

Parson Drove Surgery

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parson Drove Surgery on 7 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice recognised the lack of public transport for patients and had in conjunction with the Care Network organised a patient led car scheme for transport to primary and secondary care settings.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Furthermore, a variety of different healthcare professionals held clinics at the practice, which encouraged a collaborative approach to care.

Summary of findings

- There was a clear leadership structure and staff felt well supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

- Improve the recall system for medication reviews for patients who are prescribed medicines that require specific monitoring.

In addition to this, the provider should:

- Review the process for cascading Medicines and Healthcare Products Regulatory Agency (MHRA) updates throughout the practice and for ensuring that action is taken where necessary.

- Implement a system to share and review relevant best practice guidelines such as those issued by the National Institute for Health and Care Excellence.
- Record the minutes of clinical meetings to evidence learning from discussion.
- Undertake a review of the risk of legionella within the practice.
- Develop a system for tracking prescription stationery stored within the practice.

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.

- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- The practice had a system in place for receiving and cascading patient safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). However, data showed that there was no rigorous protocol in place to ensure that reviews of safety updates from the MHRA were undertaken and that action had been taken to keep patients safe.
- The practice had a medication review system in place to support patients who take drugs that require monitoring. Data showed that there was scope to develop the system further to ensure that it was robust.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally at or above average compared to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance. However, there was scope to share and review relevant best practice guidelines such as those issued by the National Institute for Health and Care Excellence.
- 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. The practice had recently appointed a member of staff as an multidisciplinary team co-ordinator. This role involved communicating with patients and their families or carers to

Good



Summary of findings

gain a clear insight of their different needs, liaising with the local out of hours provider, undertaking audits, reviewing data on the local Urgent Care Dashboard and attending meetings alongside a clinical member of the team.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than others for several aspects of care. For example, 90% of patients surveyed described their overall experience of the practice as good. This was higher than the CCG average of 86% and the national average of 85%.
- Feedback from patients about their care was consistently positive. 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice recognised the lack of public transport for patients and had organised a patient led car scheme for transport to primary and secondary care settings.
- 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.
- Data from the National GP Patient Survey published in January 2016 showed that 83% of patients surveyed found it easy to get through to the practice by phone, compared to the CCG average of 75% and the national average of 73%.
- 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



Summary of findings

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. However, minutes from team meetings were limited.
- 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 practice proactively sought feedback from staff and patients, which it acted on.
- The practice had an engaged patient participation group (PPG) which influenced practice development.
- There was a strong focus on continuous learning and improvement at all levels.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.

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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice triaged all home visit requests to facilitate earlier visits where hospital admission may be an outcome.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for diabetes related indicators was 75%, which was below the CCG average by 15% and the national average by 14%. Exception reporting for diabetes related indicators was 4%, which was lower than the CCG average of 13% and the national 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.
- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met.

Summary of findings

- 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.
- Regular clinics at the practice included smoking cessation, continence and dietetic support.

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 80%, which was in line with the local and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- An in-house health trainer carried out NHS health checks for patients between the ages of 40 and 74 years.
- Extended hours appointments were available between 6.30pm and 8pm on Mondays.

Summary of findings

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had recently appointed a member of staff as an multidisciplinary team co-ordinator. This role involved meeting with patients and their families or carers to gain a clear insight of their different needs, liaising with the local out of hours provider, undertaking audits, reviewing data on the local Urgent Care Dashboard and attending meetings alongside a clinical member of the team.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Patients who were carers were proactively identified and signposted to local carers' groups. Furthermore, the practice was engaged with the Carers' Prescription Service.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



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

- 90% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was above the CCG and national average of 84%.
- 71% of patients experiencing poor mental health had a comprehensive care plan, which was below the CCG average of 87% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

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

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in January 2016. The results showed the practice was performing above local and national averages in all areas. 252 survey forms were distributed and 129 were returned. This represented a 51% completion rate.

- 83% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).

- 87% 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. We received five comment cards which were all positive about the standard of care received. Patients felt that the practice provided an efficient, responsive service, and that staff were very helpful and considerate.

We spoke with ten patients during the inspection. All ten patients said the care they received was 'excellent', and that staff were approachable, committed and caring. Patients we spoke with told us that the practice had a good range of facilities and that they were generally able to make an appointment when required.

Areas for improvement

Action the service **MUST** take to improve

- Improve the recall system for medication reviews for patients who are prescribed medicines that require specific monitoring.

