Nuffield Road Medical Centre

Quality Report

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Date of inspection visit: 4 September 2014
Date of publication: 22/01/2015

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.

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Overall summary

Nuffield Road Medical Centre provides primary medical services to patients in Cambridge City and the villages of Histon, Impington and Milton. The practice is led by nine general practitioners (GPs) and one managing partner who from the partnership management team. One of the partners is the registered provider of services at the practice.

We spoke with patients during our inspection, who were complimentary about the services they had received from the practice. We also received two comments from patients who had completed comment cards prior to our inspection. Both comments were positive. Patients told us that the practice was accessible and met their needs.

Nuffield Road Medical Centre had been proactive in supporting patients to adopt a healthy lifestyle in order to maintain good mental and physical health. This included referrals to local weight loss schemes, smoking cessation support and nurse led advice for better management of long term conditions. The practice had also set up a walking group with the aim of supporting patients to become more active in a social outdoor environment.

The practice had ensured that patients received the care that met their individual needs by means of effective assessment and treatment. Clinical audit cycles had been successfully adopted to deliver improved outcomes for patients. Staff had delivered care in a respectful way which took into account the holistic needs of the individual. The practice understood the needs of the population it served and had taken steps to make their service accessible to vulnerable groups. The partnership had fostered a culture of openness and transparency where learning could flourish. Patients fed back that they appreciated the standard of service available to them.

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 was safe. Policies, procedures and guidance were available to support staff to provide safe care, including reporting and investigating significant events, safeguarding concerns and complaints. We found that where concerns arose, these were investigated and responded to in a timely way. The practice had effective processes in place for recruiting clinical and non-clinical staff. This included checking the registration of nurses and GPs and undertaking appropriate background checks. Adequate and sufficient emergency medical equipment and medication was available.

Are services effective?

The practice was effective. There were enough suitably trained and experienced staff to meet the needs of the patients who used the practice. We saw evidence that the practice worked well with other healthcare providers and the practice held and participated in a number of multidisciplinary meetings with other health and social care professionals. The practice had effective mechanisms in place to monitor, manage and improve outcomes for patients. Information was made available to patients around health promotion, prevention and health related travel advice.

Are services caring?

The practice was caring. Patients told us that they were always treated with dignity and respect when using the practice. GPs delivered care which aimed to meet the holistic needs of individual patients. Patients commented on how they were involved in decisions about their own care and had their care and treatment options explained to them. Staff we spoke with were able to demonstrate their understanding of the consent process.

Are services responsive to people's needs?

The practice was responsive to the needs of its practice population. Patients confirmed that they were able to access the care they needed at suitable times. A complaints procedure was in place and this was understood by and adhered to by staff. Patients were able to make suggestions to improve the services they received. Patients had been listened to and we saw that actions had been taken as a result of their comments and feedback.

Are services well-led?

The practice was well-led. There was effective leadership within the practice. Staff were clear about their roles and responsibilities.

Summary of findings

Future patient needs had been forecast and the practice understood how this might impact on service delivery. Governance arrangements were in place to ensure that the whole practice learned from errors, incidents and complaints and that clinicians worked in accordance with the latest available guidance. Risk management mechanisms were in place.	

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

We saw that the practice offered relevant care to older patients, this included blood tests, blood pressure monitoring and general well man/woman consultations.

Older patients were seen annually, or sooner depending on the complexity of their needs, by the nursing or medical team for health checks and to review their medicines. The practice had identified vulnerable older people who might experience a sudden deterioration in their health. This group of patients were offered regular health checks and, with the patient's consent, information was made available to the local out of hours and urgent care teams. Monthly multi-disciplinary meetings were held to identify the best ways to provide care to older people and, where appropriate, to avoid them going into hospital. Continued monitoring helped to ensure that older patients received the right treatment and care when they needed it.

We saw that flu and shingles vaccinations were routinely offered to older patients to help protect them against these viruses and associated illnesses.

We spoke with representatives from two nursing homes who told us that patients were supported to make informed decisions about their treatment and that the practice offered effective care to their residents. Older people we spoke with told us that they could get an appointment on the same day if they needed it and that they were satisfied with the care provided.

