

Nuffield Road Medical Centre

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 comprehensive inspection at Nuffield Road Medical Centre

on 17 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice protected children and families in a way that supported the best outcomes for these patients. A strong partnership approach, appropriate and swift information sharing, alongside meticulous minute taking, ensured that safeguarding issues were both highlighted and followed up. Additional support was made available for families and concerns shared more widely as necessary. There was a strong focus

Summary of findings

on considering issues relating to domestic violence and substance abuse. The pro-active and responsive management of safeguarding concerns has led to the effective and timely mitigation of risks to children and their families.

The areas where the provider should make improvement are;

Ensure all members of staff are aware of where emergency equipment and medicines are located.

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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- 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.

- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- 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.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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.
- 79% of patients with diabetes listed on the practice register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) which was comparable to the national average of 78%.
- 83% of patients with diabetes listed on the practice register had a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015), which was comparable to the national average of 88%.
- 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 named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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 relatively high for all standard childhood immunisations.

Good



Summary of findings

- 73% of patients with asthma listed on the practice register had received an asthma review in the preceding 12 months (01/04/2014 to 31/03/2015), which was comparable to the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- 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)

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 encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for patients aged 60-69, screened for bowel cancer in last 30 months was 53%, compared to 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 63%, which was below the CCG and national average of 72%.

Good



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 homeless people, travellers and those with a learning disability. The practice had identified 2.5% of its practice population as travellers and ensured services were

Good



Summary of findings

accessible and in some cases taken out to patients in their homes. For example, clinicians would attend to patients at home to ensure services including the flu vaccines and childhood immunisations were promoted and provided.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice acted as a point of contact for patients with no fixed abode registered at the surgery, by receiving letters for them and contacting the patient or nominated contact.

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).

- The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in their record in the preceding 12 months (01/04/2014 to 31/03/2015) was 96.46%, compared to the national average of 88.47%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- An Alzheimer's Society worker ran a monthly clinic to support patients, families or carers of patients at the practice.

Good



Summary of findings

- A practice employed counsellor provided a service every Tuesday and Friday from the practice. The practice had access to a psychiatrist by telephone for a specified time slot each day for further support and guidance.

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. 319 survey forms were distributed and 124 were returned. This represented 39% of the practice's patient list.

- 80% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 81% were satisfied with the surgery opening times compared to a CCG average of 75% and a national average of 75%.
- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 31 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. However, two cards raised concerns regarding lengthy waiting times once patients arrived for their appointment, another two raised concerns regarding appointment availability.

We spoke with six members of the practice walking group and ten patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. However, the reception area was open plan and a few patients commented that conversations can be heard in the waiting room. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure all members of staff are aware of where emergency equipment and medicines are located.

Outstanding practice

- The practice protected children and families in a way that supported the best outcomes for these patients. A strong partnership approach, appropriate and swift information sharing, alongside meticulous minute taking, ensured that safeguarding issues were both highlighted and followed up. Additional support was made available for families and concerns shared

more widely as necessary. There was a strong focus on considering issues relating to domestic violence and substance abuse. The pro-active and responsive management of safeguarding concerns has led to the effective and timely mitigation of risks to children and their families.

Nuffield Road Medical Centre

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, a specialist nurse adviser and a practice manager specialist adviser.

Background to Nuffield Road Medical Centre

Nuffield Road Medical Centre provides Personal Medical Services to a population of 14,000 patients in the Cambridge City area. The practice lies to the North and West of the river and the villages of Histon, Impington and Milton.

The practice consists of the following:

- Nine GPs (four male and five female).
- Two nurse practitioners.
- Three practice nurses.
- Four health care assistants. (healthcare assistants support practice nurses with their daily work and can carry out phlebotomy, blood pressure checks and new patient checks. They may also act as a chaperone when a patient or GP requests one).

The practice is supported by a practice manager, seven administrative staff, a reception manager and nine receptionists.

Also based at the practice is the district nursing service and child and family team. The practice also provides room

availability for 'Centre 33'; this is a counselling service for young people up to age 25 years. This organisation also has a range of services for young carers between the ages of 8 – 18 years old.

The opening hours of the practice are:

Monday to Friday 08am – 6pm, with extended hours for patients who work out of town on a Wednesday evening from 6pm until 8pm. The practice is closed at weekends. Appointments are from 8.30am to 5.20pm daily.

The practice uses the 111 service when the practice is closed (this is the out of hours emergency service led by GPs).