Action the service **SHOULD** take to improve

- Review the process for cascading Medicines and Healthcare Products Regulatory Agency (MHRA) updates throughout the practice and for ensuring that action is taken where necessary.

- Implement a system to share and review relevant best practice guidelines such as those issued by the National Institute for Health and Care Excellence.
- Record the minutes of clinical meetings to evidence learning from discussion.
- Undertake a review of the risk of legionella within the practice.
- Develop a system for tracking prescription stationery stored within the practice.

Parson Drove Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC lead inspector and a GP specialist adviser.

Background to Parson Drove Surgery

Parson Drove Surgery is a purpose built practice situated in Parson Drove, Cambridgeshire. The practice provides services for approximately 6,300 patients over a six to eight mile radius of the village of Parson Drove, which crosses the border into South Lincolnshire. It holds a Personal Medical Services contract with Cambridgeshire and Peterborough CCG.

According to information taken from Public Health England, the patient population has an age profile comparable to the practice average across England, with a lower than average number of patients aged between 20 and 39. The practice is in an area with a mixed level of socio-economic deprivation.

The practice team consists of three male GP partners (clinicians who hold managerial and financial responsibility for the practice), a female GP locum, a practice manager, an advanced nurse practitioner and three practice nurses. It also has teams of reception, administration and secretarial staff.

Parson Drove Surgery is open from Monday to Friday. It offers appointments from 9am to 12pm and 4pm to 8pm on Mondays, 9am to 12pm and 4pm to 6pm on Tuesdays, Thursdays and Fridays, and 9am to 12pm on Wednesdays. Out of hours care is provided by the NHS 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 June 2016. During our visit we:

- Spoke with a range of staff 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?

Detailed findings

- 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

The practice had a system in place for reporting incidents and significant events and staff were all able to describe how such incidents were reported. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The minutes of the practice's meetings did not contain sufficient detail to show that significant events were consistently discussed with staff so that learning was shared. However, we saw that action was taken to improve safety in the practice when required. For example, a new protocol for managing correspondence had been written following a lost letter to another agency.

There was a lead member of staff responsible for cascading patient safety alerts, such as those from the Medicines and Healthcare Products Regulatory Agency (MHRA). However, data showed that there was no rigorous protocol in place to ensure that reviews of patient safety updates from the MHRA were undertaken and that appropriate action had been taken to keep patients safe.

Overview of safety systems and processes

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

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

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and a practice nurse were trained to child safeguarding level three.

- 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 (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. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Medicines management

We checked medicines kept in the treatment rooms and medicine refrigerators and found they were stored securely. Records showed room temperature and fridge temperature checks were carried out which ensured medication was maintained at the appropriate temperature. Processes were in place to check medicines were within their expiry date and suitable for use. Blank prescription forms and pads were securely stored, however there was not a system in place to monitor their use.

The advanced nurse practitioner at the practice was an independent prescriber and could therefore prescribe medicines for specific clinical conditions. Patient group directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation.

Are services safe?

The practice had a medication review system in place to support patients who take drugs that require monitoring. Data showed that there was scope to develop the system further to ensure that it was robust. We checked records for patients prescribed ACE inhibitors, warfarin and lithium and found that they were not consistently receiving regular blood tests and medication reviews in line with national guidance.

Monitoring risks to patients

The procedures in place for monitoring and managing risks to patient and staff safety required improvement.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice completed a fire risk assessment and carried out regular fire drills.
- 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, however the practice did not have an up to date risk assessment for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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. However, there was no formal process for sharing this information and no records to demonstrate how guidelines were reviewed.
- The GPs frequently used computer generated templates to ensure that the treatment provided was comprehensive, standardised and took into account best practice guidance.
- The team worked closely together and frequently provided support and advice to one another on an informal basis.
- They reviewed data from the CCG on a regular basis to compare themselves with other practices for issues such as the prescribing of antibiotics, referral rates and attendance at the accident and emergency department.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 87% of the total number of points available, with 5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 75%, which was below the CCG average by 15% and the national average by 14%. Exception reporting for diabetes related indicators was 4%, which was lower than the CCG average of 13% and the national average of 11%.

- Performance for hypertension related indicators was 100%, which was above the CCG and national averages by 2%. The exception reporting rate for this area 2%, which was lower than the CCG average of 3% and the national average of 4%.
- Performance for mental health related indicators was 89%, which was below the CCG and national averages by 4%. Exception reporting for these indicators was 7%, which was lower than the CCG average of 13% and the national average of 11%.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. Clinical audits had been completed in the last year, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit to assess the outcomes of minor surgical procedures undertaken in house.

