

# Hicks Group Practice

## Quality Report

Charles Hicks Centre  
75 Ermine Street  
Huntingdon  
Cambridgeshire  
PE29 3EZ

Tel: 01480 453038

Date of inspection visit: 17 May 2016

Website: <http://www.charleshicksmedicalcentre.nhs.uk> Date of publication: 19/07/2016

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Hicks Group Practice at Charles Hicks Medical Centre and its branch, Roman Gate Surgery, on 17 May 2016. Overall the practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand.
- 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.

The areas where the provider should make improvement are:

- Ensure that all staff receive up to date infection prevention and control training.
- Ensure that patients with a learning difficulty, those experiencing poor mental health and those with dementia receive timely annual reviews.
- Ensure that reasons for extremes in vaccine fridge temperature records are noted in a log book.
- Ensure that fire drills are undertaken.

# Summary of findings

- Continue to roll out plans to improve continuity of care for patients.

We saw one area of outstanding practice:

- The GPs undertook daily referral audits on the practice's referrals of patients to other services from

the previous day. This process ensured referrals were undertaken properly and the correct processes were followed. Patients we spoke with confirmed that they received timely and adequate referrals.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a 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 generally well managed but improvement was needed around infection control training, cold chain management and the undertaking of fire drills.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national results. The most recent published results showed that the practice had achieved 97% of the total number of points available. This was 2.8% above the local average and 2.3% above the England 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 the majority of staff, and we saw evidence of robust planning to ensure the remaining staff would undergo appraisals and mandatory training.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than average for most aspects of care.
- Patients we spoke to 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group.
- Patients said there was continuity of care, with urgent appointments available the same day. But patients stated it could be difficult to obtain routine appointments with a clinician of choice.
- 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.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke with were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was very 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

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.
- 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 provided GP cover to local care homes and supported living homes; each had an allocated lead GP.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice 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). Performance for diabetes related indicators was higher compared to the CCG and national average. With the practice achieving 95.1%, this was 5.6% above the CCG average and 5.9% above the national average.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were above the local averages for most standard childhood immunisations.
- 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 had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2014-2015 data was 80.1%, which was below the England average of 81.8%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available until 8.15pm on Monday and Thursday from the main and branch location on a rotational basis.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 79 registered patients with a learning disability, of which 45 had received an annual review. The practice informed us they were proactively inviting patients that were overdue a review.

Good





# Summary of findings

- The practice offered longer appointments for patients with a learning disability. The practice managers informed us that patients with a learning disability could book appointments longer ahead and that appointment slots could be opened to allow appropriate access to an appointment for these patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients who were carers were proactively identified and signposted to local carers' groups. The practice had 360 patients registered as carers.
- 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)

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

- The practice had 78 registered patients with dementia, of which 60 had received an annual review.
- The practice had 117 registered patients experiencing poor mental health, of which 82 were eligible for an annual review since April 2015. 68 of these patients had received an annual review.
- 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.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 264 survey forms were distributed and 110 were returned. This represented a 42% completion rate.

- 71% 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%.
- 89% 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%.
- 92% 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%.
- 89% 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 17 Care Quality Commission comment cards, of 11 which were positive about the service experienced. Four others were positive, but contained comments that it could be difficult to obtain appointments of choice. The comments stated that the patient felt the practice offered an excellent service and that staff were kind, caring and treated them with dignity and respect. One comment card was negative, containing comments on changes of provided medications and difficulties in obtaining appointments.

We spoke with three members of the patient participation group (PPG) and five other patients. Apart from one patient, they all told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. One patient felt the appointment system failed them regularly and that their medications had been changed without notice.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure that all staff receive up to date infection prevention and control training.
- Ensure that patients with a learning difficulty, those experiencing poor mental health and those with dementia receive timely annual reviews.

- Ensure that reasons for extremes in vaccine fridge temperature records are noted in a log book.
- Ensure that fire drills are undertaken.
- Continue to roll out plans to improve continuity of care for patients.

## Outstanding practice

- The GPs undertook daily referral audits on the practice's referrals of patients to other services from

the previous day. This process ensured referrals were undertaken properly and the correct processes were followed. Patients we spoke with confirmed that they received timely and adequate referrals.

# Hicks Group Practice

## 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 practice manager specialist adviser.

## Background to Hicks Group Practice

The Hicks Group Practice, at the Charles Hicks Medical Centre and its branch Roman Gate Surgery are situated in Huntingdon and Godmanchester, Cambridgeshire. The practice provides services for approximately 13,650 patients. It holds a General Medical Services contract with NHS Cambridgeshire and Peterborough CCG.