People with long-term conditions

The practice offered relevant care to patients with long term conditions which included blood tests, blood pressure monitoring and spirometry (to measure breathing). The practice offered nurse led respiratory, chronic heart disease and diabetes clinics and patients with these conditions were seen at least annually for health checks.

We saw that flu vaccinations were routinely offered to patients with long term conditions to help protect them against the virus and associated illness.

A nurse led smoking cessation service was made available to people who required support to stop smoking. A walking group had been established for people with certain chronic diseases;, recently retired people recovering from surgery and people who had recently

experienced bereavement. Patients we spoke with told us that this was a welcome opportunity to get some exercise in a social setting. The practice also informed us about plans to establish a 'limited mobility' walk to be held in a hall for people with walking aids.

The practice had taken steps to ensure that people with chronic illness were provided with care that met their needs at all times. Mutli-disciplinary meetings were regularly held to discuss the needs of patients with chronic and terminal illness. These aimed to ensure that patients received holistic care which met all their needs. There was effective communication between the practice and the out of hours and urgent care services. Where appropriate and with the patient's consent, information was shared with the out of hours service in order that continuity of care could be given at any time. The practice prioritised urgent care for patients who needed it and staff were focussed on improving outcomes for patients with long term conditions and complex needs.

The practice held educational sessions to inform local ethnic groups about the heightened coronary risks associated with certain diets and lack of exercise. Interpretation services were made available at these sessions. Asian Well Woman talks and clinics were also provided (with interpretation) to provide education around women's health issues and to promote good health. This led to improved outcomes for some patients from different ethnic backgrounds.

Mothers, babies, children and young people

The practice had effective arrangements in place to offer access to co-ordinated care for mothers, babies and young children.

Information and advice was available to promote health to women before, during and after pregnancy.

The practice monitored the physical and developmental progress of babies and young children. There were arrangements for identifying children who were at risk of abuse or neglect and sharing information with other agencies such as health visitors and social services as appropriate.

All expectant mothers were provided with the information they needed to access key checks for the duration of their pregnancy. There was information available to inform mothers about all childhood immunisations and at what age the child should have them, in addition to other checks for new-born babies.

Staff were trained to recognise and deal with acutely ill babies and children and to take appropriate action.

Summary of findings

The working-age population and those recently retired

The practice provided an effective service to patients of working age and those who were recently retired. The practice had taken all reasonable steps to provide accessible appointments. Appointments were available for patients to book from midnight either via the internet or by touch phone. This had reduced the 8am rush to get an appointment. Two patients told us that this system met their needs well.

There was information and support available for patients around promoting a healthy lifestyle and maintaining good health. Patients were encouraged to participate in health screening.

Patients who were responsible for caring for others were supported and provided with information about agencies that provide practical, emotional and financial assistance.

People in vulnerable circumstances who may have poor access to primary care

The practice had arrangements in place to ensure access to its services to patients who were vulnerable as a result of social or other circumstances. This included people with certain medical or mental health conditions, people who had learning disabilities and those who were homeless or from travelling communities or migrant populations. Practice staff had proactively arranged an outreach service for patients residing on two traveller sites in order to offer temporary registration and healthcare checks.

The practice had systems for monitoring the health and attendance for patients who were vulnerable and those who had difficulty is accessing services. Information was shared with appropriate community health and social care agencies to help ensure that patients received safe and coordinated care.

People experiencing poor mental health

The service was safe, effective, caring and responsive for people experiencing poor mental health. Patients were able to access services either through an open access appointment or booking in advance. The practice liaised with the patient and offered regular health care reviews of their condition, treatment and medication. The practice held clinical meetings to review the care received by patients and liaised with local community mental health teams.

Summary of findings

What people who use the service say

We spoke with twelve patients on the day of our inspection and all were very positive about the services they had received at Nuffield Road Medical Centre. We also received two CQC comments cards which had been completed by patients prior to our arrival at the inspection. All patients told us that they received a personalised service that respected and met their individual needs.

Most patients felt that they were able to access the service within a reasonable timeframe, although three patients commented that it was not always possible to see the GP who knew them best. Patients who knew how to use the online booking system told us that this suited them well. It allowed them to look at appointment availability and choose the time, day and GP they preferred to see.

There was particular praise for the 'health walks' run by the practice. Three patients described the positive impact that the walking group had had, either by reducing their sense of social isolation or assisting them to better manage their long term condition.

