Dr J Somers Heslam & Dr C J Griffiths

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr J Somers Heslam & Dr C J Griffiths on 7 June 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.
- 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 GP and there was continuity of care, with urgent appointments available the same day.
- The appointment system was flexible and ensured that patients who requested to be seen on the same day were.
- Patients' needs were assessed and care was planned and delivered following best practice 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.
- The practice proactively managed care plans for vulnerable patients and had effective management strategies for patients at the end of their life.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure, staff felt supported by the management team and were an integral part of the running of the practice.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- The practice should ensure that there is an effective system in place to review patient safety updates from the Medicines Health and Regulatory Authority (MHRA).
- Put systems in place to ensure safety alerts are received by the practice and evidence of actions taken are recorded.

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.
- When things went wrong patients received reasonable support, truthful information, 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 people safe and safeguarded from abuse.
- The practice had effective recruitment procedures in place to ensure all staff had the skills and qualifications to perform their roles, and had received appropriate pre-employment checks.
- Risks to patients and the public were assessed and well managed, including procedures for infection control and other site related health and safety matters. Risks to vulnerable patients with complex needs were monitored by multidisciplinary team meetings to provide holistic care and regular review.
- The practice had effective systems in place to deal with medical emergencies.
- The practice ensured staffing levels were sufficient at all times to respond effectively to patients' needs.
- The practice had a process to review and cascade medicine alerts received via the Medicines Health and Regulatory Authority (MHRA). However, practice staff confirmed to us that no safety alerts within the last twelve months had required action for any one patient.

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. The practice achieved 546 of the 559 points available in 2014 to 2015 and 544 out of 559 points available in 2015 to 2016.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs, in order to deliver care more effectively.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Feedback from patients we spoke with on the day of inspection, along with feedback received on our comment cards was extremely positive. Patients recounted examples of exemplary care they had received, and recalled instances where the GP and nurses had ensured that patients were supported well to make informed choices.
- The practice had identified 85 patients as carers; this was 2.8% of its patient population.
- The practice proactively identified carers and had systems in place to ensure their needs were met.
- 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.
- The practice adopted a flexible approach in dealing with vulnerable patients to ensure their individual needs were accounted for. This included reminding patients about their appointment, and ensuring the allocated appointment time was suitable.
- There were processes in place to provide support and guidance to bereaved patients and their families.
- Views of community based health staff were extremely positive about the level of care provided by the practice team.

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.

Summary of findings

- 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.
- Comment cards and patients we spoke with during the inspection were extremely positive about their experience in obtaining a routine appointment. This was reinforced by the national GP patient survey published in January 2016 which found that 99% of patients described their experience of making an appointment as good. This was well above comparison to the CCG average of 77% and the national average of 73%.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders and displayed in the waiting area of the practice.
- If patients at reception wished to talk confidentially, or became distressed, they were offered a private room away from the waiting area.
- Practice staff confirmed to us that they currently provided care to very few patients who did not speak English as a first language. However, translation services could be accessed to assist any patients whose first language was not English.

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

Summary of findings

- The GP reviewed comparative data and ensured actions were implemented to address any areas of outlying performance.
- 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.
- The practice was a training practice and took part in a number of research studies.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 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.
- The practice ensured it prioritised care for their older patients and offered proactive, personalised care to meet the needs of older people. Care plans were in place for older patients with complex needs. All patients had a named GP.
- Flu vaccination rates for the over 65s were 88% which was higher than the national figure of 73%.

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.
- 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 94%, which was above the CCG and the national averages by 4%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the 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.

Summary of findings

- 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.
- Immunisation rates were high for all standard childhood immunisations. For example, vaccination rates for children ranged from 94% to 100%, compared against a CCG average ranging from 52% to 96%. Vaccination rates for children aged two to five years old ranged from 92% to 100 with the practice achieving 100% vaccination rates in eight of the 15 immunisation categories for two and five year olds. The practice achieved 100% vaccination rates in eight of the 15 immunisation categories for two and five year olds.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- The practice uptake for patients aged 60-69 who were screened for bowel cancer in the last 30 months was 68%; this was above the CCG average of 59% and the national average of 58%. The practice uptake for female patients screened for breast cancer in the last 36 months at 84% was also above the CCG and national averages of 72%.

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.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had carried out annual health checks for people with a learning disability, 75% had attended for an annual review during 2014-15. All these patients had supporting care plans. The practice offered longer appointments for people with a learning disability.
- 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.