According to Public Health England, the patient population has a lower number of patients aged 20 to 24, and 80+ in comparison to the practice average across England. It has a higher proportion of patients aged 50 to 59 compared to the practice average across England. Income deprivation affecting children and older people is lower than the practice average in the area and across England.

The practice has five GP partners, one female and four male, three salaried female GPs and one GP registrar. There is one advanced nurse practitioner, four practice nurses and three health care assistants. The practice also employs two practice managers, a reception manager, an administration manager and a team of reception and administration staff as well as two secretaries.

The practice is open from Monday to Friday 8.30am to 6pm. Extended hours clinics are available until 8.15pm on Monday and Thursday from the main and branch location on a rotational basis. Out-of-hours care is provided by Urgent Care Cambridge.

The practice is a training practice and teaches medical students as well as GP registrars (trainee doctors).

## 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 17 May 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for, and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- We reviewed safety records, incident reports, patient safety alerts and minutes of weekly meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. 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. Annual reviews were undertaken on significant events and complaints.
- Staff told us they would inform their line manager of any incidents either verbally or via email. We saw that managers investigated incidents immediately if required and shared these at the weekly practice meetings. The incident recording supported the recording of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by a designated member of staff for relevance and shared with other staff, as guided by the content of the alert. Any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with; any actions were recorded on a dedicated form. Clinicians we spoke with confirmed that this took place and felt that it worked well.

### 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. Safeguarding 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. Guidelines were on display in the consultation rooms. There was a lead GP as well as a deputising lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies or healthcare professionals (for example health visitors and school nurses). Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.

- A notice 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 checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was a thorough infection control protocol in place but not all staff had received up to date training. Monthly infection control audits were undertaken, addressing different areas on a rotational basis and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice had identified some dusty surfaces and ensured that this wouldn't occur going forward.
- We reviewed a number of 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 DBS.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). When we reviewed vaccine fridge temperature records we saw that when temperatures extended outside the normal range this was noted in a log book, but what was not noted were the reasons for the extremes. Regular medication audits were carried out with the support of

## Are services safe?

the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were securely stored and there was a system in place to monitor and track their use. There was a system in place for the management of high risk medicines. We reviewed methotrexate (used in the treatment of rheumatoid arthritis or cancer) records and saw these were appropriately highlighted on the practice's system and that patients on these medications had undergone timely reviews and checks such as blood tests.

### 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 staff area. A health and safety premises risk assessment had been undertaken one month prior to our inspection and no concerns were highlighted. The practice had up to date fire risk assessments and carried out regular fire alarm tests but we did not see evidence that fire drills were undertaken regularly or that there were clear directions of what to do in the event of a fire. At the Charles Hicks Centre location there were no smoke detectors or alarm system in place; this had been assessed by an external fire safety specialist. There were emergency buttons on the computer to raise an alarm.
- 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, dating back to November 2015 for both locations (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. The practice shared various staff, for example reception and management, between its two locations.
- The duty doctor on the day reviewed patients discharged from hospital and contacted them the same day to ensure follow up treatment and clinical management took place.

### 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. Emergency medicines were accessible and all staff knew of their location. All the emergency medicines we checked were in date and stored securely.
- 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. We noted that various components of the emergency equipment were kept in different places in the practices (for example the emergency medication, defibrillator and oxygen were not kept together). When we raised this with the practice they informed us they would keep them together immediately.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 97% of the total number of points available. This was 2.8% above the local average and 2.3% above the England average.

- Performance for asthma, atrial fibrillation, cancer, depression, epilepsy, heart failure, hypertension, learning disability, osteoporosis: secondary prevention of fragility fractures, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack were better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator.
- Performance for dementia related indicators was lower compared to the CCG and national average. With the practice achieving 89.9%, this was 5.1% below the CCG average and 4.6% below the national average.
- Performance for diabetes related indicators was higher compared to the CCG and national average. With the practice achieving 95.1%, this was 5.6% above the CCG average and 5.9% above the national average.

- Performance for mental health related indicators was also higher compared to the CCG and national average. With the practice achieving 99.5%, this was 7.1% above the CCG average and 6.7% above the national average.

