

Dr Chi Kee Liu

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced follow up inspection at Dr Chi Kee Liu on 27 October 2016. Overall the practice is rated as good.

We had identified a number of shortfalls at our previous inspection in February 2016 and issued four requirement notices as a result. During this inspection, we found that the practice had taken sufficient action to address the breaches in regulations.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Systems had been implemented to ensure that information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed. The practice had completed further risk assessments to protect patients and staff.
- 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. Staff appraisals had been undertaken or scheduled since the previous inspection.

- Feedback from patients about their care was generally positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice higher than others for all areas of care. For example, 99% of patients said that they had confidence and trust in the last GP they saw or spoke to in comparison to the local and national average of 95%.
- Information about services and how to complain was available and easy to understand. Improvements had been made to the complaints process to enable the practice to manage and act on patient feedback.
- Patients said they found it easy to make an appointment with a GP and that there was continuity of care. Urgent appointments were available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice proactively sought feedback from patients and staff. A virtual patient group had been developed to encourage further feedback from patients.

- The provider was aware of and complied with the requirements of the duty of candour.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Improvements had been made to ensure that incidents were analysed and monitored.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. For example, the practice had instigated a process to ensure that correct recruitment arrangements were adhered to.
- On our previous inspection we found that not all members of staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). A training course had since been completed by all members of staff and DBS checks had been undertaken.
- The practice had implemented a robust system for checking the emergency medicines and equipment held in the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- On our previous inspection we found that there was limited recognition of the benefit of an appraisal process for staff. A schedule of appraisals had now been commenced, and the majority of staff had received a one to one review with their line manager. Furthermore, a clear induction process had been implemented for new members of staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. We saw that minutes of clinical meetings had improved since the last inspection.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice higher than others for all aspects of care. For example, 96% of patients said that they would recommend the practice to someone new to the area, compared to the local average of 80% and the national average of 78%.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice was proactive in identifying patients with caring responsibilities.
- Information for patients about the services available was easy to understand and accessible.
- The lead GP at the practice provided palliative care patients and their families with a personal phone number so that he could be contacted at any time. This promoted consistency of care and reduced the need for community out of hours services.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The lead GP and practice manager were active in local health service meetings.
- Patients said they found it easy to make an appointment with a GP and that there was continuity of care. Urgent appointments were available on the same day.
- Data from the National GP Patient Survey published in July 2016 showed that 95% of patients surveyed were able to get an appointment at a convenient time, compared to the local average of 94% and the national average of 92%.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- On our previous inspection we found that there was scope to improve the learning from complaints. The practice had implemented a system to ensure that complaints were analysed and shared amongst practice staff to encourage learning.

Are services well-led?

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 generally felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The practice 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. A virtual patient participation group had been developed to encourage further feedback. Furthermore, the practice manager had commenced a programme of practice newsletters to keep patients informed about changes to the service.
- The practice had responded to feedback from the previous inspection and had worked as a team to comply with regulatory requirements.

Good



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

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

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. All home visits were triaged by a clinician to prioritise visits and ensure appropriate and timely intervention.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- Both GPs and practice nurses visited local care homes. Feedback from local nursing and residential care homes was consistently positive about the quality of care received from staff.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 85%, which was below the local average of 91% and national average of 90%. Exception reporting rates were significantly below local and national averages for all diabetes related indicators (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).
- A community diabetic specialist nurse held regular clinics at the practice.
- Longer appointments and home visits were available when needed.

Summary of findings

- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. There was a robust recall system in place to ensure that patients were invited and attended annual reviews.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 87%, which was above the local average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a full range of contraception services and chlamydia screening.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care where possible.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available at the main site between 6.30pm and 8pm on Mondays.

Good



Summary of findings

- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. The practice was able to refer patients to a health trainer to encourage lifestyle changes.
- The practice offered many NHS services in house, reducing the need for outpatient referral and therefore improving patient convenience.

People whose circumstances may make them vulnerable

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

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

Good



People experiencing poor mental health (including people with dementia)

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

- 100% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was above the local average of 87% and the national average of 86%.
- 72% of patients experiencing poor mental health had a comprehensive care plan in place, which was below the local average of 90% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing above local and national averages. 207 survey forms were distributed and 115 were returned. This represented a 56% completion rate.

- 96% found it easy to get through to this surgery by phone compared to a local average of 75% and a national average of 73%.
- 95% said that the last appointment they got was convenient (local average 94%, national average 92%).
- 96% were able to get an appointment to see or speak to someone the last time they tried (local average 87%, national average 85%).

- 99% described the overall experience of their GP surgery as fairly good or very good (local average 86%, national average 85%).
- 96% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local average 80%, national average 78%).

We spoke with seven patients during the inspection. All seven patients said the care they received was 'excellent', and that staff were kind, friendly and efficient. Furthermore, all seven patients told us that they found it easy to make an appointment with a GP or nurse.