A local community pharmacy offers a minor ailment service which offers patients advice and treatment which may save the need for a GP appointment. This service is known as the NHS Cambridgeshire Minor Ailment Service.

- The practice population had a high level of females over the age of 85 years old plus high levels of under 4 year olds and 20-40 year olds.

The practice teaches GP Registrars (doctors training to be GPs), and medical students in small groups.

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. Our inspection was an announced visit on 17 March 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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. The QOF achievement for this practice for the year 2014-2015 is 546.05 points out of a total of 559 points. This equates to 3.5% above the CCG average and 3% above England average.

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 staff were able to describe what would constitute a significant event and felt confident in recording them and forwarding to the practice manager.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety. The practice regularly discussed significant events and complaints and lessons learnt were disseminated to all practice staff. The practice manager, reception manager and a GP regularly carried out analysis of significant events and complaints to ascertain whether any trends were identified and additional training required by team members. Verbal complaints were also recorded and where necessary were dealt with as a significant event.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice protected children and families in a way that supported the best outcomes for these patients. A strong partnership approach, appropriate and swift information sharing, alongside meticulous minute taking, ensured that

safeguarding issues were both highlighted and followed up. Additional support was made available for families and concerns shared more widely as necessary. There was a strong focus on considering issues relating to domestic violence and substance abuse. The pro-active and responsive management of safeguarding concerns had led to the effective and timely mitigation of risks to children and their families. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Information was available to all staff on the process for raising concerns together with relevant contact details of external agencies should it become necessary to refer to other organisations. GPs were trained to Safeguarding level 3 for children.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific

Are services safe?

clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff confirmed that in the case of holidays and sickness they would cover for each other and were happy to do so. Staff had various skills within the practice and this enabled them to effectively cover each other as required. Staff members had a 'buddy' within the practice so that in the event of a member of staff not being available to attend meetings or learning events, that the 'buddy' would keep them up-to-date with any changes to policies or procedures.

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. There were also CCTV cameras throughout the practice; however we were told that the viewing screen often failed to work.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. Not all non-clinical members of staff were able to explain where the emergency equipment or medicines were located.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available and kept in the reception office in order that they were easily accessible by staff members.
- All the medicines we checked were in date.
- 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available with 11.7% exception reporting, which was 1.2% above CCG average and 2.5% above England average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

We discussed the 11.7% exception reporting figures with the practice (where appropriate a practice may except a patient from a QOF indicator, for example, where patients decline to attend for a review, or where a medication cannot be prescribed due to a contraindication or side-effect). We were told this was reflective of a high level of diabetic patients in residential nursing or care homes where a diagnosis of dementia may make tight diabetic control inappropriate. However, the practice continued to review and encouraged attendance for health and medication reviews to ensure patients were not overlooked. There was also a high exception reporting rate for atrial fibrillation at 29.2% in contrast to a CCG average rate of 13.4%. This was attributed to the large numbers of new patients registering when they moved into nursing homes or residential care who had a previous diagnosis of atrial fibrillation. The practice provided a detailed audit

looking at patients with a diagnosis of atrial fibrillation to check if the choice of anticoagulant treatment was in line with current guidance. There was evidence of ongoing audits monitoring this area.

The practice had systems in place to ensure vulnerable patients received support; there were interpreter services and double appointments available. The practice had identified 2.5% of its practice population as travellers and ensured services were accessible and in some cases taken out to patients in their homes, for example clinician would attend patients at home to ensure such services as the flu vaccines and childhood immunisations were promoted and provided. We looked at the current indicators for 2015 to 2016 QOF and saw that the practice was in-line with all indicators and lower exception reporting averages.

This practice was not an outlier for any QOF (or other national) clinical targets.

- Performance for diabetes related indicators was similar to the CCG and national averages, at 1.6% below the CCG average and 1.3% below the average for England.
- The percentage of patients with hypertension having regular blood pressure tests was better than CCG and national averages, at 1.9% above the CCG average and 2.2% above the average for England.
- Performance for mental health related indicators was better than the CCG and national averages, at 6.9% above the CCG average and 6.5% above the average for England.

