Bridge Street Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bridge Street Medical Centre on 11 January 2017. 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.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice in line with, or above, others for most aspects of care.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt well supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- There was scope to improve the minutes of various team meetings to evidence improvement and shared learning.

Summary of findings

- The practice should continue to promote the patient participation group and encourage feedback from 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?

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. However there was scope to improve the recording of minutes where these lessons were shared.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Arrangements were in place to respond to emergencies and major incidents.
- We reviewed three personnel files and found that all of the appropriate recruitment checks had been undertaken for all staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service listed.
- Appropriate standards of cleanliness and hygiene were maintained. We saw evidence of staff cleaning checks and monitoring of the cleaners and staff reported any issues raised. We saw evidence that actions were planned or taken to address any improvements identified in the audit.
- The practice had a legionella policy, water temperatures were checked regularly and taps were run when they were in limited use.
- The practice had systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example children and young people who had a high number of A&E attendances.

Are services effective?

Good

The practice is rated as good for providing effective services.

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 99% of the total number of points available, with 11% exception reporting.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice generally higher than others for many aspects of care. For example, 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95% and 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a high student population, but had identified 52 patients as carers (0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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.
- Results from the National GP Patient Survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages. For example 76% of patients were satisfied with the

Summary of findings

practice's opening hours compared to the CCG and the national average of 76% and 85% of patients said they could get through easily to the practice by phone; this was above the CCG average of 75% and the national average of 73%.

- People told us on the day of the inspection that they were able to get urgent appointments on the same day when they needed them.
- 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. However there was scope to improve the minutes of meetings where this information was shared.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The GP and practice manager encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. 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.
- The practice worked closely with the multi-disciplinary team, out-of-hours and the nursing team to ensure proactive palliative care planning.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were above local and national averages.
- The practice operated a daily 'Quick Access clinic' for urgent, on the day appointments which began at 11am. The practice ensured that a quota of these appointments were designated to patients aged over the age of 65, as we were told they have identified a need for this within the patient population.
- The practice had administered flu vaccinations to 61% of patients aged over 65 years during the 2016 to 2017 flu vaccination clinics at the time of the inspection.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available with a 11% exception reporting rate which was in-line with the CCG average and one percentage point above the national average (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). We saw that exception reporting across all indicators was generally in line with local and national averages.
- Longer appointments and home visits were available when needed.
- 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.
- The practice had administered flu vaccinations to 50% of patients on the practice at risk register during the 2016 to 2017 flu vaccination clinics at the time of the inspection.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Childhood immunisation rates for the vaccinations given were low when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds from April 2015 to March 2016 were below the CCG and national averages of 90%, with the practice achieving 85% to 88% in three sub-indicators and 97% in one sub-indicator. Five year olds were from 73% to 86% which was also below the CCG average of 88% to 93%. The practice had a high student population and reported a high proportion of overseas patients and families with limited records of previous childhood immunisation.
- 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 83%, which was above the CCG and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- 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, college and school nurses.

Summary of findings

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.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 58% of the target population, which was in-line with the CCG average of 59% and the national average of 58%.The breast cancer screening rate for the past 36 months was 61% of the target population, which was below the CCG average of 74% and the national average of 72%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice operated a daily 'Quick Access clinic' for urgent, on the day appointments which began at 11am. During the university term time, the practice also operated a daily walk-in clinic for young people aged 17-25. This operated from 11am to 12 midday to ensure ease of access for students.

People whose circumstances may make them vulnerable

Good

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

- The practice had identified 11 patients with a learning disability on the practice register. We saw that since April 2016, 55% had received a recent health review with appointments planned for the remaining patients. The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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.

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).

- The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 93%, which was above the CCG average of 90% and the national average of 89%. Of the 94 patients identified as experiencing poor mental health on the practice register since April 2016, 77% had received a health check with appointments scheduled for the remaining patients.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 88%, which was in-line the CCG average of 88% and above the national average of 84%. At the time of our inspection the practice register had recorded 13 patients identified as having dementia, of these 88% had a care plan in place and had undergone a review since April 2016.The practice referred patients to various support services as required.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing generally in line with local and national averages, 372 survey forms were distributed and 91 were returned. This represented a 24% completion rate this was below the national average response rate of 38%.

- 85% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

We received no patient Care Quality Commission comment cards. We spoke with five patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We were told the practice made every effort to ensure patients were seen. We were told that staff were polite and thoughtful, the practice was always clean, staff listened and responded compassionately when they needed help, providing support when required.

