

Stanground Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Stanground Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stanground Surgery on 4 October 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was generally positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice higher than others for several aspects of care.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- There was a focus on continuous learning and improvement at all levels within the practice. The practice was a long standing training and teaching practice, which had led to successful GP recruitment and retention. A GP at the practice had recently been awarded the 'Excellent Teaching Award' by the University of Cambridge Clinical Students Society.
- The provider was aware of and complied with the requirements of the duty of candour.

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.
- Staff were encouraged to reflect upon significant events to embed learning, and we saw evidence of this included within staff personal development plans.
- When things went wrong patients received reasonable support, detailed 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.
- Data showed that the practice had a robust system in place for monitoring patients on high risk medications. Furthermore, the practice had recently employed a pharmacist who was responsible for monitoring the prescribing of high risk medication.
- Risks to patients were assessed and well managed.

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 in line with local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. For example, the practice had commenced a 'Purple Clinic' for patients with more than one long term condition. This was to provide holistic care and reduce the need for multiple appointments.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of 360 degree appraisals and personal development plans for all staff.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice higher than others for several aspects of care. For example, 86% of patients said they would recommend the practice to someone new to the area, compared to the local average of 80% and the national average of 78%.
- 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.
- The practice was proactive in identifying patients with caring responsibilities, and had previously been awarded 'Carers Surgery of the Month' by the Carers Trust.
- 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 to secure improvements to services where these were identified. For example, the practice offered services such as a community ultrasound service, podiatry, physiotherapy and no scalpel vasectomy.
- 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.
- Data from the National GP Patient Survey published in July 2016 showed that 95% of patients surveyed were able to get an appointment at a convenient time, compared to the local average of 94% and the national average of 92%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Practice staff were engaged in the wider health community. For example, a GP partner was the chair and chief clinical officer of the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), and the clinical lead for the formation of the Greater Peterborough Network; a network of 27 practices who worked at scale.
- 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 patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice was a long standing training and teaching practice, which had led to successful GP recruitment. A GP at the practice had recently been awarded the 'Excellent Teaching Award' by the University of Cambridge Clinical Students Society.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good



The practice is rated as good for the care of older people.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. All home visits were triaged by a clinician to prioritise visits and ensure appropriate and timely intervention.
- GPs and nursing staff provided home visits to patients living in the five nursing homes covered by the practice.
- The practice had a dedicated telephone line which was shared with staff from nursing homes, so that they were able to contact the practice quickly if necessary.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- The practice pharmacist reviewed medications for patients within this population group to avoid polypharmacy and to ensure safe transition at points of care handover.
- 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 had recognised 2.3% of patients as being at risk of hospital admission, which was above the local CCG target of 1.8%.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for diabetes related indicators was 99%, which was above the local and national averages of 89%. Exception reporting for diabetes related indicators was 20%, which was higher than the local average of 13% and the

Summary of findings

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.
- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. The practice had commenced a 'Purple Clinic' for patients with more than one long term condition. This was to provide holistic care and reduce patient need for multiple appointments.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice pharmacist offered support to patients with long term conditions. For example, explaining the use of medicines devices and ensuring that patients understood medicines regimes.
- The practice had a lead GP for avoiding unplanned admissions and multidisciplinary working.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- 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 five years was 81%, which was in line with the local and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a full range of contraception services and chlamydia screening.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

- The practice had close links with local Sure Start Centre who provided parenting classes for young parents.

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.
- The practice offered the Web GP E-Consult service, which gave patients 24 hour access a GP by email with a response by 6pm the following working day. This service also safely directed patients to self-care, pharmacy advice or disease specific information.
- Extended hours appointments were available between 6.30pm and 9pm on Thursdays.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. The practice was able to refer patients to a health trainer to encourage lifestyle changes.
- The practice offered many NHS services in house, reducing the need for outpatient referral and therefore improving patient convenience.