The practice reported 10.8% exception reporting, which was 0.3% above CCG and 1.6% above 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). Data from 2014/2015 showed:

- Exception reporting for 'the percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded between 6 months before or after entering on to the register' was 32.0% which was 20.5 percentage points above CCG average and 23.6 above England average. The practice explained this exception reporting was raised due to coding issues that were highlighted following an area wide prevalence audit. Changes in local protocols for blood test results taken at the local hospital had also caused the practice to not be able to review missing results.
- Exception reporting for 'those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, the percentage of patients who are currently treated with an ACE-I or ARB' was 50.0% which was 32.7 percentage points above CCG average and 36.6 above England average. This percentage appeared high due to a low number of patients involved.
- Exception reporting for 'the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate' was 27.5%, which was 12.3 percentage points above CCG average and 14.9 above England average. The practice's protocol was to send three letters inviting patients to attend with the option to decline, the last letter included the notion that if no response was received it would be automatically assumed that the patient did not wish to attend a



# Are services effective?

## (for example, treatment is effective)

review. The practice explained that they experienced difficulties engaging with these patients as the local mental health team was close, often being the first port of call for these patients.

- Exception reporting for 'the percentage of patients aged 50 or over and who have not attained the age of 75, with a fragility fracture on or after 1 April 2012, in whom osteoporosis is confirmed on DXA scan, who are currently treated with an appropriate bone-sparing agent' was 20.0% which was 13.3 percentage points above CCG average and 10.0 above England average. This percentage appeared high due to a low number of patients involved.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of a variety of audits that the practice had undertaken. We saw limited evidence of multiple and completed audit cycles where the improvements found were implemented and monitored. However, there was a two cycle audit on diabetic nephropathy (damage to the kidneys caused by diabetes). This audit identified 39 patients of which 12 patients were coded as chronic kidney disease, ten patients were coded as microalbuminuria/diabetic nephropathy and 17 patients were not coded. Findings were used by the practice to improve services and to ensure patients were appropriately coded.

The GPs undertook daily referral audits on the practice's referrals of patients to other services from the previous day. This process ensured referrals were undertaken properly and the correct processes were followed. Patients we spoke with confirmed that they received timely and adequate referrals. We saw evidence that this process had led to clinical discussions and improved patient management.

### 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 included role specific training on various elements of the different roles including safeguarding, health and safety and confidentiality. When we reviewed the practice's induction process we found this to be very comprehensive with a task based approach and competency sign off at three different times during the probation period.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff we spoke with confirmed this took place and told us they had ample development opportunities. We saw that some staff were overdue an appraisal but a schedule for completion was in place. The practice managers explained that they had trialled 360 degree appraisals for the management team, and had considered whether to change the appraisal system to a 360 degree appraisal for all staff. However, at the time of the inspection the practice continued with pre-appraisal self-assessments followed by one to one meetings and personal development plans for staff. Staff informed us they felt well supported.
- Staff had access to mandatory learning, and made use of, e-learning training modules, in-house and external training. Staff we spoke with said they had been provided with additional training they or the practice had shown an interest in and were either provided with protected study time, time in lieu or had their training costs covered in exchange. Staff did say that sometimes they had to complete training in their own time due to workload restrictions. When we reviewed the training records we saw that nine members of staff were overdue infection control training by three months but all other training was up to date.

### 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



# Are services effective?

## (for example, treatment is effective)

after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were then signposted to the relevant service.

The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving

the intervention according to 2014-2015 data was 80.1%, which was below the England average of 81.8%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 75.8% of the target population, which was higher than the CCG average of 72.3% and national average of 72.2%. Furthermore, the bowel cancer screening rate for the past 30 months was 61.4% of the target population, which was above the CCG average of 59.0% and the national average of 58.3%.

Childhood immunisation rates for the vaccinations given to under twos during 2014-15 ranged from 79.7% to 98.6% compared to the local average of 52.1% to 95.7% and for five year olds from 90.7% to 96.9% compared to the local average of 87.7% to 95.4%.

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

# 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 17 Care Quality Commission comment cards, of 11 which were positive about the service experienced. Four other were positive but contained comments that it could be difficult to obtain appointments of choice. The comments stated that the patient felt the practice offered an excellent service and that staff were kind, caring and treated them with dignity and respect. One comment card was negative, containing comments on changes of provided medications and difficulties in obtaining appointments.

We spoke with three members of the patient participation group (PPG) and four other patients. Apart from one patient, they all told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. One patient felt the appointment system failed them regularly and that their medications had been changed without notice.

Results from the National GP Patient Survey published in January 2016 were above CCG and national averages for patient satisfaction scores. For example:

- 93% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 94% 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

All seven patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to, supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. Patients did state that they often encountered difficulties in obtaining appointments. One patient commented that their medication had been changed without notice, but this was the medication brand and not the type. The practice explained that changes were usually discussed with patients or a note was added to the repeat prescription form.

