

# Cathedral 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?

Requires improvement



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

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Cathedral Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cathedral Medical Centre on 22 September 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 the practice had systems in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not robust enough to ensure patients were kept safe. For example, infection control audits, equipment calibration and fire drills.
- The practice had identified 91 patients as carers (0.9% of the practice list).
- Patient safety alerts were logged, shared and initial searches were completed and the changes effected.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

# Summary of findings

- The practice offered minor surgery on site. This included coil and contraception implants however the practice had not risk assessed the need to make emergency medicines immediately available for the treatment of a specific complication for that procedure in the practice.

The areas where the provider should make improvements are:

- The practice should be proactive in identifying carers.

- Ensure that the practice is following the guidance around infection control monitoring as set out in the Code of Practice set out by the Department of Health.
- Ensure the practice holds a copy of the legionella risk assessment.
- Ensure all medical equipment is regularly calibrated.
- Ensure regular fire drills are undertaken.

**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 requires improvement for providing safe services.

**Requires improvement**



- 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 things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice did not have adequate arrangements in place to respond to emergencies and major incidents. The practice did not have the appropriate emergency medicine available within the practice for a minor surgery procedure if complications arose and had not completed a risk assessment for it. The practice put in an order for the medicine the following day.
- We reviewed five personnel files and found that all of the appropriate recruitment checks had been undertaken for all staff 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 was scope for the practice to better reassure itself that it maintained appropriate standards of cleanliness and hygiene. The practice had not completed regular infection control audits. We saw evidence of a full audit started in April 2015 and fully completed in October 2015. A mini audit of basic cleaning checks was completed in April 2016; however there was no evidence of the practice having carried out a full audit prior to the audit in 2015. We saw evidence of staff cleaning checks and monitoring of the cleaners supplied by the lease company and staff reported any issues raised. We saw evidence that actions were planned or taken to address any improvements identified in the audit.
- The practice had a legionella policy however they did not hold a copy of the lease company legionella risk assessment. The practice manager has since requested a copy. Water temperatures were checked regularly and taps were run when they were in limited use.
- Patient safety alerts were logged, shared and initial searches were completed and the changes effected.

# Summary of findings

- The practice had 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.

## Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally higher than the clinical commissioning group (CCG) and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- 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.
- The national GP patient survey results were published on 7 July 2016. The results showed that 56% of patients who responded said they usually get to see or speak to their preferred GP compared to the CCG and national average of 59%.
- The practice was a triage clinic for initial sleep apnoea assessments. Five local practices referred patients to Cathedral Medical Centre where assessments were made and equipment was given to the patient to monitor their sleep. The GPs then referred onto the appropriate hospital only when necessary.

## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff 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 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.
- The practice recently achieved a practice team award from the Royal College of General Practitioners in recognition of an outstanding contribution to primary care.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had 32 patients on their palliative care register and the practice worked closely with the multi-disciplinary team, out-of-hours and the nursing team to ensure proactive palliative care planning.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, dementia and heart failure were above the local and national averages.
- The practice looked after patients living in local care homes. Named GPs were allocated to each care home and the GP visited patients as and when required.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for diabetes related indicators was 98%, which was 8% above the CCG average and 9% above the national average. The practice exception reporting for clinical indicators was 14% which was higher than the CCG average of 13% and the England average of 11%. (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).
- Longer appointments and home visits were available when needed.

# Summary of findings

- 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.

## 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.
- 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.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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's uptake for the cervical screening programme was 81% which was similar to the CCG and England averages of 82%. The practice exception reporting for the clinical domain was 3% which was lower the CCG average of 8% and the England average of 6%.

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.

Good





# 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 42 patients on the learning disabilities register. Last year 39 out of the 42 patients had received a care review. The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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 during out-of-hours.

## 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).

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG and the national average by 3% with a 7% exception reporting which was lower than the CCG average of 11% and the England average of 8%.
- The practice achieved 100% for mental health related indicators in QOF, which was above the CCG average by 8% and the England average by 7%. The rate of exception reporting for these indicators was 8% which was lower than the CCG average of 13% and England average of 11%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was generally performing in line with or better than the local and national averages. 244 survey forms were distributed and 112 were returned. This represented 46% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and 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, all 11 cards were positive about the standard of care received.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- The practice offered minor surgery on site. This included coil and contraception implants however the practice had not risk assessed the need to make emergency medicines immediately available for the treatment of a specific complication for that procedure in the practice.

### Action the service **SHOULD** take to improve

- The practice should be proactive in identifying carers.
- Ensure that the practice is following the guidance around infection control monitoring as set out in the Code of Practice set out by the Department of Health.
- Ensure the practice holds a copy of the legionella risk assessment.
- Ensure all medical equipment is regularly calibrated.
- Ensure regular fire drills are undertaken.

# Cathedral 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 and a practice manager specialist adviser.

## Background to Cathedral Medical Centre

Cathedral Medical Centre is situated in Ely, Cambridgeshire. The practice provides services for approximately 10300 patients. It holds an Alternative Provider Medical Services contract. The practice has one female and five male GP partners and one male and four female salaried GPs. The team also includes three female practice nurses and two health care assistants one male, one female. They also employ a practice manager, a managerial assistant and a team of secretarial, administration and reception staff.

