Trumpington Street Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Trumpington Street Medical Practice on 3 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure patients waiting for their appointments in all areas of the practice can be clearly seen by reception staff to enable closer monitoring in case of change in condition.

Summary of findings

- Keep detailed and up to date records relating to the recruitment and management of staff. This includes qualifications, registration and staff recruitment interviews.
- Ensure that the learning from complaints and significant events is shared and disseminated with the appropriate staff within the practice.
- Continue to encourage and improve the uptake of breast screening for patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average, but lower than average for others. The practice had identified this and were proactively addressing the issues.
- 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 other health care professionals 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 in January 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- 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?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, a CCG led physiotherapy service provided weekly clinics from the main practice.
- Patients we spoke to 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 implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, we noted that not all complaints had been cascaded to all staff within the practice where appropriate to enable learning from the process.

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 it.
- 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.

Summary of findings

- 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 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 offered proactive, personalised care to meet the needs of the older people in its population. They had identified an increase in their list size with an growth in older patients. As a direct result the practice had recruited new GPs with a special interest in elderly medicine and staff had received specialised training from the local dementia team, which included areas such as behavioural support and mental capacity decisions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 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.
- The practice offered health checks for patients aged over 75.
- The practice triaged all home visit requests to facilitate earlier visits where hospital admission may be an outcome.
- Nationally reported data showed that some outcomes for patients for conditions commonly found in older people, such as rheumatoid arthritis, 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.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. GPs were clinical leads for long term conditions and worked closely with the nurse practitioner and the nursing team.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for diabetes related indicators was 100%, which was above the CCG average by 10.5% and the national average by 10.8%.
- The practice had an significant number of patients with type 1 diabetes and had identified the high number of patients from the student population as a predominant factor.

Summary of findings

- Longer appointments and home visits were available when needed.
- Patients with a long term condition 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.

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.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provided medical care to two local boarding schools and started appointments from 8.00 am to ensure students were able to be seen and avoid missing lessons.

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 reflected the needs of this age group.

Summary of findings

- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for patients aged 60-69, screened for bowel cancer in last 30 months was 59%; this was in line with the CCG average of 59% and the national average of 58%. The practice uptake for female patients screened for breast cancer in the last 36 months at 64%, which was below the CCG and national average of 72%.
- A GP had developed a student health website and continued to regularly maintain this. Another GP had a special interest and training in sports medicine and provided access to sports medicine for both student and non-student patients.
- The practice has a greater than average number of transgender patients and provided specialised support and care.
- A GP had undertaken dermatology training and was able to assess skin complaints within the practice, therefore reducing secondary care referrals.

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 computer system alerted staff to vulnerable patients.
- The practice offered longer appointments for patients with a learning disability. Two of the four patients on the practice learning disability register had received a face to face review of their care plan in the past 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- A GP had developed learning disability resources in their previous CCG role. This included invitations for health checks suited to patients with a learning disability, such as easy read and pictorial formats. These resources were available on the practice intranet in addition to the local CCG website.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- 74% of patients diagnosed with dementia had received a face to face care review in the last 12 months (01/04/2014 to 31/03/2015), which was below the national average of 84%
- 88% of patients experiencing poor mental health had a comprehensive care plan agreed in the last 12 months (01/04/2014 to 31/03/2015), which was in line with CCG and national averages. At the time of our inspection we saw that this had increased to 93% in the previous 12 months (01/04/2015/01/04/2016).
- 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 a higher than average number of patients with mental health issues, such as eating disorders. Clinicians had experience and interest in supporting and caring for patients with such mental health issues. A GP in their previous role as CCG Lead for Mental Health had developed a number of resources on mental health which were available for the practice on the CCG website, these included top tips and access to self-help resources.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 394 survey forms were distributed and 118 were returned. This represented 30% completion rate.

- 94% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. Patients reported that the service was excellent and staff were efficient, caring and professional.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients also stated that the staff working at the practice were helpful, cheerful and treated them with dignity and respect.

