Drs Cronk Newton and Tan

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?	Outstanding
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Cronk Newton and Tan also known as Papworth Surgery on 8 March 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, and addressed. Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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 areas of outstanding practice:

- The practice was able to provide intra-ocular tests for glaucoma screening within the practice following the donation of equipment from a patient and the relevant GP training. The practice had undertaken 25 tests for patients in the previous year.
- The practice had a named nurse who undertook annual health reviews for patients with a learning disability and provided consistency of care by carrying out smears, doing blood tests and generally being a point of contact for patients with a learning disability and their families. Of the 20 patients on the practice learning disability register, 16 had received a

Summary of findings

face to face review of their care plans in the previous 12 months.The practice had access to a range of easy read health information including videos, health leaflets, support organisations and healthy food and exercises. The learning disability nurse used easy read books and picture learning material obtained from the local learning disabilities team.Additionally the practice diabetic lead nurse used these for healthy eating and exercise advice when reviewing learning disabilities patients with diabetes and the respiratory disease lead nurse when reviewing learning disability patients with asthma and chronic obstructive pulmonary disease.

- GPs provided telephone numbers and home visits for patients on palliative or end of life care at weekends and bank holidays. In addition GPs provided peer support to each other and nursing staff through daily meetings to review care and treatment.

The areas where the provider should make improvement are:

- Record verbal complaints in order to ensure shared learning.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

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

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- The practice had a named nurse who undertook annual health reviews for patients with a learning disability and provided consistency of care by carrying out smears, doing blood tests and generally being a point of contact for patients with a learning disability and their families. Of the 20 patients on the practice learning disability register, 16 had received a face to face review of their care plans in the previous 12 months. The practice had access to a range of easy read health information including videos, health leaflets, support organisations and healthy food and exercises. The learning disability nurse used easy read books and picture learning material obtained from the local learning disabilities team. Additionally the practice diabetic lead nurse used these for healthy eating and exercise advise when reviewing learning disabilities patients with diabetes and the respiratory disease lead nurse when reviewing learning disability patients with asthma and chronic obstructive pulmonary disease.
- GPs provided telephone numbers and home visits for patients on palliative or end of life care at weekends and bank holidays. In addition GPs provided peer support to each other and nursing staff through daily meetings to review care and treatment.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice supported the CCG 'transforming primary care initiative' to help reduce hospital bed blocking whereby patients were transferred into a local rehabilitation facility.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents, information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.
- One GP assisted in the setting up of a local day centre 23 years ago and remained chair of the management committee. This provided a centre for older patients to attend where they could pay a fee for a lunch and social activities. The practice told us they supported the centre with minor fund raising and liaised closely with the day centre staff.

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 supported the CCG 'transforming primary care initiative' to help reduce hospital bed blocking whereby patients were transferred into a local rehabilitation facility.
- QOF performance for long term conditions such as asthma and diabetes was above or in line with CCG and national averages with the practice achieving 100% across all QOF indicators.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- GPs provided daily home visits for patients on palliative or end of life care including weekends, bank holidays and Christmas day. All GPs had remote access software which ensured they were able to access patient information when the practice was closed to ensure continuity of care and treatment.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 100% of patients diagnosed with asthma and on the Asthma register, had an asthma review in the last 12 months from 2014 to 2015.
- 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 85.33% which was comparable to the national average of 81.83%. The practice uptake for patients aged 60-69, screened for bowel cancer in last 30 months was 60%, compared to the CCG average of 59% and the national average of 58%. The practice uptake for female patients screened for breast cancer in the last 36 months at 73% was comparable to the CCG average of 72.3% and national average of 72.2%.
- 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.