Patients indicated that they had no concerns with regard to hygiene and the cleanliness of the practice.

Patients said that their care and treatments were explained to them in a way that they could understand and that they were involved in making decisions.

Patients told us that they had no concerns or complaints about the practice and they felt confident that any concerns would be handled appropriately. They said that they were treated with respect and kindness by all staff.

The NHS Choices website allows users to comment on GP practices and to give a star rating. Nuffield Road Medical Centre had received an overall rating of four stars out of five, with positive feedback around caring and helpful doctors and availability of same day appointments and telephone advice. Some patients fed back that they would like to access their own GP more easily.

"I Want Great Care" is an independent website where service users can leave feedback on their experience of health and social care. Nuffield Road Medical Centre received one review in January 2014 where the practice was given a very positive rating. The feedback was positive, praising the staff and medical care.

Areas for improvement

Outstanding practice

The practice has taken steps to improve outcomes for certain patient groups. For example a member of the Patient Participation Group set up a support group for patients with rheumatoid arthritis (an auto-immune disease that causes inflammation in the joints). The practice were happy to support them in doing this. This has directly improved outcomes for patients with the condition by helping them to better manage their pain, by informing them about the medications they took, by facilitating access to experts for advice and by sharing new innovations around living with the condition.

Nuffield Road Medical Practice had developed a clinical audit programme which was both comprehensive and embedded. The practice had completed an extensive scheme of clinical audit cycles, covering a broad range of clinical areas. There was evidence that this had led to improvements in outcomes for patients. This included audits which spanned referrals from and to other services. For example an audit which assessed hospital admissions was undertaken to ensure that patients received a cancer diagnosis in the most effective and efficient way possible. All clinical audit outcome data was collated into an annual report which was then shared with partners and practice staff.

Nuffield Road Medical Practice promoted a healthy lifestyle to support patients to achieve good mental and physical health. The practice has established a patient walking group which aimed to support patients who may

Summary of findings

be bereaved, feeling isolated or managing a long term condition. We had direct feedback from three patients who had joined the walking group and they informed us that they had benefitted from and enjoyed taking part in the walks. One patient explained how it had motivated them to become more active and so to better manage their long term condition. The practice also promote the Community Health Improvement Programme (which aims to help people lose weight and improve their health) and proactively referred patients who may benefit from the scheme. The practice had proactively demonstrated that this scheme had acted as a catalyst for some patients to become more active, reduce portion sizes and achieve a healthier body mass index.

The practice held educational sessions to inform local ethnic groups about the heightened coronary risks associated with certain diets and lack of exercise. Interpretation services were made available at these sessions. Asian Well Woman talks and clinics were also provided (with interpretation) to provide education around women's health issues and to promote good health. This led to improved outcomes for some patients from different ethnic backgrounds.

The practice had arrangements in place to ensure access to its services to patients who were vulnerable as a result of social or other circumstances. This included people with certain medical or mental health conditions, people who had learning disabilities and those who were homeless or from travelling communities or migrant populations. Practice staff had proactively arranged an outreach service for patients residing on two traveller sites in order to offer temporary registration and healthcare checks.

Nuffield Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and accompanied by a GP specialist advisor, two CQC inspectors, and a specialist advisor who was a practice manager.

Background to Nuffield Road Medical Centre

Nuffield Road Medical Centre provides primary medical services Monday to Friday from 8.30am to 6pm, with extended opening hours on certain mornings/evenings. The practice serves patients living in Cambridge City lying to the north and west of the river Cam and also in the villages of Histon, Impington and Milton. The practice provides a service for approximately 13,000 patients in the locality.

The practice offers a range of services including clinics, health checks, health trainer service, travel vaccinations and non-NHS services. There are a range of patient population groups that use the practice. The practice has 12 doctors, three nurse practitioners, four nurses, three healthcare assistants, a phlebotomist, a practice manager, eight administrators and nine reception staff. The practice employs a pharmacist and a counsellor. The practice is also attached to two community midwives, seven community nurses, three health visitors and a chiropodist.

When the practice is closed, an 'out of hours' service is provided by Urgent Care Cambridge.