Areas for improvement

Action the service SHOULD take to improve

- Ensure patients waiting for their appointments in all areas of the practice can be clearly seen by reception staff to enable closer monitoring in case of change in condition.
- Keep detailed and up to date records relating to the recruitment and management of staff. This includes qualifications, registration and staff recruitment interviews.
- Ensure that the learning from complaints and significant events is shared and disseminated with the appropriate staff within the practice.
- Continue to encourage and improve the uptake of breast screening for patients.

Trumpington Street 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 Trumpington Street Medical Practice

Trumpington Street Medical Practice has a long history dating back to before the start of the NHS, and serves a population dominated by the provision of care to universitiy, students and staff alongside the local residential population. The surgery is situated within a university owned building in a central urban area. The main practice site does not provide car parking facilities and there is no room for further extension or development. Treatment and consultation rooms are located on the ground and basement floors. The practice is open between 8am and 6pm Monday to Friday. Appointments are from 8.20am to 12am with GPs and 8.20am to 12.30 with nurses every morning. Afternoon appointments are from 2.30pm to 5.50pm with GPs and 2pm to 5.30pm with nurses. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that need them.

There is a branch surgery located in Trumpington, Cambridge. This provides alternative access to medical services for patients who can not access central Cambridge, students or patients with a disability or requiring parking facilities. It operates on a daily basis from Monday to Friday, with appointments available from 8.30am to 1pm and 2pm to 5.30, with both GP and nurses offering appointments. The branch surgery is in the process of undergoing a new purpose built premises. We did not visit the branch surgery in our inspection.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged 15-34 years, a lower than average number of patients aged 0-14 years and a lower than average number of patients aged between 35-85+ years compared to the practice average across England.

The practice team consists of four GP partners, three salaried GPs, one independent nurse prescriber, three practice nurses and two health care assistants. The practice manager is supported by two deputy managers and a number of secretarial and reception staff.

The practice is a training practice and supports the training of medical students.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 May 2016. During our visit we:

- Spoke with a range of staff including GPs, the nurse practitioner, a nurse, a health care assistant, the practice manager and a range of reception and administration staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

·Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

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 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, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. However, we noted that not all significant events had been cascaded to all staff within the practice where appropriate. This would ensure that learning outcomes were reviewed by all staff and lessons were shared to improve safety in the practice.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw that action was taken to improve safety in the practice. For example, where the health of a patient had deteriorated rapidly the practice had reviewed the systems in place to ensure best practice was maintained.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection level three. Practice nurses were trained to level two with further training scheduled for level three.
- A notice in the treatment rooms advised patients that chaperones were available if required, however there were no notices in the waiting room or reception area to advise patients before they were seen. Nursing staff acted as chaperones and were trained for the role, all 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 were in the process of training non-clinical staff as chaperones and were reviewing the risk assessments for requiring DBS checks for these members of staff.
- 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored, however there was room to improve the systems in place to monitor their use to ensure the practice maintained and monitored their use within the practice. A nurse had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Good

Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four 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. However, we noted there was scope to improve record keeping for personnel files as information was fragmented and difficult to review during the inspection. Following the inspection the practice were able to provide evidence of the information missing from the files we reviewed.

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). We saw that not all patients waiting for their appointments in areas of the practice could be clearly seen by reception or other staff, there was a risk that patients, whose health could deteriorate while waiting for their appointment, may be overlooked.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available,with 15% 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). We discussed the 15% exception reporting figures with the practice (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). For example, exception reporting for dementia reviews were 32%, which was above the CCG average of 11%. We were told this was potentially reflective of a very young student population and where numbers for such indicators were distorted by low numbers of patients on registers. However, we were told the practice continued to encourage attendance from patients for health and medication reviews to ensure they were not overlooked.

