

# Kimbolton Medical Centre

## Quality Report

Hunters Way  
Kimbolton  
Huntingdon  
PE28 0JF

Tel: 01480 860205

Website: [www.kimboltonmedicalcentre.nhs.uk](http://www.kimboltonmedicalcentre.nhs.uk)

Date of inspection visit: 19 April 2016

Date of publication: 20/06/2016

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?

Outstanding 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Kimbolton Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kimbolton Medical Centre on 19 April 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 thoroughly 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 consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- The caring attitude of staff was recognised in National GP Patient Survey data from January 2016, which showed that patients rated the practice higher than others for several aspects of care. For example, 100% of patients surveyed described their overall experience of the practice as good. This was higher than the CCG average of 86% and the national average of 85%.
- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt well supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice including:

# Summary of findings

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, staff were keen to help patients from the travelling community. A member of staff from the practice visited a local travellers' site to remind patients of appointments. Patients from the travelling community were able to arrange their appointments for a time when they would be in the local area.
- The practice had an engaged patient participation group (PPG) which influenced practice development. The PPG had worked with the practice to set up a weekly relaxation therapy course for patients with anxiety. This was run by a local therapist and patients could self refer into this service. Furthermore, the practice had recently held a mental health and wellbeing evening, which included talks from local services including Cambridgeshire MIND and the Samaritans.
- The PPG had engaged with various organisations including students at the local boarding school to recruit members. As a result, the practice had two members of student age active within the PPG, providing representation for their population group.

**r 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.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

### 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 consistently at or above average compared to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with 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



- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, staff were keen to help patients from the travelling community. A member of staff from the practice visited a local travellers' site to remind patients of appointments.
- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than others for

# Summary of findings

several aspects of care. For example, 100% of patients surveyed described their overall experience of the practice as good. This was higher than the CCG average of 86% and the national average of 85%.

- Feedback from patients about their care was consistently 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.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had representation on a steering group with the local commissioning group (LCG) to set up a wider anti-coagulation service, meaning that patients could receive care closer to home. Furthermore, the practice had commenced a hearing aid battery exchange service so that patients did not have to travel to the hospital for this service.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice offered an 'open surgery' appointment system between 8am and 10am daily. This meant that patients could make an appointment on the day with their GP of choice between these times.
- Data from the National GP Patient Survey published in January 2016 showed that 98% of patients surveyed found it easy to get through to the practice by phone, compared to the CCG average of 75% and the national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had commenced a weekly relaxation therapy course for patients with anxiety. This was run by a local therapist, and patients could self refer into this service. Furthermore, the PPG had worked with the practice to hold an education evening on mental health and wellbeing awareness,

**Outstanding**



# Summary of findings

which which included talks from local services including Cambridgeshire MIND and the Samaritans. This had been well attended and the practice showed us evidence of positive patient feedback.

- Staff were keen to help patients from the travelling community. A member of staff from the practice visited a local travellers' site to remind patients of appointments. Patients from the travelling community were able to arrange their appointments for a time when they would be in the local area.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a very engaged patient participation group (PPG) which influenced practice development.
- There was a strong focus on continuous learning and improvement at all levels.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Good



# 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.

Good



- 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.
- GPs at the practice carried out fortnightly visits at one local care home.
- The practice triaged all home visit requests to facilitate earlier visits where hospital admission may be an outcome.
- 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.

### People with long term conditions

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

Good



- 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). Data from 2014/2015 showed that performance for diabetes related indicators was 94%, which was above the CCG average by 4% and above the national average by 5%. Exception reporting for diabetes related indicators was 9%, which was lower than the CCG average of 13% and in line the national average of 11% (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).
- Longer appointments and home visits were available when needed.

# Summary of findings

- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. There was a robust recall system in place to ensure that patients were invited and attended annual reviews.
- 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.
- Regular clinics at the practice included podiatry, specialist community diabetic care and smoking cessation.

## Families, children and young people

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

Good



- 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 high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 83%, which was above the local and national average of 82%.
- 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.
- The PPG had engaged with various organisations including students at the local boarding school to recruit members. As a result, the practice had two members of student age active within the PPG, providing representation for their population group.