Areas for improvement

Action the service SHOULD take to improve

- There was scope to improve the minutes of various team meetings to evidence improvement and shared learning.
- The practice should continue to promote the patient participation group and encourage feedback from patients.

Bridge Street Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a second CQC inspector.

Background to Bridge Street Medical Centre

Bridge Street Medical Centre in the centre of Cambridge city, located in central Cambridgeshire. The practice is run by five GP partners four female (one on maternity leave) and one male. One female salaried GP and a female locum GP who is providing maternity cover. There is currently one male GP registrar with a female GP registrar due to join the practice in February 2017. The practice employs two female practice nurses and female health care assistant. The clinical team is supported by a practice manager, a practice assistant an office manager and a team of administrative, secretarial and reception staff.

The practice reports that as of 1st January 2017, the practice population stands at 10,332. This represents an increase of 1750 patients since 2012. During the last 5 years, the practice population has steadily increased by an average of 4% per annum. Of the 10,332 Patients, 5650 are between the ages of 18 to 30 years. The practice has a large student population, drawn from the surrounding colleges of the University of Cambridge. The practice has a small population of older patients; with 260 patients are over 75. According to Public Health England information, the practice age profile has higher percentages of patients 15 to 34 years compared to the practice average across England. It has lower percentages of patients aged 0 to 14 years and 35 to 85+ years. Income deprivation affecting children is lower that the local area and national average. For older people it is higher than the local area, but in line with the practice average across England.

The practice is open between 8.30am to 6pm Monday to Friday. Appointments are on average from 8.20am to 12.20 every morning and 2pm to 5.50 daily. The practice offers an extended hours service, with a clinic until after 7pm Monday evenings for a GP and nurses and a morning clinic from 7am on Wednesday. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that need them. Appointments can be booked either online, in person or over the phone and telephone appointments are available. The practice operates a daily 'Quick Access clinic' for urgent, on the day appointments which begin at 11am. The practice ensures that a quota of these appointments are designated for patients above the age of 65. During the university term time, the practice also operates a daily walk-in clinic for young people aged 17-25 years. This operates from 11am to midday. The practice offered extended appointments where necessary for patients with specific needs, ranging from 20 minutes to 50 minutes where necessary. Text appointment reminders are also providers for those patients who provide a current mobile telephone number.

The practice holds a General Medical Service (GMS) contract to provide GP services to approximately 9,885 registered patients, which is commissioned by NHS England. A GMS contract is a nationally negotiated contract to provide care to patients. In addition, the practice also offers a range of enhanced services commissioned by their local CCG: facilitating timely diagnosis and support for people with dementia and extended hours access.

Out-of-hours care is provided by Herts Urgent Care through the NHS 111 service.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 January 2017. During our visit we:

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

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- 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 incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example as a result of one significant event the practice had reviewed its process for home visit requests to ensure there was a system in place to ensure action was undertaken.
- Patient complaints were also treated as significant events to encourage learning from patient feedback.
- The practice carried out a thorough analysis of the significant events to identify trends and make changes when necessary.
- Significant events were discussed at whole team meetings and reviewed bi-annually. However there was scope to improve the minutes of various team meetings to ensure improvement and shared learning was clearly identified.

We reviewed safety records, incident reports, patient safety alert, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA), and minutes of meetings where these were discussed. There was a lead member of staff responsible for cascading and monitoring patient safety alerts, such as those from the MHRA. There were effective systems in place to ensure that reviews of patient safety updates from the MHRA were consistently undertaken and that appropriate and effective action was taken to keep patients safe.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a clinical lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There were cohesive systems in place to ensure families and vulnerable children were read coded on the computer system, including if they failed to attend a hospital appointment. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children with additional training for safeguarding adults as relevant to their role. GPs were trained to child protection or child safeguarding level three. We saw that the practice held regular (quarterly) meetings with health visitors, college and school nurses and other local health providers and services.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank

prescription forms and pads were securely stored; however there was scope to improve the systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments and had undertaken fire drills. All electrical equipment was checked annually 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, for example, control of substances hazardous to health, 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 enough staff were on duty. Some staff were multi skilled and could cover other roles when required.

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 emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- 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.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers.

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The practice had produced a resume of guidelines that was accessible for all staff.