People whose circumstances may make them vulnerable

Outstanding

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Of the 20 patients on the practice learning disability register, 16 had received a face to face review of their care plans in the

previous 12 months, with the remaining patients scheduled for a review in the near future. The practice had a named nurse who undertook annual health reviews for patients with a learning disability and provided consistency of care by carrying out smears, doing blood tests and generally being a point of contact for patients with a learning disability and their families. Of the 20 patients on the practice learning disability register, 16 had received a face to face review of their care plans in the previous 12 months. The practice had access to a range of easy read health information including videos, health leaflets, support organisations and healthy food and exercises. The learning disability nurse used easy read books and picture learning material obtained from the local learning disabilities team. Additionally the practice diabetic lead nurse used these for healthy eating and exercise advice when reviewing learning disabilities patients with diabetes and the respiratory disease lead nurse when reviewing learning disability patients with asthma and chronic obstructive pulmonary disease.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months from 2014 to 2015, which is above the national average.
- The practice had identified 33 patients who were experiencing poor mental health on their register, 23 of these patients had received a face to face review of their care in the previous 12 months. We saw that the remaining 10 were scheduled for review where appropriate.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 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 January 2016. The results showed the practice was performing above local and national averages. 240 survey forms were distributed and 102 were returned. This represented 43% completion rate.

- 93% found it easy to get through to the surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 96% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 95% 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 50 Care Quality Commission comment cards during our inspection and another two were sent to us the following day. All of the comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered excellent care, a professional service and staff were helpful, caring and treated them with dignity and respect. Many identified named members of staff for their kindness and support.

These comments were reflected in our conversations with patients. Five members of the patient participation group we spoke with told us they were very 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.

Areas for improvement

Action the service SHOULD take to improve

- Record verbal complaints in order to ensure shared learning.

Outstanding practice

- The practice was able to provide intra-ocular tests for glaucoma screening within the practice following the donation of equipment from a patient and the relevant GP training. The practice had undertaken 25 tests for patients in the previous year.
- The practice had a named nurse who undertook annual health reviews for patients with a learning disability and provided consistency of care by carrying out smears, doing blood tests and generally being a point of contact for patients with a learning disability and their families. Of the 20 patients on the practice learning disability register, 16 had received a face to face review of their care plans in the previous 12 months. The practice had access to a range of easy read health information including videos, health leaflets, support organisations and healthy food and exercises. The learning disability nurse used easy read books and picture learning material obtained from the local learning disabilities team. Additionally the practice diabetic lead nurse used these for healthy eating and exercise advice when reviewing learning disabilities patients with diabetes and the respiratory disease lead nurse when reviewing learning disability patients with asthma and chronic obstructive pulmonary disease.

Summary of findings

- GPs provided telephone numbers and home visits for patients on palliative or end of life care at weekends and bank holidays. In addition GPs provided peer support to each other and nursing staff through daily meetings to review care and treatment.

Drs Cronk Newton and Tan

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 practice nurse specialist adviser.

Background to Drs Cronk Newton and Tan

Drs Cronk Newton and Tan provide General Medical Services to approximately 7,021 patients. The practice area comprises of the village of Papworth and 13 surrounding villages. The surgery is situated in a purpose built health centre and has a dispensary/pharmacy with the practice dispensing to 40% of its patient list.

The practice provides treatment and consultation rooms on the ground floor with ramp access and automatic doors. Parking is available. The practice is a Royal College of General Practitioners (RCGP) spotter practice, this ensured that the practice reported any trends and a timely picture of consultations by diagnosis to the RCGP research and surveillance centre. This data provided the RCGP, public health England and the Department of Health with early warnings of changes in the incidence of common illnesses presenting to GP surgeries. This was particularly important for illnesses such as influenza like-illness and incidence rates for acute illness. The practice was an accredited eastern region clinical research network practice and an accredited teaching and training practice.

The practice has a team of five GPs. Three GPs were partners which meant they hold managerial and financial responsibility for the practice. In addition to this, there is one salaried GP, one GP retainer and two GP registrars.