Data from 2014/2015 QOF showed:

- Performance for diabetes related indicators was 100%, which was above the CCG average and national averages by 11%.
- Performance for mental health related indicators was also better in comparison to the CCG and national averages, with the practice achieving 99% compared to the CCG and national averages of 93%.
- The practice performance for heart failure was 69%, which was significantly below the CCG average of 96% and the national average of 98%. Furthermore, the practice performance for osteoporosis at 67% was also below the CCG and national averages of 82%.

The practice were unable to identify the reason for the low QOF figures in these indicators. However, we were told a recent increase in list size had created an increase in older patients and as a direct result the practice had recruited new GPs with special interests in elderly medicine. Staff had received specialised training, such as prescribing and dementia care training which included behavioural support and mental capacity decisions, dementia templates and annual reviews. We noted for QOF 2015/2016 the practice had achieved 551.48 out of 559 points (99%). However this data has not yet been validated by HSIC and so cannot fully inform our judgement at this stage.

Clinical audits demonstrated quality improvement. We reviewed two completed audits where the improvements made were implemented and monitored. For example an audit which reviewed the medication reviews for prescribing for urinary incontinence evidenced a documented increase in medication reviews from 54% to 95% over the two audit cycles. The practice also participated in local audits, national benchmarking, accreditation and peer review.

Findings were used by the practice to improve services. For example, following a missed cancer diagnosis the practice had put in place a review of all referral pathways and cancer diagnosis.

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.

Good

Are services effective?

(for example, treatment is effective)

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering 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 appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

The practice was a training practice and supported the training of medical students. We saw that students were provided with a workload appropriate to their level of training and underwent review and debriefing with a senior GP following all their appointments sessions. Extended appointments were provided and students had access to a senior GP throughout the day for support. We saw that patients were consulted before their appointment that a student may be present and their consent was sought prior to the appointments.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. There were regular meetings, involving other different professionals, to discuss specific patients' needs. For example the practice held monthly multidisciplinary team (MDT) meetings to discuss the needs of complex patients, for example patients with end of life care needs, and children on the at risk register. These meetings were attended by GPs, district nurses, practice nurses, social workers and when possible midwives, health visitors and community psychiatric nurses to discuss vulnerable patients and make decisions about care planning which were documented in a shared care record. In addition 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.

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.

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

Good

Are services effective?

(for example, treatment is effective)

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

We saw a clear process that was followed for patients who did not attend for cervical smears. We were told this could be challenging due to obtaining previous test results and records from overseas students, however the practice had achieved an uptake for the cervical screening programme of 83%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for patients aged 60-69, screened for bowel cancer in last 30 months was 59%; this was in line with the CCG average of 59% and the national average of 58%. The practice uptake for female patients screened for breast cancer in the last 36 months at 64% was below the CCG and national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 95% and five year olds from 81% to 94%.

Flu vaccination rates for patients over 65s were 69% of the practice register and 38% of patients on the 'at risk' register.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 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:

- 91% of patients said the GP was good at listening to them compared to the CCG and national averages of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages of 85%.

