

Bourn 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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

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
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	11
Background to Bourn Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bourn Surgery on 21 January 2016. Overall the practice is rated as good.

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

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

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

We saw one area of outstanding practice:

- All of the GPs and the nurse practitioner saw incoming post, and held daily meetings to discuss patients, record patient information and action incoming correspondence. Issues were discussed with the multidisciplinary team, thus minimising error and enabling peer reflection.

The areas where the provider should make improvement are:

Summary of findings

- Assess the suitability of the drop-off locations for the safe and appropriate storage of medicines.
- Sustain its efforts to implement and maintain an active Patient Participation Group (PPG) so that patients are able to formally contribute to the development of the practice.
- Ensure that all waiting areas of the practice can be clearly seen by reception staff to ensure the safety and security of vulnerable patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



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

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was part of the Cambridge Association to Commissioning Health and the Cambridge Federation of practices. One partner represented the practice within the Cambridge Federation working group. The senior GP partner was the CCG Locality Clinical Lead for Cardiology and Stroke, and was a GP with special an interest in cardiology at Addenbrooke's Hospital. Other partners had special interests which included gynaecology, advanced contraception and care of the elderly.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was accessible and easy to understand. Evidence showed the practice responded quickly to issues raised, and learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice proactively sought feedback from staff and patients, which it acted on. The practice PPG was in the early stages of development.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice undertook weekly 'ward round' at the local residential home.
- There was also a system in place for the home delivery of patients' medications.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management, and patients at risk of hospital admission were identified as a priority. The practice provides a full range of diagnostic services, including ambulatory blood pressure monitoring and spirometry for asthma and respiratory diseases such as chronic obstructive pulmonary disease.
- We saw that both elective and emergency referral rates were consistently below the local CCG average.
- Performance for diabetes related indicators was better when compared to the CCG and national average. The practice had achieved 98.8%, compared to the CCG average of 89.5% and national average of 89.3%.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Performance for all indicators including asthma and hypertension was better when compared to the CCG and national average with the practice achieving 100% across all other indicators.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86.2% which was above the national average of 81.9%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice liaised with the local drug and alcohol service for the management of patients with addiction to drugs and alcohol.

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).

- 93.3% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- 77.7% of patients experiencing poor mental health had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations been involved in the setting up of a 'Dementia Café' at a local residential home.
- 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 published in July 2015 showed the practice was performing in line with local and national averages. 233 survey forms were distributed and 130 were returned. This represented 2.2% of the practice's patient list.

- 94% 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%).
- 93% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 93% 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 30 comment cards which were mostly positive about the standard of care received.

Patients we spoke with during the inspection said they were happy with the care they received and thought staff were approachable, committed and caring. We also spoke with two members of the recently formed PPG who were positive about the care and treatment they received. They described the practice as having a 'village atmosphere' and were positive about the practice's responses to any concerns or ideas patients raised. The practice conducted the NHS Friends and Family Test and the month by month results showed 95% of patients who responded were extremely likely / likely to recommend the practice to other people.

Areas for improvement

Action the service **SHOULD** take to improve

- Assess the suitability of the drop-off locations for the safe and appropriate storage of medicines.
- Sustain its efforts to implement and maintain an active Patient Participation Group (PPG) so that patients are able to formally contribute to the development of the practice.

- Ensure that all waiting areas of the practice can be clearly seen by reception staff to ensure the safety and security of vulnerable patients.

Outstanding practice

- All of the GPs and the nurse practitioner saw incoming post, and held daily meetings to discuss

patients, record patient information and action incoming correspondence. Issues were discussed with the multidisciplinary team, thus minimising error and enabling peer reflection.

Bourn Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a pharmacist inspector.

Background to Bourn Surgery

Bourn Surgery is situated in Bourn, Cambridgeshire. The practice provides services for approximately 5,900 patients across an area of approximately 120 square miles which surround Bourn. The practice is a dispensing practice and dispenses to over 95% of its patients. They hold a General Medical Services (GMS) contract. The practice has one male and two female GP partners, one salaried female GP and two female GP registrars. In addition to this, there is one female advanced nurse practitioner, two female practice nurses and a female health care assistant.