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).

- 97% of patients diagnosed with dementia had received a face to face review of their care in the last 12 months, which is above the national average of 83%.
- The practice achieved 99% for mental health related indicators in QOF, which was 7% above both the CCG and national averages. The rate of exception reporting was also consistently lower than both the CCG and national averages.
- 88% of patients with ongoing serious active mental health problems had received an annual health check during the past twelve months.
- 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. Leaflets were available in the waiting area on a range of services available for patients and carers.
- 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.

Summary of findings

- Staff had all undergone mental capacity act training and had a very good understanding of how to support patients with additional mental health needs and dementia.

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. 229 survey forms were distributed and 119 were returned. This represented a 52% completion rate.

- 94% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 100% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 98% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the 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 11 comment cards which were all extremely positive about the standard of care received.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice placed 'Friends and Family' comments cards in the reception area between June 2015 and January 2016 and prompted patients to state whether they were likely to recommend the practice to their own friends and family. Thirty-nine patients provided a response and all stated that they were likely or 'extremely likely' to recommend the practice in this way.

Areas for improvement

Action the service SHOULD take to improve

- The practice should ensure that there is an effective system in place to review patient safety updates from the Medicines Health and Regulatory Authority (MHRA).
- Put systems in place to ensure safety alerts are received by the practice and evidence of actions taken are recorded.

Dr J Somers Heslam & Dr C J Griffiths

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 CQC inspection manager.

Background to Dr J Somers Heslam & Dr C J Griffiths

Dr J Somers Heslam & Dr C J Griffiths provide general medical services to approximately 3,020 patients in St Ives, Cambridgeshire and the surrounding area. The building provides good access with accessible toilets and two car parking facilities for people with a disability. A local council pay and display car park is situated nearby. The practice provides treatment and consultation rooms on the ground floor with ramp access. The practice is an accredited eastern region clinical research network practice and an accredited training practice. The practice provides services to a diverse population age group, is in a semi-rural location and is a dispensing practice, dispensing to approximately 800 patients. A dispensing practice is where GPs dispense the medicines they prescribe for patients who live remotely from a community pharmacy.

There is one GP partner who holds sole managerial and financial responsibility for the practice. In addition to this, there is one GP registrar who was currently on maternity leave. There is a team of two practice nurses and a health care assistant who run a variety of appointments for long term conditions, minor illness and family health.

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

The practice is open between 8am and 6pm Monday to Friday. Appointments with the GP are from 8.20am to 12.20pm every morning and 3.20pm to 5.10pm daily. Nurse appointments are generally from 8.30am to 12.30pm and 2pm to 5.15pm daily. Extended hours appointments are offered with the GP, nurse telephone consultations and health care assistant appointments from 6.45am to 8am Monday mornings. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments are also available for people that needed them.

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

Why we carried out this inspection

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

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 7 June 2016. During our visit we:

- Spoke with a range of staff including the GP, practice nurse, the practice manager and the assistant to the practice manager, the dispenser and reception/ 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. There were details of learning identified and improvements made following complaints and significant events in the practice waiting room.
- The practice carried out a thorough analysis of significant events, the outcome of these analyses were available on the practice computer desktops for all staff to review.
- The practice had a process to review and cascade medicine alerts received via the Medicines Health and Regulatory Authority (MHRA). However, practice staff confirmed to us that no alerts within the last twelve months had required action for any one patient.

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. The GP and nurses were trained to child protection or child safeguarding level three and all staff had undergone adult safeguarding training.
- A notice in the waiting room and treatment/ consultation rooms advised patients that chaperones were available if required. The practice nurses and the health care assistant acted as chaperones when required.
- The practice was in the process of undertaking Disclosure and Barring Service (DBS) checks for all staff including non-clinical staff. We saw these had been submitted for application prior to out inspection. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The 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 practice held records of staff immunisation status.
- 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. We saw the practice had submitted applications for all staff to undertake renewed checks through the Disclosure and Barring Service.

Medicines management

- 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 and there were effective 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. Health care assistants were trained to administer vaccines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- 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. We saw that arrangements were in place for the destruction of controlled drugs.