The practice was also higher than the CCG average for patients with osteoporosis (secondary prevention of fragility fractures) and achieved all of the 9 points available in this area. The practice scored 17.9% above the CCG average and 18.6% above the average for England.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. Clinical audits completed in the last two years included an audit of the prescribing of oral anticoagulants (NOACs) for the treatment of atrial fibrillation (AF) to ensure it was safe and complied with local and national guidance. In the first round of the audit the practice identified clinicians had not always recorded why the anticoagulant warfarin was unsuitable for the patient. However, this also identified that

Are services effective?

(for example, treatment is effective)

those patients on NOACs for AF had been managed appropriately. Subsequent review of the audit showed that an indication as to why warfarin was not suitable for a patient had generally been added to patients records. This was achieved through educational discussion and email. Of the 12 patients started on medication while in hospital, only four had clear reasons indicated on their medical records (33%) and of the 26 started on medication by a GP (mostly in response to requests from secondary care), 22 had clear reasons indicated on their medical records (85%). The practice concluded there was still room for improvement. This highlighted that audits resulted in improvements plus appropriate monitoring to maintain the beneficial changes for patients. Other audits included annual reviews of QOF indicators, enhanced services such as intrauterine coil fittings and removals and since 2018 to the 2015 an audit of patient deaths, findings confirmed that the numbers of patient deaths had stabilised as the numbers of new residential and nursing beds locally had stabilised.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. The practice also reviewed information from local hospitals, out of hours services and outpatients departments to identify patients who attended regularly, and might need to have their own personalised care plans.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, equality and diversity and information governance awareness. Staff had access to e-learning training modules however most training was carried out in house. The practice is arranging additional training with the medical defence union training department.
- Regular staff meetings took place and significant events and complaints were a regular agenda item for these meetings.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The meetings held with the Child & Family team made effective use of scarce resources. For example the minutes of the meetings held to discuss vulnerable children provided evidence of appropriate information-sharing which highlighted safeguarding issues. Clinicians could also discuss cases to decide if it was

Are services effective?

(for example, treatment is effective)

appropriate to refer families for additional support. Where appropriate, information was shared with the midwifery & obstetric teams. There was also a focus on considering issues relating to domestic violence & substance abuse.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example, patients who might benefit from smoking cessation advice or weight management support were signposted to local support groups.

The practice's uptake for the cervical screening programme was 84% which was comparable to the national average of

82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for patients aged 60-69, screened for bowel cancer in last 30 months was 53%, compared to 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 63% was low compared to the CCG and national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 90% and five year olds from 78% to 94%.

We saw that at the most recent 2015 to 2016 flu vaccination campaign the practice had identified 844 patients in the at risk group as having had a flu vaccination, this was 6% of the total practice population and 1,546 patients over 65 years who had received a flu vaccination, this was 11% of the total practice population.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The reception area is open plan and a few patients commented that conversations can be heard in the waiting room.

All of the 31 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. However, two cards raised concerns regarding lengthy waiting times once patients arrived for their appointment, another two raised concerns regarding appointment availability.

We spoke with six members of the practice walking group and ten patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 81% said the GP gave them enough time (CCG average 87%, national average 87%).

- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85 %%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 84% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

These survey results were comparable with CQC or national averages. The National GP Patient Survey also highlighted some areas in which the practice could improve.

- 24% of patients said they always or almost always speak to a GP of choice compared to the local CCG average of 37% and national average of 36%.
- 48% of patients said they did not normally have to wait long to be seen compared to the local CCG average of 59% and national average of 58%.

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. The practice website also had a system for translating information for patients who did not speak English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

The practice website provided details of what to do in times of bereavement including 'If a death occurs at home', 'If the death occurs in hospital' and 'Note for cremation'.

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.