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 for 2015 to 2016 were 99% of the total number of points available with a 11% exception reporting rate which was two in-line with the CCG average and one percentage point above the national average (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 2015/16 showed:

- Performance for diabetes related indicators was better in comparison to the CCG and national average, with the practice achieving 99% across all indicators. This was eight percentage points above the CCG average and nine percentage points above the national average. Exception reporting was in line with CCG and national averages.
- Performance for mental health related indicators was also better in comparison to the CCG and the national averages. With the practice achieving 99% across each indicator, this was five percentage points above the CCG average and six percentage points above the national average. Exception reporting was in-line with local and national averages.
- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, dementia, depression, epilepsy, heart failure, hypertension, learning disability, osteoporosis, palliative care and rheumatoid arthritis were all above or in-line with CCG and national averages with the practice achieving 100% across each indicator. Exception reporting was in-line with local and national averages.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. Clinical audits had been completed in the last year; we looked at completed audits where the improvements made were implemented and monitored. For example, one two cycle asthma audit reviewed the use of inhalers by patients. Those patients identified as exceeding recommended use were invited to a review with their GP. On review of the audit the practice saw the number of patients exceeding use of their inhalers drop from 5% to 2% of those patients assessed. Another audit reviewed and analysed the prescribing of multiple medicines (poly pharmacy) to patients over 75 years. The learning outcome from these completed audits resulted in a change in the practice protocol for the prescribing of these medicines.

Other audits included audits of intrauterine contraception devices, audits of minor surgery undertaken at the practice and any subsequent infection rates. We saw that each audit resulted in reviews and learning outcomes which were discussed and shared with the practice team to ensure improvements were established and reviewed.

High risk medications were monitored regularly by doing a search on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. There were recalls in place and the practice checked that patients had been in for their blood tests.

The practice participated in non-clinical audits including data quality, patient feedback, infection control, cleaning standards appointment schedules. The practice also took part in local audits, national benchmarking, accreditation, peer review and research.

Good

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics including safeguarding, infection prevention and control, fire safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings or with peers. However there was scope to improve the recording of meeting minutes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal in the past 12 months.
- Due to the high turnover of students at the practice from the various surrounding universities the practice had established designated staff and structure for registering the influx of new students during the high impact months of September/October each year.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. For those patients that were considered for hospital admission avoidance the practice worked closely with other services. They discussed these patients on a weekly basis with community services; however there was scope to improve the recording of these meetings to evidence improved patient outcomes because of effective information sharing. The practice had systems in place to ensure any vulnerable patients who did not attend their appointment were followed up as a priority.

Consent to care and treatment

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

·Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition including diabetes and those requiring advice on their diet, drug and alcohol consumption, and smoking cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was above the CCG and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a

Good

Are services effective?

(for example, treatment is effective)

learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 58% of the target population, which was in line the CCG average of 59% and the national average of 58%. The breast cancer screening rate for the past 36 months was 61% of the target population, which was below the CCG average of 74% and the national average of 72%.

The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 93%, which was above the CCG average of 90% and the national average of 89%. Of the 94 patients identified as experiencing poor mental health on the practice register since April 2016, 77% had received a health check with appointments scheduled for the remaining patients.

The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 88%, which was below the CCG average of 88% and the national average of 84%. At the time of our inspection the practice register had recorded 13 patients identified as having dementia, of these 88% had a care plan in place and had undergone a review since April 2016.The practice referred patients to various support services as required.

Childhood immunisation rates for the vaccinations given were low when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds from April 2015 to March 2016 were below the CCG and national averages of 90% with the practice achieving 85% to 88% in three sub-indicators and 97% in one sub-indicator. Five year olds were from 73% to 86% which was also below the CCG average of 88% to 93%. The practice had a high student population and reported a high proportion of overseas patients and families with limited records of previous childhood immunisation.

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

The practice had administered flu vaccinations to 61% of patients aged over 65 years old and 50% of patients on the practice at risk register during the 2016 to 2017 flu vaccination clinics at the time of the inspection.

Good

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 did not receive any Care Quality Commission comment cards. Patients we spoke with said they felt the practice offered a good service, staff were helpful, caring and treated them with dignity, we were told they were always given sufficient time with clinicians' and they were treated with consideration and respect. Patients also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We were told the practice made every effort to ensure patients were seen. Results from the National GP Patient Survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey published in July 2016 showed patients generally 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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

Of the 10,332 patients registered at the practice, 5650 were between the ages of 18 to 30 years. The practice has a large student population, drawn from the surrounding colleges of the University of Cambridge and a relatively) small

Good

Are services caring?

population of older patients, only 260 patients were over 75. The practice reported that due to this small number, the practice team were able to have a thorough knowledge of this particular demographic. The practice's computer system alerted GPs if a patient was a carer. The practice had identified 52 patients as carers (0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice continued to identify carers at the practice.