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 and a Health and Safety Executive poster on display. The practice had up to date fire risk assessments and had carried out 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 also had a variety of other risk assessments in place to monitor safety of the premises such as lone working, the control of substances hazardous to health 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 and mix of staff needed to meet patients' needs. We were provided with examples of how the whole team worked flexibly to ensure adequate cover was available at all times. Demand for GP appointments were closely monitored and if more capacity was required, extra GP sessions were put in place.

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 masks. A first aid kit and accident book was 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.

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 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 98% of the total number of points available, with 6% exception reporting (compared to the CCG average of 10%). The exception reporting figure is the number of patients excluded from the overall calculation due to factors such as non-engagement. A lower figure demonstrates a proactive approach by the practice to engage their patients with regular monitoring to manage their conditions. QOF data from 2014-15 showed;

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, depression, epilepsy, heart failure, hypertension, learning disabilities, osteoporosis, palliative care, peripheral arterial disease, rheumatoid arthritis and secondary prevention of coronary heart disease were all above or in-line with CCG and national averages with the practice achieving 100% across each indicator. The rate of exception reporting was also consistently lower than both the CCG and national averages.
- Performance for mental health related indicators was better in comparison to CCG and the national average with the practice achieving 99% across each indicator, seven percentage points above CCG and national averages. The rate of exception reporting was also consistently lower than both the CCG and national averages.
- Performance for diabetes related indicators was also better in comparison to CCG and the national average with the practice achieving 94% across each indicator, four percentage points above CCG and national averages. The rate of exception reporting was also consistently lower than both the CCG and national averages.
- Performance for dementia related indicators was worse in comparison to CCG and the national average with the practice achieving 91% across all indicators, this was four percentage points below CCG averages and three percentage points below national averages. The rate of exception reporting was consistently lower than both the CCG and national averages.

There was evidence of quality improvement including clinical audit.

- Clinical audit was undertaken by the practice and audit cycles were either completed or ongoing at the time of our inspection in order to ensure that improvements were implemented and monitored. For example, the practice had completed a full cycle audit on minor surgery undertaken at the practice to identify any complications or post-operative infections. Recommendations were used to ensure that patients were being treated in the way that would benefit them most. The practice had also undertaken an analysis of patients admitted to secondary care with a diagnosis of chronic obstructive pulmonary disease (COPD). Results showed that all patients had been correctly identified and were on the practice COPD register, all without contraindication had received flu and pneumococcal vaccinations, eight of the nine patients identified by the audit had received a rescue pack and had been offered the correct treatment. Other audits included audits of accident and emergency attendance, first outpatient attendance, trauma and orthopaedic attendance and a two cycle audit of inadequate smear rates across clinical smear takers. The results of the second audit showed minimal change in percentage of inadequate smears across clinical smear takers.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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 equipped their practice nurses to specialise and lead in areas such as diabetes.
- Clinical staff meetings took place monthly and were minuted comprehensively.
- The practice had a role specific induction programme for newly appointed members of staff.
- The practice demonstrated that relevant staff had received update training including administering vaccinations and taking samples for the cervical screening programme.
- Staff received training including the Mental Capacity Act 2005, safeguarding, fire procedures, basic life support and information governance awareness.

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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- Referrals for patients to secondary care or other agencies were well managed. Routine referrals were sent within three days and urgent referrals within 24 hours.
- The practice staff worked with other services to meet patients' needs and manage those patients with more complex needs. Such as the multidisciplinary co-ordinator, the community nursing teams and health visitors. The MDT worker coordinates monthly meetings bringing together the knowledge, skills and best practice from health and social care teams. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- Special patient notes and comprehensive care plans were completed by the practice on the electronic system and this ensured that emergency services staff had up to date information of vulnerable patients. We reviewed care plans and found them to be comprehensive. 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.

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, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 86% which was above the CCG 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 who were, screened for bowel cancer in last 30 months was 68%; this was above the CCG average of 59% and the national average of 58%. The practice uptake for female patients screened for breast cancer in the last 36 months at 84% was also above the CCG and national averages of 72%.

Childhood immunisation rates were high for all standard childhood immunisations. For example, vaccination rates for children ranged from 94% to 100%, compared against a CCG average ranging from 52% to 96%. Vaccination rates for children aged two to five years old ranged from 92% to 100 with the practice achieving 100% vaccination rates in

Good

Are services effective?

(for example, treatment is effective)

eight of the 15 immunisation categories for two and five year olds. The practice achieved 100% vaccination rates in eight of the 15 immunisation categories for two and five year olds.

