Doddington Medical Centre

Quality Report

11d Benwick Road,
March,
Cambridgeshire
PE15 0TG
Tel: 01354 740311
Website:www.doddingtonmedicalcentre.nhs.uk

Date of inspection visit: 9 February 2016
Date of publication: 12/04/2016

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Doddington Medical Centre

on 9 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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 supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Ensure that clinical audit cycles are completed.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were generally average for the locality and compared to the national average. Where outcomes were below average the practice had put systems in place to improve service provision and the recording of data.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. There was scope to strengthen the arrangements for completed audit cycles to ensure second reviews were completed to demonstrate quality improvement to care, treatment and patient outcomes.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice were able to refer patients to a sleep apnoea service provided by the local commissioning group.
- 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.
- 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?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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 practice held monthly clinical governance meetings which all staff attended, where audits, NICE guidelines, prescribing updates, recent deaths, new cancer diagnoses and acknowledged errors and mistakes were discussed. In addition these were used for staff training and

Summary of findings

team building. The practice also hosted visiting consultants for staff training and inter-disciplinary discussion and mentoring. For example a consultant urologist. The practice funded out of hours cover during this time to ensure staff had protected learning time.

- 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 knowing about 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.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was also a system in place for the delivery of patients' medications to remote villages.

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 held weekly multidisciplinary diabetes meetings with practice nurses, health care assistants and the community diabetic liaison nurses as well as the hospital consultant Diabetoligist to review diabetic patients care and treatments.
- Longer appointments and home visits were available when needed.
- Performance for diabetes, asthma and chronic obstructive pulmonary disease (COPD) were below CCG and national averages. We discussed these results with the GP QOF lead at the practice and were told the practice had revamped the annual recall systems for these patients to spread annual reviews across the year and reduce the impact on appointments and reviews across the early part of each year. It was hoped this would see an improvement in the outcomes for these long term conditions.
- Performance for atrial fibrillation, cancer, dementia, depression, epilepsy, heart failure, hypertension, learning disability, palliative care and rheumatoid arthritis indicators was better, or in–line, when compared to the CCG and national average, with the practice achieving 100% across each indicator.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given were above national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67.3% to 100%% and five year olds from 94.4% to 98.1%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 91.55% which was above the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 95.35% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is above national average.
- Performance for mental health related indicators was worse in comparison to the CCG and national averages with the practice achieving 50%, compared to a CCG average of 92.4% and a national average of 92.8%. The practice described a previous problem with the computer software system which automatically deleted results from patients' initial depression screening tool when a subsequent screening result was added to the system. This meant the practice had lost a lot of screening data which would account for the loss in achieved QOF indicators. We were told the practice had reported this system failure to the CCG and were optimistic that this was now rectified and the new QOF results for 2015 to 2016 would evidence the work undertaken by the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.

Summary of findings

- 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 published January 2016. The results showed the practice was performing in line with local and national averages. 235 survey forms were distributed and 125 were returned. This represented a 53% response rate

- 80% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 93% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 91% 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. 36 of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. One card expressed concerns regarding access of appointments for patients who worked and waiting times to see a GP, another of the positive cards also raised concerns re access of advanced appointments. Other 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 six patients and one member of the patient participation group. They told us they were very happy with the care provided by the practice and said their dignity and privacy was respected and thought staff were approachable, committed, friendly and caring.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that clinical audit cycles are completed.

Doddington Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Doddington Medical Centre

Doddington Medical Centre is situated in Doddington, March, Cambridgeshire. The practice provides services for 4,650 patients across an area including Doddington, Wimblington, Manea, Benwick, March and Chatteris. There is a branch surgery in Wimblington, this is currently closed for redevelopment.

The practice had experienced a rapid increase in patient population growth over the previous year, often due to GP recruitment issues in other local surgeries. Over 38% of the practice population are over 65 years of age. The practice offer services to patients in a number of nursing, care and residential homes, including 75 patients in one care home, nine intermediate care beds in a nursing home and 54 patients living in sheltered accommodation. The practice also provides GP cover to a local male sex offenders unit.