The practice is open between 8am and 6.30pm Tuesday to Friday and 8am to 8.30pm Mondays with additional weekend appointments available on a Saturday between 9am and 12.30pm. During out-of-hours GP services are provided by Urgent Care Cambridge via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed that the practice had a lower than average practice population aged between 15-29 and 50-85 and a higher than average practice population between 0-14 and 30-49 compared with the national England average. The deprivation score was significantly lower than the average across England.

## 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 September 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the practice manager, reception and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

# Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Patient safety alerts were logged, shared and initial necessary searches were completed and the changes effected.

### Overview of safety systems and processes

Although risks to patients who used services were assessed, the systems and processes to address these risks were not robust enough to ensure patients were kept safe.

- There was scope for the practice to better reassure itself that it maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead 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. However the practice had not completed regular infection control audits. The practice manager advised a full audit was started in April 2015 and fully completed in October 2015. A mini audit of cleaning checks was completed in April 2016; however there was no evidence of the practice having carried out a full audit prior to the audit in 2015. We saw evidence of staff cleaning checks and monitoring of the cleaners supplied by the lease

company and staff reported any issues raised. We saw evidence that actions were planned or taken to address any improvements identified in the audit. The practice had a legionella policy however they did not hold a copy of the lease company legionella risk assessment. The practice manager has since requested a copy. Water temperatures were checked regularly and taps were run when they were in limited use.

- We reviewed five personnel files and found that all of the appropriate recruitment checks had been undertaken for all staff 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 .
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- Arrangements were in place for managing medicines, including emergency medicines and vaccines in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal). However one emergency medicine for the treatment of a specific complication to a medical procedure was not available in the practice and a risk assessment had not been completed. The practice put in an order for the medicine the following day. 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 systems in place to monitor their use. Patient group directions had been adopted by the practice to

## Are services safe?

allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- A notice in the waiting room and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

### Monitoring risks to patients

Risks to patients were assessed.

- There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments however regular fire drills had not been carried out. 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 the control of substances hazardous to health and infection control. The practice had a legionella policy however they did not hold a copy of the lease company legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Water temperatures were checked regularly and taps were run when they were in limited use.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice did not have 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 had received up to date basic life support training and there were emergency medicines available in the treatment room. 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, however the practice did not have the appropriate emergency medicine for the treatment of a specific complication of that procedure in the practice and had not completed a risk assessment for it.
- The practice had a defibrillator available on the premises however this was two years old and had yet to be calibrated. The practice rectified this within 4 working days of the inspection. Oxygen was available with adult and children's masks and a first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 99.7% of the total number of points available which was above the CCG average by 6% and the England average by 5% with an exception reporting of 11% which was the same as the CCG average and higher than the England average by 2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed that the practice generally performed better than the CCG and England averages:

- Performance for asthma related indicators was 100% which was 2% above the CCG average and 3% above the England average with a 2% exception reporting which was better than the CCG and England average of 7%.
- Performance for mental health related indicators was 100% which was 8% above the CCG average and 7% above the England average with a 8% exception reporting which was better than the CCG average of 13% and the England average of 11%.

- Performance for diabetes related indicators was 98% which was above the CCG average by 8% and England average by 9% with a 14% exception reporting which was better than the CCG average of 13% and the England average of 11%.
- Performance for rheumatoid arthritis related indicators was 100% which was 6% above the CCG average and 5% above the England average with a 2% exception reporting which was better than the CCG average of 8% and the England average of 7%.
- Performance for chronic kidney disease related indicators was 100% which was 8% above the CCG average and 5% above the England average with a 11% exception reporting which was worse than the CCG average of 8% and the England average of 7%.

There was evidence of quality improvement including clinical audit.

- We looked at two clinical audits completed in the last 12 months which were both completed audits where the improvements made were implemented and monitored. For example, an audit of patients on an oral anticoagulant medicine (a medicine that interrupts part of the system involved in the formation of blood clots) for atrial fibrillation management in November 2015 showed that 95% of patients were in line with local and national guidelines. The patients were prescribed the anticoagulant medicine in line with NICE guidelines and this was noted in the patient records. 50% of the patient notes clearly stated why the medicine Warfarin (Warfarin is also used to reduce the risk of blood clots) had not been used as a first-line oral anticoagulant. It showed that 55% of patients had a review of their medication within either a three month or one year period depending which criteria related to them. The audit was repeated in February 2016 which showed similar figures of 93%. There was an improvement where 58% of patient notes clearly stated why Warfarin had not been used as a first-line oral anticoagulant and 69% of patients had a review of their medication within either a three month or one year period depending which criteria related to them.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- High risk medications were monitored regularly by doing a search on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. The recall



# Are services effective?

## (for example, treatment is effective)

system in place was robust and the practice regularly checked that patients had been in for their blood tests and monitoring. The practice actively encouraged patients to attend for their blood tests.