Results from the National GP Patient Survey published in January 2016 showed patients generally responded positively to questions about the involvement in planning and making decisions about their care and treatment. Results were generally in line with, or above, 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%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

## Are services caring?

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 360 (approximately 2.5%) patients as carers. Written information was available to carers to inform them of the various avenues of support

available to them. The practice managers informed us that carers could book appointments longer ahead and that appointment slots could be opened to allow carers good access to an appointment. There were 283 patients on the register highlighted as being cared for.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice looked after older patients living in local care homes and supported living housing; each had an allocated lead GP.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Telephone consultations were available for patients.
- There were disabled facilities and translation services available. The check in screen could be used in variety of languages.
- Online appointment booking, prescription ordering and access to medical records was available.
- The Roman Gate location offered services on ground and first floor levels, a stair lift was available for use, but staff informed us that appointments for patients that had difficulty using the stairs would be arranged to be held on the ground floor. The services at the Charles Hicks Centre were all located on the ground floor

### Access to the service

The practice was open from Monday to Friday 8.30am to 6pm. Extended hours clinics were available until 8.15pm on Monday and Thursday from the main and branch location on a rotational basis. Out-of-hours care was provided by Urgent Care Cambridge.

Appointments could be booked between three and ten days in advance.

Patients we spoke with on the day, comment cards completed by patients and results from the National GP Patient Survey published January 2016 indicated that patients experienced difficulties in obtaining appointments with a preferred GP. As a result, some patients were not assured that they received good continuity of care. In

response the practice had increased the number of pre-bookable appointments and introduced a staggered appointment release system to provide flexibility. The practice also offered on-line booking for nurses, locum GPs and Registrars. The practice was in the process of reviewing the number of pre-bookable appointments available and the times in which they were released.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 71% 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%.
- 68% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 64% and the national average of 65%.
- 80% of patients describe their experience of making an appointment as good compared to the CCG average of 77% and the national average of 73%.
- 33% of patients usually get to see or speak to their preferred GP compared to the CCG average of 61% and the national average of 59%.

### 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 were designated responsible persons who handled all complaints in the practice. The two practice manager and a dedicated GP reviewed the complaints on a regular basis. The practice had received 22 complaints in the previous year.

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

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

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

timely and empathetic manner. There was a system in place for staff to learn from complaints through discussion of these at weekly practice meetings and bi-monthly clinical governance meetings. The practice had assessed and identified trends in its complaints handling.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients:

- The practice's mission statement included the notion that their philosophy was 'to provide personalised, high quality general practice care to our patients in a timely manner'. They aimed to achieve this by 'aiming for all staff to work to high professional standards, keeping up to date and sharing new ideas amongst the team', 'aiming to be high achievers in the management of patients, meeting QOF and medicine management standards' and by 'respecting the privacy and dignity of all patients and looking to treat the whole patient'.
- The practice had a robust strategy and supporting business plans which reflected the vision and values which were regularly monitored.

### 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 rota planning and staff were aware of their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness. The various teams in the practice each had their own lead individual.
- The leadership structure in the practice provided robust leadership capabilities and resilience. As a result a comprehensive understanding of the performance of the practice was maintained and the drive to improve and perform well was evident in clinical and non-clinical areas.
- The GPs were supported to address their professional development needs for revalidation.
- Staff were supported through a system of appraisals and continued professional development.
- Practice specific policies were implemented and were available to all staff.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- The practice proactively reviewed its processes in response to survey data to with the aim to improve access to appointments.
- Improvement was needed to ensure all staff were trained in infection prevention and control.

### 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 that they were approachable and always took the time to listen to all members of staff.

Staff told us that various regular team meetings were held. Staff explained that they had the opportunity to raise any issues at these meetings, were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the partners in the practice.

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.

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

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

The practice had gathered feedback from patients through the PPG, surveys, the National GP Patient Survey and complaints received. The PPG gave feedback to the practice through monthly meetings with designated members of staff. The PPG informed us they were working with the practice to try and improve the appointment access amongst other topics that were regularly discussed at the meetings, for which the PG drew the agendas. The group organised regular fund raising events such as quizzes and book sales and had funded, amongst others, the defibrillators in the practice. They also organised (clinical) information events with specialist speakers.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they

# Are services well-led?

Good 

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

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 focus on continuous learning and improvement at all levels within the practice. The practice had devised improvement driven action plans in response to the difficulties patients experienced in obtaining appointments of choice.

The practice was a training practice and taught medical students as well as GP registrars (trainee doctors).