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 travellers and those with a learning disability.
- 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, and held regular multidisciplinary team meetings.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- The practice was engaged with the local Carers' Prescription Service, which provided respite for carers. Written information was available to direct carers to the various avenues of support available to them.
- 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).

- 81% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was in line with the local and national averages of 84%.
- 94% of patients experiencing poor mental health had a comprehensive care plan, which was above the local average of 88% and the national average of 89%.
- 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, such as befriending and bereavement support.
- The practice had an in house counselling service for patients with additional mental health needs.
- 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.
- The practice had provided training on dementia awareness and the Mental Capacity Act 2005 to all members of staff to ensure that mental health and psychological wellbeing was considered at every contact.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was generally performing in line with local and national averages in all areas. 241 survey forms were distributed and 120 were returned. This represented a 50% completion rate.

- 65% found it easy to get through to this surgery by phone compared to a local average of 75% and a national average of 73%.
- 88% were able to get an appointment to see or speak to someone the last time they tried (local average 87%, national average 85%).
- 88% described the overall experience of their GP surgery as fairly good or very good (local average 86%, national average 85%).
- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local 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 two comment cards which were very positive about the standard of care received. Patients felt that practice staff treated them very well. One patient commented that staff were always 'friendly, helpful and smiling'.

We spoke with seven patients during the inspection. All seven patients said the care they received was 'excellent', and that staff were kind, friendly, caring and easy to talk to. Patients told us that access to appointments was generally very good and that they were able to get appointments when required.

Stanground Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector and a GP specialist adviser.

Background to Stanground Surgery

Stanground Surgery is a purpose built practice situated in Peterborough, Cambridgeshire. The practice provides services for approximately 8000 patients. It holds a Personal Medical Services contract with Cambridgeshire and Peterborough Clinical Commissioning Group.

According to information taken from Public Health England, the practice population is in line with the national averages for practices in England. The practice is in an area with a mixed level of deprivation and a high level of residential developments.

The practice clinical team consists of seven GP partners, five salaried GPs, three GP registrars, a pharmacist, a nurse practitioner, three practice nurses, two healthcare assistants and two phlebotomists. They are supported by a practice manager, a deputy practice manager, and teams of reception, administration and secretarial staff.

Stanground Surgery is a training practice and supports trainee GPs (qualified doctors who are undertaking further training to become GPs). The practice has up to two trainee GPs working at any one time. The practice also supports the education of Foundation Year 2 doctors (qualified doctors who undertake a four month placement in the

practice to gain experience of primary care). The practice has up to two Foundation Year 2 doctors working at any one time. The practice also teaches medical students from the University of Cambridge.

Stanground Surgery is open from Monday to Friday. It offers appointments from 8am to 6pm daily. Extended hours appointments are available between 6.30pm and 9pm on Thursdays. In addition to this, patients registered at the surgery are able to access evening and weekend appointments at other local surgeries as part of the Prime Minister's Challenge Fund. Out of hours care is provided via the NHS 111 service.

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 4 October 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.

Detailed findings

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

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

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

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

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

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

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, detailed 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 to identify trends and make changes when necessary. A significant events matrix was maintained to ensure that incidents were reviewed in a timely manner.
- Practice staff were encouraged to reflect upon their involvement within a significant event, and we saw evidence of this within staff personal development plans and appraisals. This embedded learning from significant events.
- Significant events were discussed at bi-monthly whole team meetings.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a 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 and nursing staff 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 practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result of audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. Patient group directions had been

Are services safe?

adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific direction from a prescriber.

- Data showed that the practice had a robust system in place for monitoring patients on high risk medications. Furthermore, the practice had recently employed a pharmacist who was responsible for monitoring the prescribing of high risk medication.
- 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.

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.

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 the practice which alerted staff to any emergency. In addition, the practice computer system also had a button which alerted other staff logged into the system to an emergency. The practice also had the facility to broadcast messages via the phone system.
- All staff received annual basic life support training and emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a 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.
- The practice held weekly teaching sessions on clinical subjects, including new NICE guidelines.