The practice is a dispensing practice and dispenses to over 90% of its patients. They hold an Alternative Provider Medical Services (APMS) contract. The practice has one male and two female GP partners and one male regular locum GP. In addition to this, there are three female practice nurses and three female health care assistants.

The practice GP partners are in the process of overseeing another General Medical Services (GMS) contracted GP surgery in the nearby rural village of Manea, Cambridgeshire.

The practice employs a practice manager, a dispensary manager and three dispensers. In addition there is a team of reception, administration, secretarial and cleaning staff. The practice also took part in local apprentice schemes and had recruited new staff from their apprentices.

The practice is part of the Cambridge Association to Commissioning Health and the Cambridge Federation of practices. One partner has a Master of science (MSc) diploma in palliative care; another partner was the mental health lead for commissioning and was the chairperson for the clinical quality review for mental health. Other partners had special interests which included ear nose and throat conditions, teaching and training.

The practice is a training and teaching practice, and is part of the Cambridge Deanery for the training of medical students.

The practice is open between 8am and 6.15pm Monday to Friday. GP appointments are from 9am to 11.30am every morning and 3pm to 5.30pm daily, nurse appointments are available from 8.30am to 12.30am every morning and 3pm to 5.30pm daily. In addition to pre-bookable appointments that can be booked up to three months in advance, urgent appointments are also available daily for people that need them.

The practice does not provide GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by Urgent Care Cambridge via the 111 service.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 9 February 2016. During our visit we:

- Spoke with a range of staff which included; GPs, practice nurses, the practice manager, the dispensary manager, health care assistants, members of the dispensing/ reception/administration teams and spoke with patients who used the service.
- Spoke with the chairperson of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, medicines and healthcare regulatory agency (MHRA) alerts were disseminated to all appropriate staff and discussed at the next weekly meeting before being stored on the shared intranet folder. One example of learning was the introduction of a 'two man rule' in the dispensary following a dispensing error, this ensured that at least two members of the dispensing team oversaw the correct information was entered on to the computer system when new stock arrived in the dispensary.

All other essential guidance and documents were kept on a shared intranet file which was available to all staff on all their computer desktops.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to Safeguarding level 3.
- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. GPs liaised with and attended the monthly CCG prescribing meetings. GPs ran searches to pick up high risk drug combinations, results, or other markers, so that the practice could act on them and intervene. The practice had appropriate written procedures in place for the production of prescriptions that were regularly reviewed and accurately reflected current practice. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. We saw processes in place for managing national alerts about medicines, such as safety issues. Records showed that the alerts were distributed to relevant staff and appropriate action taken. There was a clear system for managing the repeat prescribing of medicines and a written risk assessment

about how this was to be managed safely. Changes in patients' medicines, for example when they had been discharged from hospital, were checked by the GP who made any necessary amendments to their medicines records. This helped ensure patients' medicines and repeat prescriptions were appropriate and correct. We checked treatment rooms, medicine refrigerators and GPs' bags and found medicines were safely stored with access restricted to authorised staff. Suitable procedures were in place for ensuring medicines that required cold storage were kept at the required temperatures. Stocks of controlled drugs (medicines that have potential for misuse) were managed, stored and recorded properly following standard written procedures that reflected national guidelines. Processes were in place to check medicines were within their expiry date and suitable for use. Out of date and unwanted medicines were disposed of in line with waste regulations. Blank prescription forms and paper were handled according to national guidelines and were kept securely. Vaccines were administered by nurses using Patient Group Directions (PGDs) that had been produced in line with national guidance. PGDs were up to date and there were clear processes in place to ensure the staff who were named in the PGDs were competent to administer vaccines. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. The practice had established a daily delivery service for patients to pick up their dispensed prescriptions from the temporarily closed branch location and a daily delivery service to a nursing home. In addition the practice provided a twice weekly delivery service to another rural village and had systems in place to monitor how these medicines were collected. They also had arrangements in place to ensure that patients collecting medicines from these locations were given all the relevant information they required.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

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 that enough staff were on duty.