There is a team of practice nurses, which includes one nurse practitioner and one nurse prescriber, two practice nurses and a phlebotomist who run a variety of appointments for long term conditions, minor illness and family health.

There is a practice manager who is supported by an office manager, a dispensary manager and a practice administrator. In addition there are two dispensers and a team of non-clinical administrative, secretarial and reception staff who share a range of roles, some of whom are employed on flexible working arrangements. There is an integrated pharmacy on site with a superintendent pharmacist which dispenses medicines and provides a range of pharmacy services.

The practice provides a range of clinics and services, which are detailed in this report, and operates between 8.30am to 12.30pm and 1.30 to 5.30pm Monday to Friday. Appointments are from 9am to 12noon every morning and 3.30pm to 5.30pm daily. Extended surgery hours are offered from 6.30pm to 8pm every Monday (these days are adjusted for bank holidays). In addition to pre-bookable appointments with GPs, nurses and healthcare assistants that can be booked up to six weeks in advance at reception, on-line and by telephone, urgent appointments are also available for people that need them. Telephone appointments are available with each GP and telephone sessions are available with the duty GP with an early home visiting opportunity for patients with the duty GP (we were told the practice recorded 25% of GP contacts by telephone). In addition the practice provides a daily morning nurse led minor illness clinic Monday to Friday to provide quick access to appointments for patients.

Detailed findings

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.

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 8 March 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 teams and spoke with patients who used the service.
- Spoke with members of the patient participation group.
- Spoke with other service providers who worked with the practice.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, medicines and healthcare regulatory agency (MHRA) alerts were disseminated to all appropriate staff and discussed at the next 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 of their computer desktops.

When there were unintended or unexpected safety incidents, patients received reasonable support and 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 was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. 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 practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. GPs liaised with and attended the monthly CCG prescribing meetings. GPs ran searches to pick up high risk drug combinations, results or other markers so that the practice could act on them and intervene. The practice had appropriate written procedures in place for the production of prescriptions that were regularly reviewed and accurately reflected current practice. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents 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 saw processes in place for managing national alerts about medicines, such as safety issues. Records showed that the alerts were distributed to relevant staff and appropriate action taken. There was a clear system for managing the repeat prescribing of medicines and a written risk assessment about how this was to be managed safely. Patients were able to phone in for repeat prescriptions, as well as order on line, in person or by post. Changes in patients' medicines, for example when they had been discharged from hospital, were checked by the GP who made any necessary amendments to their medicines records. This helped ensure patients' medicines and repeat prescriptions were appropriate and correct. We checked

treatment rooms, medicine refrigerators and GPs' bags and found medicines were safely stored with access restricted to authorised staff. Suitable procedures were in place for ensuring medicines that required cold storage were kept at the required temperatures. Stocks of controlled drugs (medicines that have potential for misuse) were managed, stored and recorded properly following standard written procedures that reflected national guidelines. Processes were in place to check medicines were within their expiry date and suitable for use. Out of date and unwanted medicines were disposed of in line with waste regulations. Blank prescription forms and paper were handled according to national guidelines and were kept securely. Vaccines were administered by nurses using Patient Group Directions (PGDs) that had been produced in line with national guidance. PGDs were up to date and there were clear processes in place to ensure the staff who were named in the PGDs were competent to administer vaccines. The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. 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, confidential, storage at the drop off locations. We discussed this with the practice manager who confirmed this would be reviewed. Prescription pads and blank prescription forms for use in printers were safely stored and handled in accordance with national guidance.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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.

Good

Are services safe?

- 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 fit 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- We found from our discussions with the GPs and nurses that they completed thorough assessments of patients' needs in line with NICE guidelines. These were reviewed when appropriate.
- 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 diabetes and the practice nurses supported this work, which allowed the practice to focus on specific conditions.
- We saw that staff were open about asking for and providing colleagues with advice and support. GPs told us that they supported all staff to continually review and discuss new best practice guidelines. We saw that this also took place during daily morning and weekly clinical and management meetings and the minutes we reviewed confirmed this. We saw that where a clinician had concerns they would discuss this with another clinician to confirm their diagnosis, treatment plan or get a second opinion.