- The practice offered a 'Commuter's Clinic' on a Wednesday evening until 8pm for working 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There were 14 languages available on the patient check-in screen. The practice used a translation services and allowed longer appointments for patients who did not speak English as a first language, including the local Bangladeshi population.
- The practice had identified 2.5% of its practice population as travellers and ensured services were accessible and in some cases taken out to patients in their homes, for example clinicians would attend to patients at home to ensure services including the flu vaccines and childhood immunisations were promoted and provided.
- The practice provided signposting to support services such as alcohol and drug reduction services. Care for patients who misuse drugs and alcohol including detoxification (in conjunction with an external support organisation) was offered by two GPs, both of whom have the Royal College of General Practitioners Drug & Alcohol certificate.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as home blood pressure monitors, electrocardiogram tests, spirometry checks and in-house phlebotomy. Other services available from the practice included district nursing, midwifery, health visitors and the Well-Being Mental Health Service.
- The practice offered the fitting and removal of long term contraception. In addition, the practice encouraged chlamydia testing for the under 24 age group. Referrals were also made to a local outreach sexual health service. Emergency contraception was available at the practice.
- The practice offered a range of on-line services, which included; appointment bookings, prescription requests, Summary Care Records and on-line access to clinical records.
- The practice used a text reminder service which would ensure a reminder was to patients once an appointment had been made.
- The practice health trainer was available to help patients manage their weight, reduce alcohol intake and stop smoking.
- Patients with learning disabilities are reviewed annually and given 30 minutes with a GP. The practice oversee nursing and residential homes that care for adults with learning disabilities and severe physical disabilities. Each patient has a named GP and regular visits from their GP.
- The practice acted as a point of contact for patients with no fixed abode registered at the surgery, by receiving letters for them and contacting the patient or nominated contact.
- An Alzheimer's Society worker ran a monthly clinic to support patients, families or carers of patients at the practice.
- A practice employed counsellor provided a service every Tuesday and Friday from the practice. The practice had access to a psychiatrist by telephone for a specified time slot each day for further support and guidance.
- Receptionists had undergone training in dealing with difficult and aggressive patients.
- There was dedicated time for GP's to undertake ward rounds at the local nursing and residential homes. A dedicated GP attended the smaller homes on a

Are services responsive to people's needs?

(for example, to feedback?)

fortnightly basis and a weekly or bi-weekly basis to the larger homes. All of the homes were given a dedicated bypass telephone number in order that the staff had direct access to the practice reception.

- The practice undertook regular medication reviews with a local pharmacist and geriatrician.
- There was a district nurse and community matron working from the practice and regular meetings were held to ensure communication and co-ordinated care was provided for housebound patients.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.30am to 5.20pm daily. Extended surgery hours were offered on Wednesday evenings from 6pm to 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 80% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 47% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

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

Listening and learning from concerns and complaints

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

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

Patients we spoke with had not had any cause for complaint. We saw the practice had recorded 17 complaints since May 2015 to February 2016. We saw that these had been dealt with in a timely manner and learning outcomes had been cascaded to staff within the practice where appropriate.

A summary of each complaint included details of the investigation, the person responsible for the investigation, whether or not the complaint was upheld, and the actions and responses made. We saw that complaints had all been thoroughly investigated and the patient had been communicated with throughout the process.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a mission statement to provide the highest standards of patient-centred healthcare, utilising fully the resources available whilst treating patients with equality and respect.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice aims and objectives were outlined in the practice statement of purpose and included:

- To provide the highest and safest standards of care to our patients
- For all our staff to work as a team, always putting our patients first and at the centre of the service we deliver
- To treat all patients equally, with respect and courtesy and without prejudice
- To work in partnership with our patients, their families and carers to achieve the best outcomes possible for their health and well-being
- To focus on the prevention of illness by promoting healthy lifestyle choices
- To provide a safe and friendly environment for both patients and staff with a zero tolerance policy toward all forms of abuse
- To run a safe and sustainable service, looking after the welfare of our staff, ensuring they can perform to the highest standards at all times
- To embed quality improvement methodology into the continual improvement of our services, by listening to our patients and by actively reviewing and auditing what we do
- To use NHS resources responsibly to help deliver an efficient service
- To recognise our role as both a provider and commissioner and to work with local NHS and social care bodies to develop a sustainable health economy

- To continually strive to deliver a high quality, evidence-based service with all our staff being trained to the highest standards in order to carry out their duties competently
- To strive to be a centre of educational excellence and to support the health and social care system by actively encouraging and facilitating the development, training and education of health and social care staff.

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 both in hard copy and on the practice intranet.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which 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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

Are services well-led?

Good 

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

- They kept written records of verbal interactions as well as written correspondence.

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) meetings 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. There was an active PPG which met regularly.

- The practice had gathered feedback from staff through an annual staff survey, through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

The practice also gathered feedback from Friends and Family Test responses as follows:

48 responses received – 31 patients commented that they would be extremely likely to recommend the surgery to someone who moved into the area. 11 patients commented that they would be likely to recommend, two would neither recommend nor not recommend, one patient commented that he/she would be unlikely to recommend and three commented extremely unlikely to recommend.

Continuous improvement

There was a strong focus on improvement at all levels within the practice.

The practice teaches GP Registrars (doctors training to be GPs), and medical students in small groups.