Good

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 fit for use.
- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- We found from our discussions with the GPs and nurses, they completed thorough assessments of patients' needs in line with NICE guidelines. These were reviewed when appropriate.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The GPs told us they lead in specialist clinical areas such as diabetes and palliative care and the practice nurses supported this work, which allowed the practice to focus on specific conditions.
- We saw that staff were open about asking for and providing colleagues with advice and support. GPs told us that they supported all staff to continually review and discuss new best practice guidelines. We saw that this also took place during clinical meetings and the minutes we reviewed confirmed this. We saw that where a clinician had concerns they would telephone or message another clinician to confirm their diagnosis, treatment plan or get a second opinion.

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 were 85.9% of the total number of points available, with 10.8% exception reporting, (above CCG and national average). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. We were told this was reflective of the large elderly practice population where certain recommended treatments were not appropriate. However, the practice continued to encourage attendance from these patients for health and medication reviews to ensure they were not overlooked.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators were worse in comparison to the CCG and national averages with the practice achieving 83.7% across diabetic indicators, this was 5.8 percentage points below CCG average and 5.5 percentage points below national average.
- Performance for asthma and chronic obstructive pulmonary disease (COPD) were also below CCG and national averages, with the practice achieving 88.9% for asthma indicators and 88.6% for COPD indicators. These were 8.7 and 7.7 percentage points below CCG averages and 8.7 and 7.4 percentage points below national averages.

We discussed these results with the GP QOF lead at the practice and were told the practice had revamped the annual recall system to spread annual reviews across the year and reduce the impact on appointments and reviews across the early part of each year.

- Performance for mental health related indicators was worse in comparison to the CCG and national averages with the practice achieving 50%, compared to a CCG average of 92.4% and a national average of 92.8%.

The practice described a previous problem with the computer software system which automatically deleted results from patients' initial depression screening tool when a subsequent screening result was added. This meant the practice had lost a lot of screening data which would account for the loss in achieved QOF indicators. We were told the practice had reported this system failure to the CCG and were optimistic that this was now rectified and the new QOF results for 2015 to 2016 would evidence the work undertaken by the practice.

- Performance for atrial fibrillation, cancer, dementia, depression, epilepsy, heart failure, hypertension,

Good

Are services effective?

(for example, treatment is effective)

learning disability, palliative care and rheumatoid arthritis indicators was better or in–line when compared to the CCG and national average with the practice achieving 100% across each indicator.

Clinical audits demonstrated quality improvement.

- We saw an example of a full audit that led to improvements. For example an audit of minor surgery which evidenced a reduction in post-surgery infections from 8.8% in April 2014 to 0% in December 2015. We also saw two prescribing audits, one for oral anticoagulation for patients with atrial fibrillation andan audit of prescribing for patients with a bladder problem, however these were only one cycle audits and a second review had not been completed to demonstrate quality improvement to care, treatment and patient outcomes.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example we were told that following local audits the practice had seen a reduction in the numbers of antipsychotic medicines prescribed to elderly patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. In addition the practice held weekly multidisciplinary diabetic meetingswith the practice nurses, healthcare assistants and specialist community diabetic liaison nurses as well as the hospital consultant Diabetologist. Over 38% of the practice population were over 65 years of age. The practice offered services to patients in a number of nursing, care and residential homes, including 75 patients in one care home, nine intermediate care beds in a nursing home and 54 patients living in sheltered accommodation. The practice also provided GP cover to a local male sex offenders unit.

Consent to care and treatment

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

Good

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and drug misuse. Patients were then signposted to the relevant service.
- A drug and alcohol misuse support service provided fortnightly clinics at the practice.
- The community mental health team and psychology services provided weekly clinics at the practice.

The practice's uptake for the cervical screening programme was 91.55% which was above the national average of 81.83%. 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 and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with 59.1% of patients aged between 60-69 years of age, screened for bowel cancer in last 30 months and 77.7% of female patients aged 50-70 years of age, screened for breast cancer in last 36 months. These were in line and above CCG and national averages.