Why we carried out this inspection

We inspected this practice as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

Before our visit to Nuffield Road Medical Centre, we reviewed a range of information we held about the practice. This included information about the patient population groups, results of surveys and data from The Quality and Outcomes Framework (QOF). QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice in their surgeries. We asked other organisations to share what they knew about the practice. This included the Local Commissioning Group and local Healthwatch.

We carried out an announced visit on 04 September 2014. Prior to our visit we provided comment cards for the practice to place in their waiting area so that patients could share their views and experiences of using the practice. During our visit we spoke with a range of staff including GPs, the practice nurse, the practice manager, reception and administration staff. We also spoke with twelve patients who used the practice. We observed how patients were cared for when they were being seen at the reception and talked with carers and family members and reviewed practice records, policies and protocols.

Detailed findings

To get to the heart of patients experiences of care, we always ask the following five questions of every practice and provider:

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Are services safe?

Our findings

Safe Track Record

We found that there were systems in place for reporting issues and concerns which may pose a risk to patients and staff. There was a robust system for reporting significant events and regular audits took place by clinicians to explore the effectiveness of care and whether changes in process were necessary.

The practice had policies and procedures for reporting and responding to accidents, incidents and near misses. There were systems for dealing with the alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). These alerts contain safety and risk information regarding medication and equipment. We saw that all MHRA alerts received by the practice had been actioned and completed. There were also arrangements for reviewing and acting on National Patient Safety Agency (NPSA) alerts. These are alerts that are issued to help reduce risks to patients who receive NHS care.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. We saw a significant event policy and clear documentation which facilitated the process of significant event reporting and investigation and promoted review at regular intervals.

We spoke with staff who reported that an open and transparent approach existed within the practice and this was reinforced in our discussions with GPs in the practice. The GPs demonstrated a genuine commitment to learning. They had adopted a culture of no blame, investigated incidents and shared improvements and changes as a result with an understanding of the importance of review. Monthly meetings took place, which were attended by all GPs and clinical staff, where significant events were discussed and changes made and shared with all staff.

Reliable safety systems and processes including safeguarding

The provider had a system in place to ensure that patients were safeguarded against the risk of abuse. There was a dedicated GP lead for safeguarding vulnerable adults and children and all staff had undertaken training to the required level. Where safeguarding concerns existed, this was clearly recorded on the patient's medical record and included details of their social worker. The practice offered a chaperone service where a member of staff was available to escort patients during intimate examinations.

Staff had been recruited safely, with robust checks being carried out before staff began to work at the practice. Employment files we looked at confirmed that relevant staff had been checked and were safe to work with vulnerable people.

Monitoring safety and responding to risk

The practice had a staff rota that set minimum staffing levels for providing a safe service to patients. Patients we spoke with and those who completed comment cards said that they had access to appointments to meet their needs.

There were arrangements in place for dealing with medical emergencies. Staff had undertaken training in basic first aid, cardio-pulmonary resuscitation (CPR) and treating anaphylaxis (a potentially dangerous allergic reaction to medicines and vaccines). Staff were aware of the procedures to follow in the event of a medical emergency. They could describe how they would summon assistance in the event of urgent or emergency situations such as physical health emergencies, mental health crises, or other incidents. The practice had suitable equipment and medicines to deal with medical emergencies. These were checked by the practice staff to ensure that they were in date and fit for use if required.

Medicines management

We found that there were robust systems in place for storing and administering medicines. Vaccines were stored in the fridge and were checked regularly for expiry dates. We checked a sample of the vaccines and found that all were in date and stored within a locked fridge. We also looked at records for the fridge temperatures and found that they had been recorded and maintained correctly.

Information about the arrangements for obtaining repeat prescriptions was made available to patients. This information was displayed in the practice and available on their website. The practice followed national guidelines around medicines prescribing and repeat prescriptions. Patients we spoke with told us they were given information about any of their prescribed medicines such as side-effects and any contra-indications. They told us that

that the repeat prescription service worked well and they had their medicines in good time. They also confirmed that their prescriptions were reviewed and any changes were explained fully.