The practice employs a practice manager, a dispensary manager, three dispensers and a dispensary assistant. In addition a reception office manager and three reception/administration/ secretarial staff.

The practice is part of the Cambridge Association to Commissioning Health and the Cambridge Federation of practices. One partner represented the practice on the Cambridge federation working group. The senior GP partner was the CCG Locality Clinical Lead for Cardiology and Stroke, and was a GP with special an interest in Cardiology at Addenbrooke's Hospital. Other partners had special interests which included gynaecology, advanced contraception and care of the elderly.

The practice is a training and teaching practice, and is part of the Cambridge Deanery for the training of medical students.

The practice is open between 8am and 6pm Monday to Friday. Morning appointments are available from 8.30am to 1pm with the nurses and 9am to 11am with the GPs daily. Afternoon appointments are available with nurses and GPs from 3.30pm to 6pm. In addition, appointments are available at a rural satellite location in Great Gransden on Tuesdays for patients unable to travel to the surgery. Appointments for these surgeries are booked through the main surgery.

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

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 January 2016. During our visit we:

- Spoke with a range of staff which included; GPs, the advanced nurse practitioner, practice nurses, the practice manager, the health care assistant, members of the reception/administration and dispensing teams, visiting health care professionals and spoke with patients who used the service.
- Spoke with members of the patient participation group.
- Spoke with staff from a local care home.
- Spoke with visiting health professionals.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

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 practice carried out a thorough analysis of the significant events.
- The practice had systems in place for recording incidents with medicines which were reviewed by the dispensary team on a regular basis.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, medicines and healthcare regulatory agency (MHRA) alerts were disseminated to all appropriate staff and discussed at the next weekly meeting before being stored on the shared intranet folder. All other essential guidance and documents were kept on a shared intranet file which was available to all staff on all their computer desktops.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements, and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were two lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner 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 checked how medicines were ordered, stored and handled at the practice. Medicines were stored securely, in a clean and tidy manner and were only accessible to authorised staff. Medicines were purchased from approved suppliers and all medicines were within their expiry date and fit for use. There was no room temperature monitoring in the dispensary area of the practice to ensure medicines were kept within the recommended temperature range, although there was an air conditioning unit available for use if required. We have subsequently been assured that a room thermometer has been ordered.
- Expired and unwanted medicines were disposed of in line with waste regulations and confidential waste was appropriately handled. Systems were in place to action any medicine recalls. We saw that medicines requiring cold storage were kept in refrigerators which were maintained at the required temperatures and staff knew what to do in the event of failure. However, none of the three refrigerators had a battery operated backup thermometer to measure the temperature should there be a power failure, this was addressed following our inspection and thermometers have been ordered by the practice.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice

Are services safe?

staff and controlled drugs were stored securely and only authorised staff could access them. There were arrangements in place for the destruction of controlled drugs.

Dispensing staff ensured that repeat prescriptions were signed before medicines were handed to patients. Safe systems of dispensing were in operation. Dispensing staff were responsible for handing out prescriptions to patients and followed a safe system of working and had an area available for use if they needed to speak to someone in confidence. Dispensary staff were keeping a log book of dispensing errors and near misses, which was regularly reviewed and we saw evidence that actions had been implemented when necessary.

The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Members of staff involved in the dispensing process had received appropriate training and received annual appraisals and competency checks. There was a tracking system in place in the dispensary to ensure that if members of the dispensing team had alerted the GPs about a medicines issue that this was followed through and completed, and we saw good communication between the dispensing team and the GPs regarding the handling of repeated requests for medication and monitoring compliance. We also saw that the dispensary team informed patients in a timely manner if they were unable to get a medicine and would co-ordinate with the GPs to supply a substitution if appropriate.

The practice had an established and well received service for patients to pick up prescriptions from a variety of different locations if it was difficult to collect from the surgery. Systems were in place to ensure the safe delivery of those medicines via volunteers however the surgery had no written procedure to cover the safe and appropriate storage at the drop off locations. There were safe systems in place to ensure that any change of medication on discharge from hospital, or following a review from other services, was reviewed by a GP and the appropriate action taken in a timely manner. The nurses either prescribed vaccines or administered vaccines using directions that had been produced in

line with legal requirements and national guidance. Prescription pads and blank prescription forms for use in printers were safely stored and handled in accordance with national guidance.