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 100% of the total number of points available, with 11% 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 was above or in line with CCG and national averages with the practice achieving 100% across all indicators.

We discussed the 11% exception reporting figures with the practice (where appropriate a practice may except a patient from a QOF indicator, for example, where patients decline to attend for a review, or where a medication cannot be prescribed due to a contraindication or side-effect). We were told this was reflective of the large elderly practice population where certain recommended treatments were not appropriate. However, the practice continued to encourage attendance from these patients for health and medication reviews to ensure they were not overlooked.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. Clinical audits completed in the last two years included an audit of antibiotic prescribing, an audit of infection rates following minor surgery at the practice and an audit of patients with coeliac disease who have received appropriate advice and where required, pneumococcal vaccination. These were completed audits where the improvements made were implemented and monitored.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

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. Reviews were carried out to ensure staff were competent and had completed the induction programme successfully.
- 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 staff performance reviews (previously known as appraisals), meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

  Staff had completed training that included: safeguarding, information governance awareness, fire procedures and basic life support. 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 saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice liaised closely with Papworth Trust to identify patients who were at risk of admission/ readmission to ensure systems were put in place to prevent frequent and unnecessary readmissions.

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 and audits.

Supporting patients to live healthier lives

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

The practice's uptake for the cervical screening programme was 85.33% which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for patients aged 60-69, screened for bowel cancer in last 30 months was 60%, compared to the CCG average of 59% and the national average of 58%. The practice uptake for female patients screened for breast cancer in the last 36 months at 73% was comparable to the CCG average of 72.3% and national average of 72.2%.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 97% and five year olds from 90% to 93%. Flu vaccination rates for the over 65s were 73%, and at risk groups 52%.

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

Outstanding ☆

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 received 50 Care Quality Commission comment cards during our inspection and another two were sent to us following our inspection. All of the comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered excellent care, a professional service and staff were helpful, caring and treated them with dignity and respect.

Five members of the patient participation group we spoke with told us they were very 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 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:

- 93% said the GP gave them enough time (CCG and national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 89% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG and national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 94% 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 line with local and national averages. For example:

- 96% 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%.
- 91% 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%).

The practice received 167 responses between January to December 2015 from the Friends and Family tests, with the practice achieving 100% for patients who would recommend the practice to family or friends.

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 and 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 had a named nurse who undertook annual health reviews for patients with a learning disability and provided consistency of care by carrying out smears, doing blood

Are services caring?

tests and generally being a point of contact for patients with a learning disability and their families. Of the 20 patients on the practice learning disability register, 16 had received a face to face review of their care plans in the previous 12 months.The practice had access to a range of easy read health information including videos, health leaflets, support organisations and healthy food and exercises. The learning disability nurse used easy read books and picture learning material obtained from the local learning disabilities team.Additionally the practice diabetic lead nurse used these for healthy eating and exercise advise when reviewing learning disabilities patients with diabetes and the respiratory disease lead nurse when reviewing learning disability patients with asthma and chronic obstructive pulmonary disease.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 97 patients on the practice register as carers, 1.5% of the Practice total list size. The practice actively tried to identify new carers as they registered at the practice. Clinicians also identified new carers as regular patients and their families consulted or were noticed from other correspondence arriving at the practice. One GP and the lead receptionist were carer champions and led in this area for the practice. The carers' champions directed patients to information about carers support groups and written information was also available at the practice. Other staff across the practice and pharmacy alerted the carers champions if they identified any patient who might benefit from being contacted and recognised as a carer.

In 2009 the practice received a silver award from the National Carer Annual Awards Scheme for support to carers from the Princess Royal Trust. The Practice received a cheque for £1,000 (of which £500 was to be spent on improving practice resources for carers) and a framed certificate. Subsequently the practice donated £250 of the grant to West Anglia Crossroads (who support young carers) and the remaining £250 was used to help support adult carers.