Cleanliness and infection control

All areas of the practice, including consultation and treatment rooms were visibly clean and tidy. Facilities for hand washing were appropriate and staff had access to personal protective equipment in all clinical rooms. Sharps and clinical waste were stored safely and appropriately and collected regularly by contractors. We spoke with a member of cleaning staff who demonstrated how they followed a thorough cleaning schedule, including deep cleans in all clinical areas. The cleaner explained how they returned to the practice over the lunch time period to ensure that all public areas were clean and that toilet facilities were re-stocked.

Effective infection control practice had been adopted. A nurse had been appointed as the infection control lead for the practice. They told us that they had oversight for infection control practices, including infection control audits which were carried out with appropriate frequency. The results of these audits demonstrated that there were suitable arrangements for minimising the risks of infection to both patients and staff.

Steps had been taken to reduce the risk of infection to practice staff. All clinical staff underwent screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice was following best practice guidelines in relation to the prescribing of antibiotics. An antibiotic prescribing policy was in place which reflected knowledge obtained from the local hospital, including local variances in antibiotic resistance. As a result, the practice was able to ensure that patients were given the antibiotics which would be most effective for them.

Staffing and recruitment

The practice had calculated minimum staffing levels and skills mix to ensure the service could operate safely, including extended surgeries. Each GP's diary was calculated several weeks in advance to assist with this. The staffing levels we saw on the day of our inspection met the practice's minimum requirement and there was evidence to demonstrate the requirement was achieved throughout 2014.

Dealing with Emergencies

The practice had taken steps to provide continuity of service in the event of an emergency, such as bad weather or widespread staff sickness. A major incident response plan was in place which had been shared across the practice team. The practice knew the minimum staffing levels necessary to continue to provide a safe service in the event of unforeseen circumstances. The plan contained the emergency contact numbers that would be needed if emergency procedures had to be implemented. Staff were aware of the arrangements at the practice for identifying and responding to emergency situations.

Equipment

We saw that staff had taken steps to protect patients against the risk associated with the equipment they used. We saw evidence of appropriate maintenance of the equipment including electrical checks and calibration of clinical apparatus such as the blood pressure monitor and nebuliser. All had been checked, tested and passed as fit for purpose.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care & treatment in line with standards

The practice reviewed, discussed and acted upon best practice guidelines and information to improve the patient experience. A system was in place for National Institute for Health and Care Excellence (NICE) quality standards to be distributed and reviewed by clinical staff. The practice participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF). QOF is a national data management tool generated from patients' records that provides performance information about primary medical services. We saw that the practice had used this information to improve services for groups of patients, including patients with asthma and patients with high blood pressure.

We saw that clinical templates were in place to deliver consistent needs assessments and recording for all patients. We found detailed care plans in place for people with end of life needs and monthly palliative care meetings held between practice staff and partner services. A palliative care template was used to record the care needs of patients approaching the end of their life. This was a multi-disciplinary record, including input from the hospice team, district nurses, the voluntary sector and the out of hour's service. As a result patients' holistic, cultural and medication needs were recorded so that healthcare professionals could ensure that the patient received the best and most appropriate care at all times. A coding system was used to ensure that patients with a chronic disease were placed on a register in order that their needs and medicines could be reviewed effectively. GPs were alerted by the system when patients were due to have a review of their condition. They were also prompted to follow up review requests if patients did not attend.

Patients' capacity to consent was assessed in line with the Mental Capacity Act (MCA) 2005. From our conversations with staff and our review of training documentation we saw that all staff had received MCA training. MCA guidance was available on the practice intranet. The staff we spoke with, including the reception staff team, demonstrated an understanding of the MCA and its implications for patients at the practice. Staff were also aware of the Gillick competency test, a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge. Staff we spoke with gave examples of its use in the practice, particularly in relation to the sexual health and family planning clinics.

The practice held educational sessions to inform local ethnic groups about the heightened coronary risks associated with certain diets and lack of exercise. Interpretation services were made available at these sessions. Asian Well Woman talks and clinics were also provided (with interpretation) to provide education around women's health issues and to promote good health. This led to improved outcomes for some patients from different ethnic backgrounds.

Management, monitoring and improving outcomes for people

Practice staff demonstrated how they made use of reference data collected by the NHS in order to gain an insight into the effectiveness of their practice. The practice's overall QOF score for the clinical indicators was higher than the national average, demonstrating that they were providing effective assessments and treatments for patients. The practice demonstrated to us how their review of QOF data around chronic diseases had prompted them to audit chronic disease management at the practice. This had led to improved outcomes for patients with chronic disease.