- There were regular practice meetings to discuss significant events including when there were prescribing incidents or dispensed errors. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Dispensed errors were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- All incoming mail, whether paper or electronic, was seen by all the GPs working that day, and then read coded and actioned by the GP before being stored in the patients records.
- All pathology results were seen and actioned daily by the GPs.
- Referrals were processed through a referral system. GPs dictated the letters electronically onto the computer system for sending. All referrals were sent on the same day the patient was seen, regardless of whether the referral was an urgent or routine referral, unless the patient themselves asked for time to decide which hospital or clinic they wished to be referred to.
- 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 patients who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All

Are services safe?

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

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 and oxygen with adult and children's masks available on the premises. A first aid kit and accident book were also available.
- Emergency medicines were available in a secure area of the practice and all staff knew of their location. Appropriate medicines were also available to take on home visits in carry boxes maintained by the dispensary team. Processes were in place to check these medicines regularly; all medicines were within date and suitable for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The GPs told us they lead in specialist clinical areas such as heart disease and dementia and the practice nurses supported this work, which allowed the practice to focus on specific conditions.
- Clinical staff we spoke with told us about the daily clinical meetings/coffee breaks where issues and concerns could be addressed with colleagues. We saw that staff were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to continually review and discuss new best practice guidelines. The minutes we reviewed confirmed that this happened during clinical meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.9% of the total number of points available, with 8.9% exception reporting (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 2014/2015 showed;

- Performance for diabetes related indicators was better when compared to the CCG and national average. With the practice achieving 98.8% compared to the CCG average of 89.5% and national average of 89.3%.

- Performance for all other indicators was better when compared to the CCG and national average with the practice achieving 100% across all other indicators.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last year, all of these were completed audits where the improvements made were implemented and monitored. We saw evidence of regular documented clinical audit over the previous five years.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. We saw an example of full cycle audits that led to improvements in prescribing. For example, action was recently taken to reduce inappropriate steroid inhaler prescribing for children with asthma, following the analysis of an ongoing two cycle audit which used recognised criteria as the set standard.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered 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 updates for relevant staff, for example, those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We spoke with three visiting health professionals including the multidisciplinary team coordinator, the community matron and an integrated health care assistant and saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 86.2%, which was above the national average of 81.9%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability. They also ensured a female clinician was available to take samples. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67.3% to 98.2% and five year olds from 92.5% to 100%.

Flu vaccination rates for the over 65s were 74.1%, and at risk groups 54.31%. These were also above national averages.

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

The practice operated a call system to invite patients with a learning disability in for annual health checks. The practice had completed six annual health checks out of the ten registered patients with a learning disability. The practice actively encouraged these patients to attend with letters, and if there was no response they were contacted by telephone. Patients with mental health needs were also offered annual health checks; we saw that over 77% of

Are services effective?

(for example, treatment is effective)

patients on the mental health register had received a health and medication check in the last 12 months. In addition to this, 93% of patients with a diagnosis of dementia had received an annual health and medication check.

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. We were told patients who were breastfeeding were offered the use of a room if they required.

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, three cards raised concerns regarding difficulty getting an appointment, and seeing a GP of choice.

We spoke with two members of the newly formed patient participation group. 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 86% said the GP gave them enough time (CCG and national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).

- 88% said the last GP they spoke to was good at treating them with care and concern (CCG and national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 82%, national average 91%).
- 95% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG and national average 82%).
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG and national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices on the practice website informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Nurses and GPs doing health reviews and new

Are services caring?

patient health checks also tried to capture the information. There was a dedicated practice notice board in the waiting area and written information to direct carers to the various avenues of support available to them.

Patients we spoke with described the support and kindness provided to them by the practice team following their bereavement. We were told the GPs would often provide their mobile numbers to families where a patient was on end of life care and had often attended the patients and family late at night when needed. Staff told us that if families 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.