Dr Chi Kee Liu

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Chi Kee Liu

Dr Chi Kee Liu is situated in Somersham, Huntingdon. The practice provides services for 2,285 patients. It holds a General Medical Services contract with Cambridgeshire and Peterborough CCG.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged 40 – 85+ years. The practice has a lower than average number of patients aged 0 – 39 years compared to the practice average across England. The practice is in an area with a low level of deprivation.

The practice team consists of a male GP partner, a male salaried GP, a practice manager, and two female practice nurses. The team also includes dispensary, secretarial and reception staff.

The practice is open from Monday to Friday. It offers GP and nurse appointments from 8.30am to 1pm and 2pm to 6pm on Mondays, Tuesdays, Thursdays and Fridays. It offers GP and nurse appointments between 8.30am and 1pm on Wednesdays. The practice offers an extended hours clinic between 6.30pm and 8pm on Mondays.

The practice has branch surgeries in the neighbouring villages of Earith and Bluntisham. GP appointments are available in Bluntisham on Tuesdays and Fridays between 9.15am and 10.45am, and patients can see a nurse

between 9.15am and 12pm on Thursdays. GP appointments are available in Earith on Tuesdays and Fridays between 11.30am and 12.30pm, and patients can see a nurse between 11.30 and 12.30 on Wednesdays.

Why we carried out this inspection

We carried out a follow up inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was carried out because at the 23 February 2016 inspection the service was identified as being in breach of the legal requirements and regulations associated with the Health and Social Care Act 2008.

Specifically, these were breaches of Regulation 12 (Safe care and treatment), Regulation 16 (Receiving and acting on complaints), Regulation 18 (Staffing) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Our concerns led us to serve requirement notices telling the provider to improve.

The inspection undertaken on 27 October 2016 was carried out to check the provider had made sufficient improvements to the issues detailed in the requirement notices served on 7 April 2016 following the inspection on 23 February 2016.

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 27 October 2016. During our visit we:

Detailed findings

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events to identify trends and make changes when necessary. A significant events matrix had been implemented to ensure that incidents were reviewed in a timely manner.

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

Overview of safety systems and processes

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

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

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

- A notice in the waiting room advised patients that chaperones were available if required. On our previous inspection we found that not all members of staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A chaperone training course had since been completed by all members of staff and DBS checks had been undertaken.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result of audit.
- The practice had instigated a process to ensure that correct recruitment arrangements were in place and were adhered to. We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to new staff members' employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Medicines management

The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. Dispensary staffing levels were in line with DSQS guidance. Dispensing staff were appropriately qualified and were provided on-going training opportunities.

The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and reflected current practice.

Are services safe?

Prescriptions were reviewed and signed by GPs before they were given to the patient to ensure safety. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Records showed medicine refrigerator temperature checks were carried out which ensured medicines requiring refrigeration were stored at appropriate temperatures. Staff told us that processes were in place to regularly check medicines stored within the dispensary areas were within their expiry date and suitable for use. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Access was restricted, the keys held securely and there were arrangements in place for the destruction of controlled drugs.

We saw that there was a process in place to record incidents and near misses in the dispensary. This was used regularly and we saw that improvements had been made to the dispensing process to prevent errors recurring. The practice had a system in place to action Medicine and Healthcare Regulatory Action (MHRA) alerts and we saw that actions were recorded appropriately.

There was a comprehensive programme of medicine audits at the practice and there were systems in place to ensure people received the appropriate monitoring required with high risk medicines. We carried out data searches and found that patients taking high risk medications were receiving reviews in line with prescribing guidance.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and emergency medicines were easily accessible to staff in a secure area of the practice. A robust process for checking emergency medicines and equipment had been implemented following the previous inspection, and all the medicines we checked were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. On our first inspection, we found that oxygen cylinders were held on the ground floor, and were not easily accessible to staff as they were difficult to lift. The practice had moved one cylinder to the second floor.
- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 93% of the total number of points available, with 6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed;

- Performance for diabetes related indicators was 85%, which was below the local average of 91% and national average of 90%. Exception reporting rates for all diabetes related indicators were lower than the CCG and national averages.
- Performance for chronic obstructive pulmonary disease related indicators was 100%, which was above the CCG and national averages of 96%. Exception reporting rates for all of the related indicators were significantly lower than the CCG and national averages.
- Performance for mental health related indicators was 87%, which was below the CCG average of 94% and the national average of 93%. Exception reporting rates for all of the related indicators were generally below the CCG and national averages.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. Clinical

audits had been completed in the last year, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken a two cycle audit of minor surgery undertaken on site to review patient outcomes and ensure that post-surgery complications, such as infection, were avoided.