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 15% 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 99%, which was above the local and national averages of 89%. Exception reporting for diabetes related indicators was 20%, which was higher than the local average of 13% and the national average of 11%.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was 100%, which was above the CCG and national averages of 96%. Exception reporting for these indicators was 23%, which was higher than the CCG average of 14% and the national average of 12%.
- Performance for atrial fibrillation related indicators was 100%, which was above the CCG average of 99% and the national average of 98%. Exception reporting for these indicators was 3%, which was below the CCG average of 14% and the national average of 11%.

- Performance for mental health related indicators was 99%, which was above the CCG and national averages of 93%. Exception reporting for these indicators was 11%, which was in line with the CCG average of 13% and the national average of 11%.

We discussed the rates of exception reporting with the practice who provided us with evidence of appropriate exception reporting for patients with long term conditions, such as asthma, COPD and diabetes. For example, the practice cared for patients in five local nursing homes and therefore had a significant frail and elderly population where exception reporting was appropriate.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. Over ten 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, an audit was completed in March 2016 looking at the prescribing of antibiotics for respiratory tract infections. This was first run in September 2015 and was repeated in March 2016. The results confirmed 100% patients had face to face consultation, 95% prescribed for correct indication, and 57% complied with treatment duration guidelines. The audit findings were sent to the locality medicines management team, and were also discussed in house. The main finding was to encourage the use of recommended treatment duration, and the antimicrobial guidelines had been added to the practice clinical folder for easy access to relevant staff.

Further audits looked at consent for minor surgery, dementia coding, appointment capacity and a review of opioid patch prescribing.

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.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice demonstrated that they ensured role-specific training and updating for relevant staff. For example, nursing staff were supported to undertake the relevant diploma course before being the lead or involved in chronic disease management.
- 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 practice carried out yearly 360 degree appraisals for all members of staff. The purpose of these was to collect feedback from all team members to shape meaningful objectives for the upcoming 12 months. Staff told us that they found these useful and motivating. All staff had received an appraisal in the past 12 months.
- All staff had personal development folders and were encouraged to include reflection on training, patient consultations and incidents within these.
- 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. Daily lunchtime meetings were held for staff to discuss patient care and provide peer support to one another.

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 shared drive.

- 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, alcohol consumption, and smoking cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was in line with 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

Are services effective?

(for example, treatment is effective)

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 79% of the target population, which was in above the CCG average of 74% and the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 59% of the target population, which was in line with 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 96% to 98% and five year olds from 85% 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.
- When patients booked in or wished to speak to someone in reception they entered a 'privacy booth'. As only one patient was able to enter at a time this ensured that confidentiality in the reception area was observed at all time. The practice had notices on display explaining the reception process.

The two 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 friendly, helpful and did their utmost to ensure that patients receive the right care and treatment.

We spoke with seven patients, all of whom 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 July 2016 were comparable to local and national averages for patient satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the CCG and national averages of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 81% 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%.
- 90% 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 published in July 2016 showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 91% 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.

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 218 patients as carers (2.8% of the practice list). The practice was engaged

with the local Carers' Prescription Service, which provided respite for carers. Written information was available to direct carers to the various avenues of support available to them. The practice had previously been awarded 'Carers Surgery of the Month' by the Carers Trust.

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 offered services such as a community ultrasound service, podiatry, physiotherapy and no scalpel vasectomy.

- The practice offered extended hours appointments between 6.30pm and 9pm on Thursdays.
- There were longer appointments available for patients who required one.
- 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 needs that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were displays providing information on cancer warning signs.
- The practice provided a range of nurse-led services such as management of asthma, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, health screening, minor injuries and minor surgery.
- The practice identified and visited the isolated, frail and housebound regularly. Chronic disease management was provided for vulnerable patients at home and the practice was active in developing care plans and admission avoidance strategies for frail and vulnerable patients.