Childhood immunisation rates for the vaccinations given were above national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67.3% to 100%%, compared to the CCG average of 52% to 96%. Five year olds from 94.4% to 98.1% compared to the CCG average of 86% to 96%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All 36 of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. One card raised concerns regarding access of appointments for patients who worked and waiting times to see a GP, another of the positive cards also raised concerns re access of advanced appointments. Other 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 six patients and one member of the patient participation group. They told us they were very happy 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. Comment cards and patients we spoke with also identified certain members of staff for their support and kindness.

Results from the national GP patient survey published 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:

- 92% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 92% said the GP gave them enough time (CCG and national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG and national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 88%, national average 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 on the comment cards we received was also positive and aligned with these views.

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 above local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG and national average 82%).
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG and national average 85%).

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 and practice website informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. We saw that 148, which was 3% of the practice

Good

Are services caring?

population, had been identified as a carer. There was a carer's notice board in the reception area with written information and leaflets available to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example the practice were able to refer patients to a sleep apnoea service provided by the local commissioning group. One GP held a number of commissioning roles within the CCG in the past years.

The practice held information about the prevalence of specific diseases. This information was reflected in the services provided through means of screening programmes, vaccination programmes and family planning. Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care.

- Online appointment booking, prescription ordering and access to basic medical records were available for patients.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice took part in the admissions avoidance enhanced service scheme, the practice had a policy that any patient on the admissions avoidance register, many of whom were over 75, requesting urgent visits or advice would be triaged and called back within 15 minutes of their call. The practice reviewed patient admissions data monthly.
- There were nurse led chronic disease and wound care appointments available.
- The practice worked closely with multidisciplinary teams to improve the quality of service provided to vulnerable and palliative care patients. Meetings were minuted and audited and data was referred to the local CCG.
- Telephone consultations were available for patients.
- Same day appointments were available, but the practice also hosted a variety of clinics, for example for long term conditions, baby vaccination and family planning amongst others. Medication reviews were undertaken regularly, for example every six months for diabetic patients.
- GPs referred patients to the practice health care assistants for provisional assessment audiology clinics.
- The practice worked with the medicines management team towards a prescribing incentive scheme (a scheme to support practices in the safe reduction of prescribing costs).
- The practice offered contraception services including emergency contraception. Chlamydia test kits were available at the practice.
- Inclusion Alcohol Services for Alcohol and Drug misuse provided fortnightly clinics at the practice. The practice liaised closely with the team, providing a to prescribing and care.
- The community mental health team and psychology services held , providing .
- The practice provided general medical services to one local care home and one sheltered housing complex. The care home consisted of four units dealing with the frail elderly, patients on end of life care and the young and chronically sick, some with severe neurological problems. Each unit had an allocated GP partner and GPs undertook weekly ward rounds or daily visits, as and when required, to ensure continuity of care.
- The practice held weekly multidisciplinary diabetes meetings with practice nurses, health care assistants and the community diabetic liaison nurses as well as the hospital consultant Diabetoligist to review diabetic patients care and treatments.
- The practice provided care to a small travelling population.

Access to the service

The practice was open between 8am and 6.15pm Monday to Friday. GP appointments were from 9am to 11.30am every morning and 3pm to 5.30pm daily, nurse appointments were available from 8.30am to 12.30am

Good

Are services responsive to people's needs?

(for example, to feedback?)

every morning and 3pm to 5.30pm daily. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available daily for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 80% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 66% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

The practice had a policy that all patients would be seen and that additional patients would be fitted in on the day. The practice did not offer extended hours appointments; however we were told they would often see patients outside of normal working hours in extenuating circumstances. This was reflected by the patients we spoke with, who 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 noted that not all verbal complaints had been recorded and so the potential to achieve wider learning from these had been lost. We looked at three written complaints received in the year and found that these had been fully investigated and responded to within an appropriate timescale. Apologies were provided where appropriate. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Patients we spoke with had not had any cause for complaint.

