

# George Clare Surgery

## Inspection report

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[www.georgeclaresurgery.nhs.uk](http://www.georgeclaresurgery.nhs.uk)

Date of inspection visit: 22 and 29 March 2022  
Date of publication: 06/05/2022

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 location

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 

# Overall summary

We carried out an announced comprehensive inspection at George Clare Surgery between 22 and 29 March 2022. Following this inspection, we rated the location as good overall, and for all key questions.

Safe - Good

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

The practice was previously inspected on 15 November 2016 and rated as good overall and for all key questions.

The full report for our previous inspection can be found by selecting the 'all reports' link for George Clare Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection. We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Cambridge and Peterborough. To understand the experience of GP Providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

The comprehensive inspection included additional questions in relation to urgent and emergency care.

## How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included

- Conducting some staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A shorter site visit
- Staff questionnaires

## Our findings

# Overall summary

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

## **We have rated this practice as Good overall**

We found that:

- The practice provided care in a way that kept patients safe and protected them from harm.
- Patients received effective care and treatment that met their needs.
- There was a programme of quality improvement, including clinical audit.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- The practice operated effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Whilst we found no breaches of regulations, the provider **should**:

- Develop a formal process for dispensary staff to have ongoing competence checks for their roles.
- Review dispensary labelling to include a format for the blind and partially sighted.
- Monitor and make improvements to the uptake of cervical screening and some antibiotic prescribing outcomes.
- Monitor and make improvements to patient experience outcomes for responsive services.
- Facilitate training for the Infection Prevention and Control (IPC) lead to support them in this role.

**The evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke to the lead GP and completed clinical searches and records reviews and a CQC pharmacist specialist, who spoke with dispensing staff without visiting the location.

## Background to George Clare Surgery

George Clare Surgery is a purpose-built practice situated in Chatteris, Cambridgeshire. The practice provides services to approximately 12,000 patients. It holds a General Medical Services contract with Cambridgeshire and Peterborough Clinical Commissioning Group.

The practice is registered as a partnership with the Care Quality Commission (CQC) to deliver the regulated activities diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury, family planning and surgical procedures.

The practice is a dispensing practice and a training practice.

The practice opening times are Monday to Friday 8am to 6pm. Extended access is offered on Monday and Thursday evening from 6.30pm to 8pm. Out of hours services are provided by Herts Urgent Care and accessed via the NHS 111 service.

Information published by Public Health England shows that deprivation within the practice population group is rated as 6 (1-10). The lower the decile, the more deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is 97% White, 1% Asian, 0.5% Black, 1% Mixed, and 0.5% Other.

The practice team consists of three GP partners (totalling 19 sessions), six salaried GPs (totalling 31 sessions), two nurse practitioners, five practice nurses and four healthcare assistants. The practice dispensary employs a dispensing manager, a dispenser and a dispensary clerk.

The clinical team are supported by a practice manager, a clinical manager, three medical secretaries, four administrators, a social prescriber and a team of eight receptionist.