The practice provided facilities to help patients be involved in decisions about their care, for instance, translation services were available for patients who did not have English as a first language. A number of staff spoke other languages such as French, Punjabi, Italian, Russian, Hindi and Malayalam. Translation facilities were also available in a number of languages on the touch in screen in reception and on the practice website. Due to the restrictions of the main practice building, where patients with mobility issues were unable to access the building, or if patients were unable to access the branch surgery, the practice offered a home visit appointment to ensure patients received local access. The practice also referred patients to the branch surgery when they were able to travel and where there were parking facilities and disabled access.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available at reception 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 59 patients as carers (0.4% of the practice list). The practice confirmed this was due to the large student demographic.There was a carer's notice board in one waiting area and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example a CCG led physiotherapist provided weekly clinics from the main practice.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice or who were unable to access the main practice premises due to a disability.
- Same day appointments were available for children and those patients with medical problems that required 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 at the branch surgery, a hearing loop and translation services available.
- The practice offered the fitting and removal of long term contraception. In addition, the practice encouraged chlamydia testing for the under 24 age group. 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 identified and visited isolated, frail and housebound patients regularly. Chronic disease management was provided for vulnerable patients at home and the practice were active in developing care plans and admission avoidance strategies for frail and vulnerable patients.
- The practice had a greater than average number of patients with mental health issues such as eating disorders. Clinicians had experience and interest in supporting and caring for patients with such mental health issues. One GP in their previous role as CCG Lead for Mental Health had developed a number of resources on mental health which were available for the practice on the CCG website, these included top tips and access to self-help resources.
- One GP had developed learning disability resources in their previous CCG role. This included invitations for health checks suited to patients with a learning disability, such as easy read and pictorial formats. These resources were available on the practice intranet in addition to the local CCG website.
- The practice liaised with the mental health link workers and other professionals to aid the management of those with mental health needs and those with chronic illnesses. In addition the practice worked with a local drug addiction support groups and shared the care of ex drug abusers, monitoring medicines and general health.
- The practice provided medical care to two local boarding schools and started appointments from 8.00 am to ensure students were able to be seen and avoid missing lessons.
- A GP had developed a student health website and continued to regularly maintain this. Another GP had a special interest and training in sports medicine and provided access to sports medicine for both student and non-student patients
- The practice has a greater than average number of transgender patients and provided specialised support and care.
- A GP had undertaken dermatology training and was able to assess skin complaints within the practice.
- The practice offered a branch surgery at a location close to central Cambridge. This provided alternative access to medical services for patients who could not access central Cambridge, students or those patients who were disabled or required parking facilities. It operated on a daily basis from Monday to Friday from 8.30am to 1pm and 2pm to 5.30 daily with both GP and nurses offering appointments. We were told patients found this easy to access due to the disabled facilities, the local bus and parking facilities.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, district nursing, family planning and midwifery, health screening, minor injuries, minor surgery and cryotherapy.
- The practice offered a range of on-line services, which included; appointment bookings, prescription requests, Summary Care Records and on-line access to clinical records.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.20am to 12am with GPs and 8.20am to 12.30 with nurses every morning, and from 2.30pm to 5.50pm with GPs and 2pm to 5.30pm with nurses in the afternoons. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed.

Patients were satisfied with the appointments system. They confirmed that they could see a GP on the same day if they needed to and they could see another GP if there was a wait to see the GP of their choice. Comments received from patients showed that patients in urgent need of treatment had regularly been able to make appointments on the same day of contacting the practice. The practice kept bicycles and cycling safety equipment for GPs to use for ease of home visit access in the urban area.

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 website however there was limited information available within the practice. We discussed this with the practice manager who agreed to improve this. Reception staff showed a good understanding of the complaints' procedure.

Patients we spoke with had not had any cause for complaint. We noted that verbal complaints had not been recorded and so the potential to achieve wider learning from these had been lost. We looked at four written complaints recorded in the last 12 months and saw that these had been dealt with in a timely manner. However, we noted that not all complaints had been cascaded to all staff within the practice where appropriate or discussed at full team meetings to ensure learning outcomes, actions taken and improvements were reviewed by all staff.

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 the highest quality of care by both medical and non-medical staff to all its patients and to treat them with dignity, respect and courtesy at all times. The practice mission was to provide the same standard of care irrespective of age, gender, disability or race.

- The practice mission statement was displayed on the practice website and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the PPG and through surveys and complaints received. We saw that the practice had an active and engaged PPG to promote and support patient views and participation in the development of services provided by the practice. PPGs are a way for patients and GP surgeries to work together to improve services, promote health and improve quality of care. We saw that the PPG were able to feedback into the surgery patients' views and concerns.
- The practice had also gathered feedback from staff through staff meetings, appraisals, discussion and away days. 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.

Are services well-led?

Good

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team could demonstrate their forward thinking approach, and were involved with local pilot schemes to improve outcomes for patients in the area. The practice was a teaching practice for medical students.