A summary of each complaint included, details of the investigation, the person responsible for the investigation, whether or not the complaint was upheld, and the actions and responses made. We saw that complaints had all been thoroughly investigated and the patient had been communicated with throughout the process.

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 aim to provide the best quality primary medical service. The practice were active participants in the local commissioning group, and schemes such as thechampions of quality services for patients being provided close to home. The practice aims and objectives were set out in detail in its statement of purpose.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure, staff were aware of their roles and responsibilities. This included designated lead roles for staff to ensure accountability. Staff we spoke with felt valued and supported by the GPs and management team and described an open culture throughout the practice.
- There was a comprehensive range of practice policies to ensure the safe and effective running of the practice. There was a schedule in place to ensure policies were regularly reviewed or reviewed when required. The schedule ensured policies were up to date and where appropriate were in line with the relevant guidance. Staff had access to policies and were trained to ensure the policies were implemented appropriately.
- There was a comprehensive understanding of the practice performance. The practice used a range of information which included peer review, performance data, feedback on quality, information and feedback from staff and patients to continually monitor its performance and assess areas for improvement.
- The practice held monthly clinical governance meetings which all staff attended, where audits, NICE guidelines, prescribing updates, recent deaths, new cancer diagnoses and acknowledged errors and mistakes were discussed. In addition these were used for staff training and team building. The practice also hosted visiting consultants for staff training and inter-disciplinary discussion and mentoring. For example a consultant urologist. The practice funded out of hours cover during this time to ensure staff had protected learning time.
- The practice had completed reviews of incidents, compliments and complaints. Records showed that regular clinical and non-clinical meetings were carried out as part of their quality improvement process to improve the service and patient care. We saw that where audit cycles had been completed there was evidence that essential changes had been made to improve the quality of the service and to ensure that patients received safe care and treatment.
- There were robust arrangements for identifying, recording and managing risks. Action plans were in place to address improvement in areas identified. There was scope to strengthen the arrangements for completed audit cycles to ensure second reviews were completed to demonstrate quality improvement to care, treatment and patient outcomes.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents. The practice gave affected people reasonable support, truthful information and a verbal and written apology

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good

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

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 surveys, suggestion box, compliments and complaints received. There was an active PPG which met monthly, carried out patient health education meetings with guest speakers and patient surveys and submitted proposals for improvements to the practice management team. For example as a result of patient feedback the waiting room had been refurbished and land adjacent to the practice had been acquired for additional parking. The PPG were in the process of planning further patient education meetings to compliment the successful diabetes and arthritis educational meetings previously held. Patients were also active in fund raising and had provided blood monitoring equipment for the benefit of patients at the practice. The PPG notice board in the waiting room provided information on the PPG, minutes of meetings and PPG activities. In addition the PPG published practice and PPG news and information in local monthly and quarterly magazines. We were told that all patients who registered at the practice were automatically members of the PPG. There was a practice quarterly newsletter which was also available to patients through the practice website.
- The practice also gathered feedback from staff through appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and GPs. Good work was acknowledged by the partners. Staff spoke positively about their experience of working for the GPs and there was a low turnover of staff. Staff told us they felt involved and engaged to improve how the practice was run. Staff had an annual review of their performance during an appraisal meeting. Staff were encouraged to develop their skills and each member of staff had a personal development plan file. Clinicians also received appraisal through the revalidation process. Revalidation is where licensed GPs are required to demonstrate on a regular basis that they are up to date and fit to practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff we spoke with provided us numerous examples of where the practice had supported them to improve their professional practice, for example; nursing staff had attended various courses. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. GPs had special interests in palliative care, mental health and ear nose and throat conditions. The practice provided enhanced end of life care services and one GP had an MSc in palliative care. The practice took part in a local apprentice scheme and as a result had recruited former apprentices as staff. The practice was awaiting the completion of the renovation to the branch surgery and were hoping to re-open this site for patients in the near future. In addition the GP partners were in the process of overseeing another General Medical Services (GMS) contracted GP surgery in the nearby rural village of Manea, Cambridgeshire, patients were able to attend either surgery for an appointment.