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 we saw that from April 2015 to March 2016 the practice had invited 196 patients between the ages of 40 – 74 for an NHS health check with 63 patients attending. The practice continued to promote these checks.

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 being 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 11 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 four members of the patient participation group (PPG). They also told us they were extremely 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 showed patients felt they were treated with compassion, dignity and respect. The practice performed above local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 99% of patients said the GP was good at listening to them compared to the CCG and the national average of 89%.
- 99% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 100% 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%.
- 99% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice placed 'Friends and Family' comments cards in the reception area between June 2015 and January 2016 and prompted patients to state whether they were likely to recommend the practice to their own friends and family. Thirty-nine patients provided a response and all stated that they were likely or 'extremely likely' to recommend the practice in this way.

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 above local and national averages. For example:

- 97% 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%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.
- 100% 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%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and the national average of 97%.

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

Good

Are services caring?

- 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. Ina addition the practice provided information on support available for patients with reduced sight and/or hearing.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted the GP if a patient was also a carer. The practice encouraged patients to register as a carer when they joined the practice. All patients joining the practice were offered a new patient check, (this is a check by a nurse or healthcare assistant where the practice will collect base line information such as family history and current medications). The nurses at this appointment discussed being cared for and caring for with patients. A carer's pack was provided for carers, the cared for and their relatives giving advice and support information for patients and their families. The practice had identified 85 patients as carers on the register; this was 2.8% of its patient population. We were told the register was updated monthly and discussed at each staff meeting.

The practice offered health checks, dementia screening and depression screening to each carer, recognising the impact of support carers provide it was hoped this would have the potential to reduce emergency admissions amongst carers. In addition patients regularly received local carer's information when it became available as well as this being displayed on the practice carer's notice board. In conjunction with local surgeries the practice was due to host a carer's vintage tea party, the funding for this were obtained by a grant. The practice hoped this would provide a social event for carers and an opportunity to bond with people in similar circumstances. The practice also provided the carer's prescription service, with the patients permission the carers details could be passed to the Carers Trust Cambridge where an assessment would be undertaken and the most appropriate form of support would be put in place

The practice had recently introduced a bereavement pack which contained a sympathy card from the surgery and document containing information and contact details of support organisations. Staff told us that if families had suffered bereavement, the GP contacted them and sent them a bereavement pack. 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 further support services. One patient we spoke with described the support the practice had provided following their bereavement. This had led to their involvement with a bereavement group and would further lead to talks to GP registrars at a local medical school describing their experiences of bereavement and the support available.

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 CCG to secure improvements to services where these were identified.

- The practice offered an early morning on a Monday morning with GP appointments, nurse telephone consultations and health care assistant appointments from 6.45am to 8am for patients who could not attend during normal opening hours.
- 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.
- 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, and where the practice did not provide vaccinations such as yellow fever and Japanese encephalitis patients were referred to travel clinics.
- There were disabled facilities including disabled toilets. A hearing loop was not available, although staff knew how to assist people with hearing and visual impairment.
- Translation services could be accessed if required for patients whose first language was not English.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, carers, mental health services and dementia. There were displays providing information on cancer warning signs.
- The practice provided a range of nurse-led services such as management of asthma, diabetes and coronary heart disease, wound management, smoking cessation advice and weight management advice.
- Text message appointment reminders were available. The practice noted that these had reduced the occurrences of patients who did not attend (DNAs) for their appointment. An audit undertaken noted that from April 2014 to April 2015 the practice had 369 DNAs this amounted to 12% of the practice a re-run of this audit showed that following the instigation of text appointment reminders; these had been reduced by 1% to 343 DNAs or 11%.
- The practice dispensary provided text reminders and emails to patients when their medication was dispensed and was ready for collection. The practice stated this reduced the impact on telephone calls into the surgery.
- The practice had a flexible approach for appointments with vulnerable patients, and tried their best to accommodate them at the most suitable time for each individual.
- The practice website contained some general details for patients, including smoking cessation, contraceptive services, minor surgery and travel vaccinations.
- 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. Minor surgery such as cryotherapy, joint injections and excision of minor skin tags was available.
- 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.
- 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 and alcohol addiction support group and shared the care of ex drug and alcohol abusers to monitor their medicines and general health.
- On-line services were available for appointment booking and cancellations, reviewing patient information and prescription requests. The system allowed patients to add a free text comment to their prescription request.
- Providing patients had given their consent they were able to review their own coded data within their electronic medical records. This included patient information such as pathology results, vaccinations, immunisations, problems and diagnosis.
- Prescriptions could be posted to patients if they requested.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The midwife provided pre-natal clinics Wednesday afternoons from the practice