The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and had regular meetings to discuss the care and support needs of patients and their families with all services involved. The practice had recently appointed a member of staff as an multidisciplinary team co-ordinator, who had carried out an audit of patient deaths to ensure that the framework was being used correctly. For example, the audit reviewed whether patients had their preferred place of death and resuscitation status recorded.

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 including 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

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 and nurses. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

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

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

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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was in line with the CCG and national averages of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability, and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 73% of the target population, which was in line with the CCG and national averages of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 59% of the target population, which was in line with the CCG average of 59% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2014/2015 ranged from 92% to 100% and five year olds from 86% to 98%.

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. A dedicated

Are services effective? (for example, treatment is effective)

Health Trainer was based at the practice to provide this service. 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.

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

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

Results from the National GP Patient Survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG and national averages of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 96% 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 96%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice

list as carers. The practice was engaged with the local Carers' Prescription Service, which provided respite for carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that families who had suffered bereavement were contacted by their usual GP. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked with the Local Commissioning Group (LCG) to set up an anticoagulation service, meaning that patients could receive care closer to home.

- The practice offered an extended hours appointments on Monday evenings until 8pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients who required one.
- The practice had recognised the lack of public transport for patients and had in conjunction with the Care Network organised a patient led car scheme for transport to primary and secondary care settings. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice utilised the local Urgent Care Dashboard, which provided them with a daily summary of patient hospital admissions and attendance in accident and emergency, out of hours or walk-in centre settings. This information was reviewed to see if vulnerable patients required follow up after discharge.
- The practice held regular specialist smoking cessation, continence and dietetic clinics.
- An osteopath held clinics at the practice twice a week.
- Counselling services were regularly available on site.
- The practice offered rooms for abdominal aortic aneurysm (AAA) clinics when requested by Addenbrookes Hospital.

- A wide range of patient information leaflets were available in the waiting area including NHS health checks, carers, mental health services and dementia.
- The practice had a flexible approach for appointments with vulnerable patients, and tried their best to accommodate them at the most suitable time for each individual.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, spirometry checks, blood taking, health screening and minor surgery.

Access to the service

The practice was open from Monday to Friday. It offered appointments from 9am to 12pm and 4pm to 8pm on Mondays, 9am to 12pm and 4pm to 6pm on Tuesdays, Thursdays and Fridays, and 9am to 12pm on Wednesdays. Out of hours care was provided by the NHS 111 service. Pre-bookable appointments could be booked up to a month in advance.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 83% 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%.

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

Listening and learning from concerns and complaints

The practice had 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 on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

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

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner.

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's mission statement was 'to provide high quality care, in a caring, responsive, supportive and courteous manner'. Practice 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. There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed.

Governance arrangements

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

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

Communication across the practice was structured around key scheduled meetings. However, records of these meetings needed to contain more detail and action points so that improvement could be monitored. We were told that many issues were dealt with informally which meant there were few records to demonstrate the action taken or to help monitor progress with actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable, friendly and supportive.

There was a clear leadership structure in place and staff felt supported by management. 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. We noted the team also held regular social events. 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. They told us they worked together as a close knit team and supported one another to manage the service.

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 active PPG held bi-monthly meetings at the surgery. We spoke with eight members of the group, who were passionate about the practice and were proactive in supporting practice staff to achieve good outcomes for patients. The members we spoke to described the group as a 'critical friend' and promoted the group in local newsletters. The PPG were active in the local health community and were keen to improve links between primary and secondary care, and had organised the patient governance lead from a local hospital to attend a recent meeting. The PPG had also met with other local PPGs to share examples of their positive working relationship with the practice.

They reported that the suggestions made by the PPG to improve the service were listened to and acted upon by the practice. The PPG told us about a local dementia event and had plans in place to make the waiting area of the practice more suitable for patients with dementia.

The practice had also gathered feedback from staff through staff meetings, appraisals, discussion and away days. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

Continuous improvement

Are services well-led?

Good 

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

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, such as the point of care anticoagulation testing service.

Furthermore, we found that staff working at the practice were encouraged to develop their skills. For example, practice nurses were given protected learning time and

attended training courses for the management of long term conditions. All members of staff were encouraged to attend educational meetings held at the practice. Recent examples of education events included confidentiality, audiology and dermatology.

In addition to this, the practice was keen to support apprenticeships, and had recently successfully supported two administration apprentices.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There was no robust method in place to ensure that patients who took prescribed medication that required monitoring were regularly reviewed.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>