Access to the service

The practice was open from Monday to Friday. It offered appointments from 8am to 6pm daily. Extended hours appointments were available between 6.30pm and 9pm on Thursdays. In addition to this, patients registered at the surgery were able to access evening and weekend appointments at other local surgeries as part of the Prime Minister's Challenge Fund. Out of hours care was provided via the NHS 111 service.

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

- 87% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 76%.
- 65% 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%.

The practice provided us with an action plan detailing the work they were undertaking to improve patient access to appointments. The practice had changed their appointments structure to include a wider spread of appointments through the day, and had opened their phone line earlier in the day to reduce the morning rush.

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.

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. Complaints were shared with staff to encourage learning and development. The

Are services responsive to people's needs?

(for example, to feedback?)

practice manager had analysed the way in which patients made complaints, and had removed barriers so that patients could feed back their concerns in a variety of different ways, such as letter, telephone and email.

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 mission statement included the aim to 'empower our registered population to live healthy and happy lives'. The mission statement had been developed by all members of staff working at the practice, and those we spoke to knew and understood the values.

Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, a GP partner was the chair and chief clinical officer of the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), and the clinical lead for the formation of the Greater Peterborough Network; a network of 27 practices who worked at scale. Furthermore, another GP partner had worked with Health Education East of England on the Workforce Partnership Programme, which was put in place to ensure the security of supply of the local health and care workforce. This had been nominated for a Workforce Innovation Award by the Health Service Journal.

In addition to this, the practice manager was an active member of the local practice management group, and had submitted ideas that had been taken on board by other local practices. For example, the practice manager had implemented patient information literature regarding access to online records. This had been shared with the group and taken on board by other local practices, leading to consistency within the Peterborough area.

The practice had a robust strategy and supporting business plans, which reflected the vision and values and were reviewed annually with all staff. 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. For example, the rapid development of new housing in the area had led to a sharp increase in the practice list size. The practice had a plan in place to extend the building to provide better care to the local population.

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 and management staff 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 and management staff were approachable, friendly and supportive.

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 practice had gathered feedback from patients through the Patient Participation Group (PPG), and through

Are services well-led?

Good 

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

surveys and complaints received. The practice engaged with the Friends and Family Test, and had found that 94% of patients who had taken part were happy with the care they had received in the previous year.

The practice PPG met every six to eight weeks to discuss practice news, make suggestions for change and to learn more about the local health and care sector. The PPG invited guest speakers to present at meetings, such as spokespeople from the Ambulance Service, Age Concern and the local diabetes team. The PPG had been viewed as instrumental in the development of the plans for a surgery extension, as they had contacted local MPs and the media for support relating to the proposed planning application. We spoke to the chair of the practice PPG, who felt that the staff at the practice went over and above to ensure a high standard of patient care.

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 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 was a long standing training and teaching practice, which

had led to successful GP recruitment and retention. A GP at the practice had recently been awarded the 'Excellent Teaching Award' by the University of Cambridge Clinical Students Society. The practice were looking to teach other staff, such as registered nurses looking to work in general practice. The practice was the poster practice for the Royal College of General Practitioners #ThinkGP campaign, which they had helped to develop and promote to encourage doctors to consider a career in general practice.

The practice provided 360 degree appraisals and personal development plans for all members of staff. These had led to the recognition of staff wanting to further their career in the health and care sector. For example, a healthcare assistant at the practice had recently started her foundation nursing degree. The practice actively supported apprenticeships and had employed three apprentices. Members of staff attended careers fayres at local schools and the practice also offered work experience placements, which had been well developed and risk assessed by management staff.

The practice offered a comprehensive training programme which was accessed by health and care staff working within Cambridgeshire. This included a full programme of practice nurse update training required on an annual, biannual and triennial basis. The programme included an audit system was in place to ensure that staff training was up to date, and further training opportunities were offered when required.