The practice has a system in place for completing clinical audit cycles. Following each clinical audit, changes to treatment or care were made where needed and the audit repeated to ensure outcomes for patients had improved. An example was an audit of cancer diagnosis which aimed to ensure that every patient was diagnosed in the most effective and efficient way possible. The results of the audit had been shared across the practice and learning embedded. GPs had also completed clinical audit cycles around contraindications (a contraindication is a specific situation in which a drug, procedure, or surgery should not be used because it may be harmful to the patient). Following an alert from the Medicines and Healthcare Products Regulatory Agency (MHRA) regarding the use of simvastatin (a medicine used to reduce blood cholesterol levels) a clinical audit was carried out. The aim of the audit was to ensure that all patients prescribed simvastatin were not put at risk of harmful drug interactions. The information was shared with GPs and patients were called for a medication review.

Are services effective?

(for example, treatment is effective)

GPs at the practice undertook minor surgical procedures in line with their registration under the Health and Social Care Act 2008 and NICE guidance. The staff were appropriately trained and kept up to date with their knowledge. They also regularly carried out clinical audits for on-going learning and improvement.

Effective Staffing, equipment and facilities

The practice employed staff who were appropriately skilled and qualified to perform their roles. Appropriate checks had been made on new staff to ensure they were suitable for a role in general practice. We saw evidence that all staff were appropriately qualified and trained, and where appropriate, had current professional registration with the Nursing and Midwifery Council (NMC) and General Medical Council (GMC). Staff told us they were supported to maintain their continuous professional development and to meet the revalidation requirements for their professional registration. The practice was able to demonstrate that all new staff underwent a period of induction when they started working at the practice and that on-going support and supervision was provided to new recruits.

Staff told us that they received on-going supervision and appraisal and that the process was supportive and positive. They confirmed that they were able to access relevant training as required. Training records showed that staff had received appropriate training. The practice had nominated lead staff for infection control, safeguarding, palliative care and staff training.

Working with other services

Steps had been taken to ensure that patients were placed at the centre of decisions about their care. This included occasions when more than one provider was involved in their care and treatment and when patients moved between different services. GPs attended meetings with local care homes and the local hospice to discuss the needs of patients using those services. Staff communicated relevant information with the 'out of hours' service in the event of emergencies. We spoke with two patients who had used the 'out of hours' service and they confirmed to us that the practice had swiftly reviewed the information provided to them and had provided good continuity of care. The practice worked with The Alzheimer's Society to provide appropriate and holistic care to patients with dementia. Nuffield Road Medical Centre also provided a service to patients through the Community Health Improvement Programme, which aims to help people lose weight and improve their health. The practice was able to demonstrate that this scheme had acted as a catalyst for some patients to become more active, reduce portion sizes and achieve a healthier body mass index.

There were arrangements for sending referrals and receiving test results and feedback from other health professionals. Staff confirmed that they audited the system for managing results and referrals to ensure its effectiveness. All test results were seen by a GP and then scanned into the patient's records and further action taken as appropriate.

Health, promotion and prevention

All newly registered patients were offered a routine medical check-up appointment to discuss their social and health history and to review any medications. All newly registered patients were required to see a GP before repeat prescriptions could be requested.

There were arrangements for monitoring the health and reviewing treatments for patients with chronic or long term conditions such as such as diabetes, heart disease, respiratory problems, dementia and stroke. The practice held regular clinics for patients with a range of chronic or long term health conditions such as diabetes, asthma and coronary heart disease. Review dates were identified via the practice's computer system which prompted staff to schedule appointments. Well Person health checks were available and patients were offered screening services to identify main risk factors including high blood pressure, diabetes, smoking and high cholesterol level. All patients over 75 years of age were offered annual health checks. The practice has developed a service to allow patients with a diagnosis of hypertension (high blood pressure) to monitor their own blood pressure at home.