The practice was active in raising money by organising donated book and cake sales, money donations and legacies all of which we saw staff and patients were actively involved. We were told that to date the practice had raised over £7,000 for donations to charities such as Macmillan. GPs also took part in events with patients, such as the Three Peaks Challenge which raised funds for organisations including the Cystic Fibrosis Trust. We were told they were currently in preparation for a sponsored annual race in Cambridge.

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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had facilities for patients using wheelchairs.
- A GP partner regularly visited patients in a local residential home on a weekly basis and liaised with the home manager.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice reviewed patient admissions data on a monthly basis.
- There were nurse led chronic disease and wound care appointments available.
- The practice worked closely with multidisciplinary teams to improve the quality of service provided to vulnerable and palliative care patients. Meetings were minuted and audited and data was referred to the local CCG.
- The practice worked with the medicines management team towards a prescribing incentive scheme (a scheme to support practices in the safe reduction of prescribing costs).
- Online appointment booking, prescription ordering and access to basic medical records was available for patients.
- Chlamydia test kits were available at the practice.
- The practice provided a full range of diagnostic services, including ambulatory blood pressure monitoring, and spirometry for respiratory diseases.
- The practice promoted a village car scheme for patients to utilise. These were volunteer drivers who drove patients to the surgery or to hospital appointments and collected them after their appointment.

- The practice dispensary provided a prescription collection and delivery service.
- In addition, appointments were available at a rural satellite location in Great Gransden on Tuesdays for patients unable to travel to the surgery. Appointments for these surgeries could be booked through the main surgery.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.30am with nurses and 9am with GPs 1pm every morning and 3.30pm to 6pm daily. The practice had opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by Care UK via the 111 service.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was high when compared to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 94% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 80% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

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

Listening and learning from concerns and complaints

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.

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

- We saw that information was available to help patients understand the complaints system. For example; there were posters displayed in the waiting room, information was available on the practice website, in the practice leaflet and from the reception staff.

We looked at compliments received by the practice over several years and four written and verbal complaints received in the last 12 months, we found that where appropriate lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

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 family based care and promote good outcomes for patients.

- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- There was a clearly demonstrated ethos of openness, transparency and culture of learning and development in the practice, positively encouraged by the leadership.
- Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients.

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 with nominated leads responsible for all key areas, for example safeguarding, medicines management and training. This was available in all rooms throughout the practice and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- All the GPs and the nurse practitioner saw all incoming post and met daily to discuss patients, read code and action all the incoming post. They then liaised with the nursing team and other staff about any queries they may have. This minimised error and enabled peer reflection and advice for complex.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Clinical staff we spoke with told us about the daily clinical meetings/coffee breaks where issues and concerns could be addressed with colleagues. We saw that staff were open about asking for and providing colleagues with advice and support. GPs told us they supported all staff to continually review and discuss new best practice guidelines. We saw that this also took place during clinical meeting and the minutes we reviewed confirmed that this happened.
- Staff we spoke with including GPs and GP registrars told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through annual surveys, friends and family tests, compliments and complaints received.

- The practice was in process of recruiting to a face to face and virtual patient participation group (PPG). A PPG is a group of patients who work with the practice staff to represent the interests and views of patients to improve the service provided to them. A virtual group liaises with the practice via email. Although the PPG was new in place, we met with two representatives who were confident that the practice listened and responded in a timely way to formal and informal feedback from patients. For example where patients had expressed concerns regarding lower seating in the waiting room, the practice had provided chair raisers to two chairs. Additionally, following patient requests a drinking water cooler had been provided in the waiting area for patients to use.
- The practice produced quarterly newsletters which were available on the practice website and gave information on the PPG, access times and the latest practice and dispensary information.

- As previously set out earlier in this report the practice featured a daily coffee meeting that took place at the end of morning surgeries. All available medical and nursing staff were welcome. Any incidents and concerns arising from the morning's work were discussed and dealt with immediately or escalated for further investigation or more detailed discussion in a more formal process. 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff we spoke with provided us numerous examples of where the practice had supported them to improve their professional practice, for example; nursing staff had attended requested courses in chronic disease management. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.