The practice took part in the Carers' Prescription Service. When GPs identified patients in their practice who provided care to others, they could write a prescription for them which could be 'cashed in' by the carer to access a specialist worker at Carers' Trust Cambridgeshire for support, information and respite care. The practice were also recognised by Crossroads Care and NHS Cambridgeshire for the workundertaken to support unpaid, informal, family carers through the GP Carers Services Prescription in May 2013.

One GP assisted in the setting up of a local day centre 20 years ago and remained as chairman of the management committee. This provided a centre for older patients to attend where they could pay a fee for a lunch and social activities, we attended the day centre during our inspection and met patients who told us they found the centre very enjoyable. The practice told us they supported the centre with minor fund raising and liaised closely with the day centre staff. The Practice discussed with patients, and their families as appropriate,who might benefit from attending the centre and encouraged joining if thought to be of benefit. The practice also actively recruited more able patients to take up voluntary committee positions and help run the centre.In addition practice staff raised funds twice a year to help with minor funding of the centre. As charity funding grants to run the day centre were reducing, the practice planned a major funding initiative and entered a team in the local Pathfinder Long Distance Walk due to take place in June 2016.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The dispensary staff also directed bereaved family members to the surgery reception when they were made aware of medications being returned to the pharmacy. GPs described how they often provided daily home visits for patients on palliative or end of life care including weekends, bank holidays and Christmas day. All GPs had remote access software which ensured they were able to access patient information when the practice was closed to ensure continuity of care and treatment.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example one GP partner had a special interest in gastroenterology.

Another GP partner had been an advisor on older peoples coordinated care to the clinical commissioning group (CCG) and served on a local practice based commissioning group for five years.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 8pm with a GP and practice nurse for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice worked with and hosted a private counsellor who attended the practice weekly, the practice provided a free room for this service to enable a reduced fee for patients who wished to make use of this non NHS service.
- There were disabled facilities, a hearing loop and translation services available.
- The nurse prescriber provided spirometry and asthma reviews and worked closely with the GPs to highlight any concerning results. In addition to this, the practice had a process in place where they would contact any patient following an admission to hospital for an asthma exacerbation or if the patient had contact with the out of hours service as a result of an asthma exacerbation.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as 24 hour ambulatory blood pressure machines, electrocardiogram tests, spirometry checks, blood taking from children, district nursing, midwifery, health visitor, minor injuries, minor surgery and cryotherapy. Other services the practice were able to offer at the surgery included a nurse led ear microscope and suction service. The practice was equipped with a dermatoscope and was able to offer minor surgeries and joint injections.
- The practice offered the fitting and removal of long term contraception.In addition the practice encouraged chlamydia testing for the under 24 age group. Referrals were also made to a local outreach sexual health service. Emergency contraception was available at the practice. The practice took part in the C Card system which provided free condoms to patients between the ages of 13 -24.
- The practice was able to provide intra-ocular tests for glaucoma screening within the practice following the donation of equipment from a patient and the appropriate GP training. The practice had undertaken 25 tests for patients in the previous year.
- The practice were able to provided email correspondence between GPs and approximately 2% of patients.
- There was a pharmacist available on site whenever the surgery was open; this ensured there were safer prescribing procedures in place in addition to direct patient contact with the pharmacist. The practice provided electronic prescribing for all repeat prescriptions which ensured GPs could send patients prescriptions directly to the dispensary/pharmacy making the processmore efficient for patients. The dispensary/ pharmacy was open until 8pm on Monday evenings.
- The practice offered a range of on-line services, which included; appointment bookings, prescription requests, Summary Care Records and on-line access to clinical records.
- GP and practice nurses attended the local school and day centre for health education and advice. The practice nurse also attended a local pre-school nursery for health and dietary advice.