The practice promoted healthy lifestyle to support patients to achieve good mental and physical health. Nurse practitioners provided advice on smoking cessation and access to the Camquit programme (a scheme which provides advice, information and support to local people who are thinking of stopping smoking). The practice also referred patients to the Community Health Improvement Programme, which aims to help people lose weight and improve their health. Nuffield Road Medical Centre had established a walking group which supports patients to take gentle exercise in a social outdoor environment. A cervical screening programme was in place and patients were recalled in line with Public Health England guidance.

Are services effective?

(for example, treatment is effective)

The practice had arrangements in place for supporting patients who were caring for others. Where appropriate, referrals were made to health or social care services so that patients and their carers received additional support according to their needs.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

A practice must uphold and maintain the privacy and dignity of patients. A practice policy for equality and diversity was available and staff we spoke with understood the importance of providing compassionate and high quality care to all patients. The 12 patients we spoke with gave positive feedback about the reception team and GPs. Patients told us that they felt supported and well-cared for. The 2 comment cards completed by patients gave positive feedback.

We saw that staff approached people in a person centred way; they respected people's individual culture, faith and background. The practice supports patients from diverse cultural backgrounds and speaking different languages. Staff spoke a number of different languages. A translation service was available to support patients during consultations and also during targeted education classes aimed at meeting the health needs of certain ethnic groups. The staff members we spoke with said that the interpreting service was available for all patients. They told us that interpreting by family members was discouraged in order that patients were best supported to disclose information relevant to their situation, without fear of worrying their relative.

Patients were supported by the practice when a close relative died. The waiting area included various information which sign posted people to support available including citizen's advice, counselling and bereavement services. A named GP visited patients towards the end of their lives and supported family members alongside the district nurse. Traumatic events such as a death or loss of a child during pregnancy were identified and support offered including signposting to other services. If the service was unable to meet the patient's needs they could refer the patient to trained counsellors and mental health support.

A chaperone can be present during intimate examinations as an impartial observer who will be able to reassure the patient. We saw that the practice had a chaperone policy in place. We spoke with staff members about chaperoning. The role and responsibilities described by staff reflected the 2013 published General Medical Council (GMC) guidance for 'Intimate examinations and chaperones'. This implied that patients received a consistent and appropriate chaperone service if they requested it.

Involvement in decisions and consent

The practice routinely involved patients with their care and treatment and their choices were respected. Patients told us that they had time to discuss their concerns or treatments when they attended for appointments and that it was possible to book a double appointment when they needed to discuss more than one concern or complex problems. If a patient needed to be referred to another service or specialist this was discussed during their appointment and they were given a choice of location, where possible.

GPs and nurses we spoke with had a clear understanding of 'Gillick' competence in relation to the involvement of children and young people in their care and their capacity to give their own informed consent to treatment. They were knowledgeable about the Mental Capacity Act and the need to consider best interests decisions when a patient lacked the capacity to understand and make decisions about their care. Staff we spoke with were able to demonstrate their understanding of consent and that patients had the right to withdraw it at any time and that this would be respected.

The practice had arrangements for obtaining patients' wishes for the care and treatment they received as they approached the end of their lives. Patients' wishes in respect of their preferred place to receive end of life care were discussed and doctors worked with other health care professionals and organisations to help ensure that patients' wishes were acted upon.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice maintained links with local area commissioners and we were told meetings took place on a regular basis to review and plan how the practice would continue to meet the needs of the patients and potential service demands in the future.

A range of services and clinics were available to support and meet the needs of different patient groups and patients were referred to community specialists or clinics as appropriate. The practice staff recognised the long term condition needs of its practice population. For example, diabetes was more prevalent amongst some ethnic groups. In-house diabetes clinics were provided by the practice, including targeted educational sessions designed to support patients from diverse cultural backgrounds. The practice had also identified the need to provide targeted support for some ethnic groups around recognising and treating depression.

The practice was aware of patients' individual access needs and had put the necessary measures in place to support them. Treatment and consultation facilities were available at ground level. There were also toilet facilities for disabled patients. Some patients using the service lived on low incomes and the practice had identified that some patients who were experiencing deprivation required particular support in accessing services that promoted their mental and physical health. This included support with weight management, smoking cessation and depression management. The practice was aware of the health needs of local travellers who either travelled through the area or lived on permanent sites. Staff told us that they supported those who were in temporary residence to register with the practice.