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

Effective staffing

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

- The practice had implemented an induction programme for all newly appointed staff. This covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- On our previous inspection we found that there was limited recognition of the benefit of an appraisal process for staff. A schedule of appraisals had now been commenced, and the majority of staff had received a one to one review with their line manager.

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.

Are services effective?

(for example, treatment is effective)

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.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol consumption, and smoking cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85%, which was above the local average of 82% and

the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 80% of the target population, which was above the CCG average of 74% and the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 56% of the target population, which was slightly below the CCG average of 59% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2015/2016 ranged from 90% to 100%, which was above the CCG average of 64% to 96% and the national average of 73% to 95%. The childhood immunisation rate for the vaccinations given to five year olds ranged from 100%, which was above with the CCG average of 69% to 95% and the national average of 81% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The practice did not receive any Care Quality Commission comment cards for this reinspection. However, we spoke with seven patients, all of whom 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 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:

- 93% of patients said the GP was good at listening to them compared to the CCG and national averages of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 99% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national averages 95%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 93% 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. We also saw that care plans were personalised.

Results from the National GP Patient Survey results published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 94% 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%.
- 88% 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%.
- 96% 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:

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients on the practice list as carers (2% of the patient list). Written information was available to direct carers to the various avenues of support available to them. This was displayed

Are services caring?

clearly within the practice. The practice worked with a local 'time bank', part of a national volunteering charity project, and promoted this service to carers needing assistance with social and domestic activities.

The GP partner at the practice had a special interest in palliative care, and was keen to ensure that patients with

palliative care needs were able to access him at any time. He provided a personal phone number for patients to use, in order to promote consistency of care and to reduce the need for community out of hours services.

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.

- Extended hours appointments were available at the main site between 6.30pm and 8pm on Mondays.
- There were longer appointments available for patients who required one.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were displays providing information on cancer warning signs.
- The practice provided a range of nurse-led services such as management of asthma, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, health screening, minor injuries and minor surgery.
- The practice identified and visited the isolated, frail and housebound regularly. Chronic disease management was provided for vulnerable patients at home and the practice was active in developing care plans and admission avoidance strategies for frail and vulnerable patients.

Access to the service

The practice was open from Monday to Friday. It offered GP and nurse appointments from 8.30am to 1pm and 2pm to 6pm on Mondays, Tuesdays, Thursdays and Fridays. It offered GP and nurse appointments between 8.30am and 1pm on Wednesdays. The practice offered an extended hours clinic between 6.30pm and 8pm on Mondays.

The practice had branch surgeries in the neighbouring villages of Earith and Bluntisham. GP appointments were available in Bluntisham on Tuesdays and Fridays between 9.15am and 10.45am, and patients could see a nurse between 9.15am and 12pm on Thursdays. GP appointments were available in Earith on Tuesdays and Fridays between 11.30am and 12.30pm, and patients could see a nurse between 11.30 and 12.30 on Wednesdays. In addition to pre-bookable appointments that could be booked up to seven weeks in advance, urgent appointments were also available for people that needed them.

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

- 90% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 76%.
- 96% 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%.
- 91% of patients said that they got to see or speak to their preferred GP, compared to the local and national averages of 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

On our previous inspection, we found that the practice did not have an effective system in place for handling complaints and concerns. Written complaints were handled by the practice manager; however there was no system in place to record verbal complaints. We did not see any evidence to suggest that complaints were discussed with staff either individually or in staff meetings.

Since this inspection the practice had implemented a system for dealing with complaints. Its complaints' policy

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

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.

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

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans, which reflected the vision and values and were regularly reviewed.

There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed. Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, the practice manager and GP attended local meetings led by the CCG and Local Medical Council.

Governance arrangements

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

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

Communication across the practice was centred around weekly clinical meetings. Multidisciplinary team meetings were also held monthly. We found that the quality of record keeping within the practice had improved since the previous inspection, minutes and records required by regulation for the safety of patients were detailed, maintained, up to date and accurate.

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

Leadership and culture

On the day of inspection the GP 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 that the GPs were approachable, friendly and supportive.

Staff told us that there was an open, non-hierarchical culture within the practice and they had the opportunity to raise any issues when required. We also noted the practice held social events. Staff said they felt respected, valued and supported, particularly by the lead GP in 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. A suggestion box was present in the waiting area, however we were told that this was not frequently used. A regular newsletter was compiled by the practice manager to keep patients up to date with practice news.

The practice had previously struggled to recruit a patient participation group (PPG) and had hoped to start an online group. Patients had been made aware of this through a change to the registration form and promotion to existing patients. An online PPG was now in existence and the practice manager was keen to expand the group further.

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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff we spoke to provided us with examples of where the practice had supported them to improve their professional practice. For example, two receptionists had been supported through a phlebotomy course. Furthermore, the practice nurses had been supported to complete certificates in diabetes care and cancer care.