Access to the service

The practice was open between 8.30am to 12.30pm and 1.30 to 5.30pm Monday to Friday. Appointments were from 9am to 12noon every morning and 3.30pm to 5.30pm daily. Extended surgery hours were offered from 6.30pm to 8pm every Monday (these days were adjusted for bank

Good

Are services responsive to people's needs?

(for example, to feedback?)

holidays). In addition to pre-bookable appointments with GPs, nurses and healthcare assistants that could be booked up to six weeks in advance at reception, on-line and by telephone, urgent appointments were also available for people that needed them. Telephone appointments were available with each GP and telephone sessions were available with the duty GP with an early home visiting opportunity for patients with the duty GP (we were told the practice recorded 25% of GP contacts by telephone). In addition the practice provided a daily morning nurse led minor illness clinic Monday to Friday to provide quick access to appointments for patients.

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

- 90% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 93% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 70% 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.

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

Patients we spoke with had not had any cause for complaint. We noted that verbal complaints had not been recorded and so the potential to achieve wider learning from these had been lost. We looked at five written complaints recorded in the last 12 months and saw that these had been dealt with in a timely manner and learning outcomes had been cascaded to staff within the practice where appropriate.

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

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice was committed to continuity of care, family medicine, health promotion and the prevention of disease. We were told by the practice that they were known within the local NHS organisations as a practice willing to try new initiatives and were regularly in the fore front of these. Consideration to changes and developments in the local area and the practice's patient list size were also included, for example the continued expansion of the village of Papworth, the future of the Papworth hospital site and the potential impact of a local rehabilitation and enablement facility, where future further development had the potential to impact on the local health economy. The practice had a robust strategy and supporting business plans which reflected the vision and values which were regularly monitored.

The practice were members of a local clinical commissioning group (LCG), one of eight LCGs in the Cambridge and Peterborough Clinical Commissioning Group. The practice manager and GPs worked closely with other practice managers and GPs of local GP practices in the group. The purpose was to work together on financial, educational and managerial matters and to share learning and development. The practice supported the CCG 'transforming primary care initiative' to help reduce hospital bed blocking whereby patients were transferred into a local rehabilitation facility.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised 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.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held every three months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Good

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG inaugurated in 1987 which met every two months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example the PPG provided information for local village newsletters and held various meetings of health-related topics. For example the annual general meeting was also an educational meeting and included topics such as; healthly eating, heart disease, sun damage and the skin and changes to the provision of care for vulnerable adults. Members of the PPG reported these were well attended and informative. We were told although some of the PPGs function involved fund raising, the main remit of the group was to promote health care and education, and support the practice in doing so. The PPG also worked closely with the practice on developing and reviewing patient surveys on the services and standards provided by the practice. The PPG told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They said that patients were treated in an age appropriate way and that their needs for care were met. We saw that the latest data from the national GP survey, published January 2016 gave the practice high patient satisfaction ratings, we saw this was also in-line with responses from the Friends and Family Test.
- The practice had gathered feedback from staff through an annual staff survey, through staff away days and generally through staff meetings, appraisals and discussion. The GPs described the staff as their biggest asset. 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. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was a Royal College of General Practitioners (RCGP) spotter practice, this ensured that the practice reported any trends and a timely picture of consultations by diagnosis to the RCGP research and surveillance centre. This data provided the RCGP, public health England and the Department of Health with early warnings of changes in the incidence of common illnesses presenting to GP surgeries. This was particularly important for illnesses such as influenza like-illness and incidence rates for acute illness. The practice was an accredited eastern region clinical research network practice and was a teaching and training practice.

The practice GPs had specific fields of interest such as sexual health services, research and minor surgery. The nursing team held specific clinics for long term chronic conditions and undertook training to develop their skills such as Diabetes and respiratory diseases. The practice encouraged A level students to work at the practice during work experience.