaint. We looked at four 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.

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 patients with personal health care of high quality and to seek continuous improvement of the health practice population.

- The practice had a robust strategy and described its plans for developing the practice for the future which took into account the needs of the various patient demographics, local building developments and the potential growth of the patient population.
- There was a clearly demonstrated ethos of openness, transparency and culture of learning and development in the practice, positively encouraged by the leadership.
- Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients.

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, staff were aware of their roles and responsibilities. This included designated lead roles for staff to ensure accountability. Staff we spoke with felt valued and supported by the GPs and management team and described an open culture throughout the practice.
- There was a comprehensive range of practice policies to ensure the safe and effective running of the practice. There was a schedule in place to ensure policies were regularly reviewed or reviewed when required. The schedule ensured policies were up to date and where appropriate in line with relative guidance. Staff had access to policies and were trained to ensure the policies were implemented appropriately.
- There was a comprehensive understanding of the practice performance. The practice used a range of information which included peer review, performance data, feedback on quality, information and feedback from staff and patients to continually monitor its performance and assess areas for improvement. There was a programme of continuous clinical and internal audit to monitor quality and to make improvements to ensure patients received safe care and treatment. For example, following a review of administration and management systems the practice had introduced processes for dealing with suspected urinary tract infections, yearly planning of specialist clinics and automatic updating of the clinical diaries all of which had improved service delivery to patients.
- The practice held educational meetings where audits, NICE guidelines, prescribing updates, recent deaths, new cancer diagnoses and acknowledged errors and mistakes were discussed. The practice took part in regular training events organised by the CCG (4 per year) for the locality.
- The practice had completed reviews of incidents, compliments and complaints. Records showed that regular clinical and non-clinical meetings and audits were carried out as part of their quality improvement process to improve the service and patient care. Completed audit cycles showed that essential changes had been made to improve the quality of the service and to ensure that patients received safe care and treatment. Where audits had taken place, these were part of a cycle of re-audit to ensure that any improvements identified had been maintained.
- There were robust arrangements for identifying, recording and managing risks. Action plans were in place to address improvement in areas 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 prioritise 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

Are services well-led?

Good

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

- 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 quarterly.
- 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.
- We were told that practice outings and celebrations included members of the community services based at the practice, as they were considered part of the practice team.

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 PPG, and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG sent practice and health related articles to several local village magazines. These included practice news, health education matters and current NHS matters. The PPG maintained a dedicated page on the practice website and a PPG information board in the practice waiting room. In addition to this, the PPG assisted with the completion of the annual PPG report and action plan, assisted patients at the autumn flu clinics, organised first aid sessions at the practice for patients run by the British Heart Foundation and worked with the patient car service under the umbrella of the PPG to ensure its continued effective management. Furthermore, the PPG gathered information about NHS developments and contributed to various NHS consultations such as Older People's service. Maintained membership and representation of the Cambridge Health Patient Forum Group (this was a meeting of chair representatives from Cambridge PPGs) and maintained membership of the National Association of Patient Participation. The PPG were active fundraisers and through the practice appeal had raised funds to buy equipment for the practice to benefit patient care. The first item purchased was a 24hour blood pressure monitors. The PPG chair was a volunteer Health Walk team leader and led the practice Health Walking Group which met fortnightly under the umbrella of the County Council's Walking for Health. With patients consent, GPs could refer them to the group to promote activity and well-being.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, one GP trainee provided feedback to the practice on improving the practice needle stick protocol, which was readily accepted.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was a training practice for GP registrars and medical students from the University of Cambridge, was overseen by the GP School, Health Education East of England. The practice showed us evidence of very well-planned inductions for trainees which took account of their personal circumstances. All staff contributed to training and great efforts were made by all the GP partners to enable trainees to feel part of the practice team. We saw an induction programme which took account of health issues, and the continued support from the GP trainer who maintained support to trainees despite being on Maternity leave.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice worked closely with a local care homes to review care plans and improve polypharmacy. We were told there was potential and facilities at the practice to support other outreach clinics from the practice, for example oncology services.

Are services well-led?

Good

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

Staff we spoke with provided us with numerous examples of where the practice had supported them to improve their professional practice, for example; nursing staff having attended requested courses for instance chronic disease management. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.