## 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).

Good



- 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.

# Summary of findings

- 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.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.
- Extended hours appointments were available between 6pm and 8pm on Tuesdays.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. They are rated as outstanding for being responsive to this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- A member of staff from the practice visited a local travellers' site to remind patients of appointments. staff were keen to help patients from the travelling community. Patients from the travelling community were able to arrange their appointments for a time when they would be in the local area.
- 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. For example, the practice hosted a clinic for a local alcohol addiction support scheme.
- Patients who were carers were proactively identified and signposted to local carers' groups. Furthermore, the practice was engaged with the Carers' Prescription Service.
- The practice utilised the local Urgent Care Dashboard, which provided them with a daily summary of patient hospital admissions and attendance in accident and emergency, out of hours or walk-in centre settings. This information was reviewed to see if vulnerable patients required follow up after discharge.
- 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.

Good



# Summary of findings

## 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). They are rated as outstanding for being responsive to this population group.

- 93% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was above the CCG and national average of 84%.
- 95% of patients experiencing poor mental health had a comprehensive care plan, which was above the CCG average of 87% and the national average of 88%.
- 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 recently commenced a relaxation therapy course on Tuesday evenings for patients with anxiety. This was run by a local therapist and patients could self refer into this service.
- The practice had recently held a mental health and wellbeing evening, which included talks from local services including Cambridgeshire MIND and the Samaritans.
- 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 January 2016. The results showed the practice was performing significantly above local and national averages in all areas. 232 survey forms were distributed and 134 were returned. This represented a 58% completion rate.

- 98% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 100% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 99% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. Patients felt that the practice provided an efficient, responsive service, and that staff provided a 'personal service'. One comment card suggested that the practice could send newsletters via email.

We spoke with six patients during the inspection. All six patients said the care they received was 'excellent', and that staff were approachable, committed and caring. Patients we spoke with told us that the 'open surgery' style appointment system used in the mornings was useful, and reported that they were able to be seen at a time that was convenient for them.

# Kimbolton 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, a practice manager specialist adviser and a pharmacist inspector.

## Background to Kimbolton Medical Centre

Kimbolton Medical Centre is a purpose built practice situated in Kimbolton, Cambridgeshire. The practice provides services for approximately 6,336 patients. It holds a Personal Medical Services contract with Cambridgeshire and Peterborough CCG.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged over 45 years old in comparison to the practice average across England. There is also a higher than average number of patients aged between 10 and 19. The practice is in an area with a low level of socio-economic deprivation.

The practice team consists of four female GPs, two male GPs, a practice manager, three practice nurses and three healthcare assistants. It also has teams of reception, administration, secretarial and dispensary staff. The practice is a teaching practice for medical students and an accredited training practice for GP registrars. There is currently one GP registrar working at the practice.

Kimbolton Medical Centre is open from Monday to Friday. It offers an 'open surgery' appointment system between 8am and 10am daily. This means that patients can make an appointment on the day with their GP of choice between

these times. Routine appointments are also available from 8.30am to 11am and 2.30pm to 6pm - 6.30pm daily. Extended hours appointments are available between 6.30pm and 8pm on Tuesdays. Out of hours care is provided by the NHS 111 service via Urgent Care Cambridge.

## 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 19 April 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/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.

# Detailed findings

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

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

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

- Older people

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA), and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, further protected time for checking medication had been introduced following a significant event where a patient was issued the wrong medication.

### 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 lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.

- 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. A GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Medicines management

There were clear operating procedures in place for the dispensary that accurately reflected practice. Dispensary staff recorded significant events and described a comprehensive system for their analysis and review. Dispensary staff used an error log to record near-miss or picking errors that allowed trends to be identified.

All repeat prescriptions were signed before the medicines were given to patients. Dispensary staff could identify when a medicine review was due and explained that they would alert the relevant GP before issuing the prescription if the review was out of date. Dispensary staff segregated prescriptions for high risk medicines such as methotrexate. This ensured a GP checked that necessary monitoring had occurred prior to signing the prescription; this process kept patients safe.