### 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. This covered topics such 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, the nursing staff had completed their various updates including immunisations, vaccinations and cervical screening.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received regular training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to, and made use of, e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. The practice had daily informal meetings where the clinical staff discussed referrals.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, end of life care. The practice had 32 patients on their palliative care register and they worked closely with the multi-disciplinary team, out-of-hours service and the nursing team to ensure proactive end of life planning.

The practice's uptake for the cervical screening programme was 81% which was similar to the CCG and England averages of 82%. The practice exception reporting for the



# Are services effective?

(for example, treatment is effective)

clinical domain was 3% which was better than the CCG average of 8% and the England average of 6%. There was a policy to offer three reminder letters and telephone reminders for patients who did not attend their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available and using clear information for those with a learning disability. 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. Patients aged 60-69 screened for bowel cancer in the last 30 months was 59% with a CCG average

of 59% and an England average of 58%. Females aged 50-70 screened for breast cancer in the last 36 months was 71% with a CCG average of 74% and an England average of 72%.

Childhood immunisation rates for the vaccinations given were better than the CCG and England averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98%, with the CCG averages of 70% to 95% and the England averages of 73% to 95% and five year olds from 91% to 95%, with the CCG averages of 88% to 95% and the England averages of 81% to 95%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

From the Care Quality Commission comment cards we received, all 11 were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.

- 92% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

### 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 generally in line with local and national averages. For example:

- 87% 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%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We did not see notices in the reception areas informing patients this service was available however the reception staff made patients aware when they registered.
- Information leaflets were available in easy read format.
- A chaperone service was offered to patients and clearly advertised in the waiting area and in the clinical rooms.

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice had identified 91 patients as carers (0.9% of the practice list). The practice should be proactive in identifying carers. A form was given to patients during registration to state whether they were a carer or cared for, however improvements should be made to ensure these patients are identified. Written information was available to direct carers to the various avenues of support available to them.

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

# 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 early morning appointments from 8am and had extended hours on a Monday evening until 8.30pm for patients who could not attend during normal opening hours. Saturday morning pre-bookable appointments were available between 9am and 12.30pm.
- Telephone appointments were available for patients if required. The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers.
- The practice had 42 patients on the learning disabilities register. Last year 39 out of the 42 patients had received a care review. The practice offered longer appointments 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 needs that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- There were disabled facilities, a hearing loop and translation services available. The self check in screen had six languages and information was available in the waiting room in Polish.
- The practice offered minor surgery on site. This included coil and contraception implants however the practice did not have the appropriate emergency medicine available within the practice for the procedure if complications arose.
- The practice had in house phlebotomy appointments with the health care assistants.
- The practice was a triage clinic for initial sleep apnoea assessments. Five local practices referred patients to Cathedral Medical Centre where assessments were made and equipment was given to the patient to monitor their sleep. The GPs then referred onto the appropriate hospital only when necessary.

### Access to the service

The practice was open between 8am and 6.30pm Tuesday to Friday with extended hours on a Monday between 8am and 8.30pm. Appointments were available on a Saturday between 9am and 12.30pm. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. The practice had telephone triage where patients were called back within one hour and where necessary, appointments were offered on the same day. The practice offered online appointment booking, prescription ordering and access to the patient's own medical record.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were in line with or above the local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 98% of patients said the last appointment they got was convenient compared to the CCG average of 94% and the national average of 92%.
- 94% of patients described their experience of making an appointment as good compared to the CCG average of 78% and the national average of 73%.
- 65% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG and national averages of 65%.
- 60% of patients said they don't normally have to wait too long to be seen compared to the CCG and national averages of 58%.
- 56% of patients who responded said they could usually get to see or speak to their preferred GP compared to the CCG and national average of 59%.

The practice had a system in place to assess:

# Are services responsive to people's needs?

(for example, to feedback?)

- whether a home visit was clinically necessary and
- The urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## 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. For example, a poster in the waiting room, information in the practice leaflet and on the practice website.
- We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from an analysis of trends. Actions were taken as a result to improve the quality of care. For example, a patient was unhappy with a prescription issue and how the reception team handled it, the practice manager issued an immediate apology and explained that further training would be delivered on the correct information to provide to the patient.
- The practice had seen a significant decline in the amount of complaints received in the last 24 months.

# 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 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.
- 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 with the exception of regular infection control audits.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment;

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been established for approximately 10 years and met every three months. The PPG had a close working partnership with the practice and submitted proposals for improvements to the management team. The PPG had six members and the practice also had a virtual (email based) PPG with 60 members. The PPG had suggested rearranging the seating area in the waiting room so that it didn't face the reception desk to aid privacy for patients speaking with the receptionists.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

# Are services well-led?

Good 

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example;

the practice took part in NHS supported research studies. The practice recently achieved a practice team award from the Royal College of General Practitioners in recognition of an outstanding contribution to primary care.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The systems and processes to address risk were not robust enough to ensure patients were kept safe.
Maternity and midwifery services	The practice did not risk assess the need to make appropriate emergency medicines immediately available in the practice.
Surgical procedures	This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	