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

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.

In addition;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a portable hearing loop and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness.
- The practice provided a range of nurse-led services such as management of asthma, and spirometry clinics, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice. Chronic disease appointments were available at a time that was convenient to patients.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, health screening, minor injuries and minor surgery.
- Telephone appointments were available for patients if required (clinical records highlighted when a patient was a vulnerable and a priority and these were directed to the GP).
- The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers.
- The practice hosted other services from the surgery including a weekly midwifery service, physiotherapists, a college nurse, a counsellor and the local diabetic speacialist nurse. The practice had established close working relationships with college nursing teams with one nurse from one college operating a clinic from the practice twice a week during term time, the practice also hosted meetings of college nurses at the practice.
- The practice website provides links to on-line services such as; booking and cancelling appointments, prescription ordering, notifying changes to patients records and online access to records.
- The practice also provided NHS Health Checks, emergency contraception, family planning, sexual health advice, weight management and referral for smoking and drug misuse guidance.
- The practice offered minor surgery clinics, a specialised daily walk-in clinic for young people during university term time, extended access clinics twice a week and priority access for patients aged over 65.
- The practice worked closely with the women's refuge in Cambridge, we were told the practice was chosen by the refuge as the practice they wanted to work with.

Access to the service

The practice was open between 8.30am to 6pm Monday to Friday. Appointments were on average from 8.20am to 12.20 every morning and 2pm to 5.50 daily. The practice offered an extended hours service, with a clinic until after 7pm Monday evenings for a GP and nurses and a morning clinic from 7am on Wednesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Appointments could be booked either online, in person or over the phone and telephone appointments were available. The practice operated a daily 'Quick Access clinic' for urgent, on the day appointments which began at 11am. The practice ensured that a quota of these appointments were designated for patients above the age of 65. During the university term time, the practice also operated a daily walk-in clinic for young people aged 17-25 years. This operated from 11am to midday. The practice offered extended appointments where necessary for patients with specific needs, ranging from 20 minutes to 50 minutes where necessary.

Results from the National GP Patient Survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment were in-line with local and national averages.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients were satisfied with the practice's opening hours compared to the CCG and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints' policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. Complaints were shared with staff to encourage learning and development however as previously recorded in this report there was scope to improve the recording of learning and development discussed at staff meetings.

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 and objective to provide the highest standard of clinical care in a safe comfortable and friendly environment, using the latest developments and technology for patients. This was set out in the practice statement of purpose.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had identified future challenges including local disinvestment, increased demand on its services and local increased population. There was a proactive approach to succession planning in the practice and development of resources. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. 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 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

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

· The practice gave affected people reasonable support and a verbal and written apology

· The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the team also held regular social events, such as a Christmas party. 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. For example one practice nurse was due to undertake a prescribing course to extend her skills and patient services, we were told once this was complete the second nurse would be undertaking this course.

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.

· Due to the high student population the practice continually sought structured patient interaction and reported a lot of positive day to day interaction with patients, but a limited response to feedback such as NHS Choices, suggestion boxes, Friends and Family, patient surveys, and the Patient Participation Group (PPG). The practice had recently focused on patient feedback through the NHS Choices website and had responded to both positive and negative comments on the website seeing an increase in overall rating from two stars to three and a half starts in the previous six months.

· The practice had also 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 that they felt empowered by management to make suggestions or recommendations

Are services well-led?

Good

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

for practice. For example one member of staff had reported during appraisal that they missed the patient involvement they experienced in their previous job. We were told the practice encouraged and supported them to attend a minor operations course and their role now included assisting the clinicians during minor procedures.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes and research to improve outcomes for patients in the area. For example; the practice took part in NHS supported research studies. One GP had an interest in research and the practice had been involved in a variety of research topics in previous years including research into prescribing alternatives to antibiotics, and the evaluation of a computer aid to assess stomach symptoms. The practice promoted close working with college nurses to support in the care of students, with one GP on the student counselling committee and the student health and wellbeing committee.

The practice was a teaching and training practice for medical students and registrars and the practice regularly sought feedback from them to improve their learning experience.

The partners were mindful of the potential ways that primary care services may need to adapt to meet future demand and the availability of resources. They were considering how this might impact on their practice and were working to prepare for this, to ensure they could address challenges and maximise opportunities to develop. For example the practice were in the process of refurbishing one area of the basement of the building to provide further treatment rooms and expand services.