All dispensary staff had received appropriate training and held qualifications in line with the requirements of the

## Are services safe?

Dispensary Services Quality Scheme (DSQS), a national scheme that rewards practices for providing high quality services to patients of their dispensary. Dispensary staff had annual appraisals leading to production of development plans as well as annual competency checks. The dispensary staff operated a second check process when dispensing medicines, we saw this working effectively during our inspection. If a dispenser was working alone we were told that there would be a period of time between dispensing and checking the item to reduce the risk of dispensing errors. The dispensers told us that a GP could be called on to check medicines if necessary.

The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage requirements because of their potential for misuse) and had in place suitable arrangements for the storage, recording and destruction of controlled drugs. For example, access to the CD cupboard was restricted and keys held securely, and there were appropriate arrangements in place for the destruction and recording of both patient returned and out of date CDs. Dispensary staff told us they understood how to investigate a CD discrepancy and were aware of how to contact the regional CD accountable officer.

In accordance with the DSQS the surgery had completed a number of dispensary audits, including one relating to patient returned medications. This resulted in a change to the standard operating procedure for completing dispensary reviews of medicines use (DRUMS) with patients and a poster displayed in the surgery and on the website. Dispensary staff confirmed that they can speak to patients in a confidential area to allow a full discussion of medicines use.

We saw evidence of significant events that occurred in the dispensary being logged and shared with the wider surgery team and changes made to processes as a result of significant event reviews. Where a patient was affected by an incident we saw evidence of an understanding and application of the duty of candour.

Dispensary staff adjusted the dispensing and labelling process to suit the needs of patients for example using large print labels or maintaining the same brand of medicine where switching would cause difficulties. Whilst

the dispensary did not provide blister packs for patients, staff described a good working relationship with a local community pharmacy where they had referred patients who might need these.

Medicines were stored securely in the dispensary and access restricted to relevant staff. Dispensary staff checked stock to ensure medicines were within their expiry date on a monthly basis. All of the medicines we checked were within their expiry date. Staff checked the temperatures in the dispensary fridges daily which ensured medicines were stored at the appropriate temperature. Dispensary staff knew what to do in the event of a fridge failure.

Blank prescription forms were held securely on arrival in the practice and records were held of the serial numbers of the forms received. Staff had a process for tracking prescription stationery through the surgery.

The practice had a longstanding medicine delivery service for patients in outlying villages that included delivery to collection sites. The practice manager carried out a risk assessment of these sites to ensure confidentiality and security of the medicines. The delivery driver was a volunteer and had an appropriate confidentiality agreement and DBS check in place.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

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

## Are services safe?

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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 98% of the total number of points available, with 6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 94%, which was above the CCG average by 4% and the national average by 5%. Exception reporting for diabetes related indicators was 9%, which was lower than the CCG average of 13% and the national average of 11%.
- Performance for hypertension related indicators was 100%, which was above the CCG and national averages by 2%. The exception reporting rate for this area 3%, which was in line with the CCG average and lower than the national average of 4%.
- Performance for mental health related indicators was 100%, which was above the CCG average by 8% and the national average by 7%. Exception reporting for these indicators was 5%, which was lower than the CCG average of 13% and the national average of 11%.

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, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit to ensure the adequate monitoring of patients who were prescribed bisphosphonates (a medicine used to slow down or treat bone damage).

The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and had regular meetings to discuss the care and support needs of patients and their families with all services involved.

### 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 as safeguarding, infection prevention and control, fire safety, health and 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 on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the 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. All staff had received an appraisal within the last 12 months.

### Coordinating patient care and information sharing

# Are services effective?

(for example, treatment is effective)

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 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.
- 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 and those requiring advice on their diet, smoking and alcohol 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 national averages 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 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 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 71% of the target population, which was in line with the CCG and national averages of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 64% of the target population, which was above the CCG average of 59% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2014/2015 ranged from 93% to 97% and five year olds from 89% to 98%.