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments with the GP were from 8.20am to 12.20pm every morning and 3.20pm to 5.10pm daily. Nurse's appointments were generally from 8.30am to 12.30pm and 2pm to 5.15pm daily. Extended hours appointments were offered with the GP, nurse telephone consultations and health care assistant appointments from 6.45am to 8am Monday mornings. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 100% of patients said that the last appointment they got was convenient compared to the CCG average of 93% and national average of 92%.
- 100% of patients said that they 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 the national average of 85%.
- 94% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 84% of patients said they usually got to see or speak to their preferred GP compared to a CCG average of 61% and a national average of 59%.
- 77% of patients described their experience of making an appointment as good compared to a CCG average of 77% and a national average of 73%.
- 61% of patients said they usually waited 15 minutes or less after their appointment time compared to a CCG average of 64% and a national average of 65%.

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

Listening and learning from concerns and complaints

The practice had a 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. The practice manager was responsible for dealing with these.

We saw that information was available to help patients understand the complaints system. There were leaflets and posters displayed in the waiting area and information was available on the web site. Patients we spoke with were not aware of the process to follow if they wished to make a complaint, however they told us they would speak with either the GP or the practice manager and felt confident their concerns would be listened to and where required action would be taken. We saw that verbal complaints were recorded and reviewed to identify any trends.

We reviewed complaints that had been received in the last twelve months and found these had been dealt with appropriately and where relevant had been dealt with as significant event.

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 mission statement which was displayed in the waiting areas 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 GP 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 GP was 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 (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).This included support training for all staff on communicating with patients about notifiable safety incidents. The GP 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. Regular team meetings were held to ensure communications were effective across the team with administration and clinical meetings held monthly in addition to multidisciplinary and child safeguarding meetings which included the school nurse and health visitor.
- Staff said they felt respected, valued and supported, particularly by the GP and manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP 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 patient participation group (PPG) meetings, through virtual PPG members and through patient surveys. In addition the practice analysed patient compliments and complaints received, registrar patient satisfaction questionnaires, feedback forms and practice website suggestions and comments. Following patient feedback the practice no longer closed at lunch time which ensured they were more accessible to patients.
- There was an active PPG formed in 2012 consisting of seven members who met with the practice manager every three months. We spoke with four members of the PPG; all were passionate about the practice and

Are services well-led?

Good

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

proactive in supporting the practice to achieve good outcomes for patients. The practice told us they had been instrumental in deciding on a telephone system for the surgery in trailing on-line services.

- The practice collated feedback from patients from the 'NHS Friends and Family' test, which asked patients, 'Would you recommend this service to friends and family?' The friends and family feedback form was accessible in the waiting room for patients to complete and could also be completed via the practice's web site. Results showed that 100% of respondents would recommend the practice.
- The practice produced quarterly patient newsletters. This included practice news, health education and current NHS matters.
- The practice had gathered feedback from staff through meetings, one to ones and a suggestion box. Practice staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff highlighted to the GP where a vulnerable patient requested appointments but often forgot to attend. The practice ensured that appointments were made available on the day of the request to ensure the patient was seen that day.

Continuous improvement

There was a strong focus of supporting the future sustainability of primary care and continuous learning and improvement at all levels within the practice. The practice had been a training practice since August 2014 and had been re approved in June 2016 for GP registrars. The practice showed us evidence of well-planned inductions for trainees which took account of their personal circumstances. The GP had been nominated for the East of England School Award in 2016.

In addition the practice was an established research practice and took part in several clinical research projects. For example research into medications such as those for hypoglycaemia, helicobacter eradication aspirin study and a new study to test the effects of a computerised clinical decision support tool to assist GPs in the selection of patients for gastroscopy for potential oesophageal cancer.

The practice would be adopting the electronic prescription service in June 2016, this provided patients with the option of having their repeat prescription sent electronically to the participating pharmacy of their choice. The practice was also piloting with a local surgery the potential to share dispensing staff for annual leave and sickness cover. The practice told us this enabled both surgeries to share good practice and ensured continuity of service with minimal disruption.