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.

# 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.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients said the GP was good at listening to them compared to the CCG and national averages of 89%.
- 98% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 96%.
- 98% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages 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

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

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 96% 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%.
- 97% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages 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.
- 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.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 88 patients as carers (1.4% of the practice list). The practice was engaged with the local Carers' Prescription Service, which provided respite for carers. There was a 'Carers Champion' at the practice who co-ordinated referrals, promoted carer identification and signposted carers to support groups. Written information was available to direct carers to the various avenues of support available to them. Furthermore, the practice had recently received a presentation from the

Carers Trust and the local council because of the service they offered. This had been well attended, and as a result there had been an increase in carers signing up to the Carers' Prescription Service.

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.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had representation on a steering group with the Local Commissioning Group (LCG) to set up a wider anti-coagulation service, meaning that patients could receive care closer to home. Furthermore, the practice had commenced a hearing aid battery exchange service so that patients did not have to travel to the hospital.

- The practice offered a extended hours appointments on Tuesday evenings until 8pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients who required one.
- The practice was proactive in reaching out to the local travelling community. A member of staff from the practice would visit the local site to remind patients who were travellers of their appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was able to help patients undergoing gender reassignment with applications to receive exceptional funding.
- The practice offered a range of online services.
- The practice had commenced a weekly relaxation therapy course for patients with anxiety. This was run by a local therapist, and patients could self refer into this service. Furthermore, the PPG had worked with the practice to hold an education evening on mental health and wellbeing awareness, which which included talks

from local services including Cambridgeshire MIND and the Samaritans. This had been well attended and the practice showed us evidence of positive patient feedback.

- The practice utilised the local Urgent Care Dashboard, which provided them with a daily summary of patient hospital admissions and attendance in accident and emergency, out of hours or walk-in centre settings. This information was reviewed to see if vulnerable patients required follow up after discharge.

### Access to the service

The practice was open from Monday to Friday. It offered an 'open surgery' appointment system between 8am and 10am daily. This meant that patients could make an appointment on the day with their GP of choice between these times. Routine appointments were also available from 8.30am to 11am and 2.30pm to 5pm daily. Extended hours appointments were available between 6.30pm and 8pm on Tuesdays. Pre-bookable appointments could be booked up to a month in advance.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 94% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 98% 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.

### Listening and learning from concerns and complaints

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

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



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

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 timely and empathetic manner.

# 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 was 'to provide the level of care that we would want from our friends and family'. Practice staff knew and understood the values.

The practice had a robust strategy and supporting business plans, which reflected the vision and values and were regularly monitored. There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed. The practice manager was actively engaged with the the area's practice manager forum, LCG and CCG. Minutes from these meetings were distributed throughout the practice.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a comprehensive list of policies and procedures in place to govern its activity, which were readily available to all members of staff. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly.

There was a clear leadership structure with named members of both clinical and administration staff in lead roles. Staff we spoke with were all clear about 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.

Communication across the practice was structured around key scheduled meetings. Multidisciplinary team meetings were also held monthly. We found that the quality of record keeping within the practice was good, with minutes and records required by regulation for the safety of patients being detailed, maintained, up to date and accurate.

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.

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. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The active PPG held regular meetings at the surgery. We spoke with three members of the group, who were passionate about the practice and were proactive in supporting practice staff to achieve good outcomes for patients. They reported that the suggestions made by the PPG to improve the service were listened to and acted upon by the practice.

Furthermore, the PPG had engaged with various organisations including students at the local boarding school to recruit members. As a result, the practice had two members of student age active within the PPG, providing representation for their population group.

The practice had also gathered feedback from staff through staff meetings, appraisals, discussion and away days. Staff told us they would not hesitate to give feedback and

# Are services well-led?

Good 

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

discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

## 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 to improve outcomes for patients in the area, such as being part of the steering group looking at improving access to the anti-coagulation service.

Furthermore, we found that staff working at the practice were encouraged to develop their skills. For example, practice nurses were given protected learning time and attended training courses for the management of long term conditions.