The practice had achieved and implemented the gold standard framework for end of life care. They had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss patients and their families' care and support needs. The practice had developed a personalised care pathway for the care of the dying patient which involved advanced planning and symptomatic support. It was supported by an end of life policy and a palliative care policy and protocol

Access to the service

The practice had developed an appointment system to meet the needs of its patients. Details of the services available, how to book, change or cancel appointments were available at the practice and displayed on the website.

The practice was open between 8.30am and 6pm on weekdays with extended opening hours on Wednesdays and Thursdays. Some same day appointments were kept available, alongside pre-bookable appointments. Patients we spoke with said that they were generally able to secure an appointment in good time, although three patients fed back that they found it difficult to see the GP who knew them best. Home visits were available to see patients who were frail or too unwell to attend the practice.

The out of hours service was carried out by Urgent Care Cambridge and information about how to access this service was found in the practice information leaflet and the practice website. The practice had a clear, easy to navigate website which contained detailed information to support patients including the arrangements for making and cancelling appointments, requesting and accessing repeat prescriptions and obtaining test results.

Concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaints policy was 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. On receipt of a complaint an acknowledgment letter was sent to the complainant within a fixed timeframe. Following an investigation a response was provided. The final response gave complainants details of external agencies they could contact, should they remain dissatisfied. The practice staff we spoke with told us that the outcome and any lessons learnt following a complaint were discussed at the practice meetings.

Are services well-led?

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

Our findings

Leadership and culture

The senior GP partner shared their ethos for the practice which was to create an open and honest culture in which challenge, innovation and learning could thrive. The practice chose to drive this vision through day to day decision making and practice meetings, rather than embedding it by means of a written mission statement. Our conversations with staff and patients demonstrated that this approach was effective as everyone we spoke with was able to articulate the values of the practice, namely 'high quality care'. The practice had recognised the need to develop the leadership skills of more junior practitioners in order to ensure continued strong leadership and we were told that leadership programme attendance was being progressed.

The practice had a clear main focus on improving outcomes for their patients. They achieved this through reviews, audits and responding to feedback from staff and patients.

Governance arrangements

There was an effective governance framework in place to support the delivery of good quality care. The practice had access to a range of generic policies and procedures which could be adapted to meet the practices needs. We saw that the practice had downloaded the appropriate policies for its service and adapted them to reflect the needs of their patients. The practice manager and senior GP partner told us this ensured that all areas of service delivery followed best practice and were up to date. The practice manager had a management task planner in place for 2014-2015 which identified when each policy was due to be reviewed. We saw that policies had been reviewed in line with the task planner. Staff we spoke with were aware of where to locate the policies if they needed to refer to them for support or guidance.

The practice held weekly multi-disciplinary team and educational meetings and monthly partners' business meetings. The practice manager held regular meetings with the administrative staff and the lead nurse held regular team meetings with clinical staff. We looked at minutes from the last partner's meeting which contained updates from the nursing and administrative meetings. We saw that performance, quality and risks had been discussed.

The practice held a Primary Medical Services (PMS) contract with NHS England for delivering primary care services to their local community. As part of this contract, quality and performance was monitored using the Quality and Outcomes Framework (QOF). The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care. We looked at the QOF data for this practice which showed it was performing in line with national standards scoring 99.4 out of a possible 100 points.

The practice used clinical audit to monitor quality and systems to identify where action needed to be taken. The practice had completed a number of clinical audits, for example the prescribing of Strontium Ralenate, a medicine used in the treatment of osteoporosis. Following an alert from the Medicines and Healthcare Products Regulatory Agency (MHRA) relating to Strontium Ralenate and cardiovascular safety the practice reviewed all patients prescribed this medicine to consider whether or not to continue treatment. The first audit cycle identified that eight patients were receiving this medication. All patients were called in for a review of their medication. A second audit cycle identified that all the patients had received a medication review and their prescription stopped where clinically indicated and replaced by an alternative.

The practice had robust arrangements for identifying, recording and managing risks. The practice manager showed us their risk log which addressed a wide range of potential issues, such as Control of Substances Hazardous to Health (COSHH), asbestos, fire safety, buildings maintenance, access to appointments and prevention of the legionella virus. We saw that the risks were regularly discussed at team meetings and updated in a timely way. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented. For example, we saw evidence that where repairs to the fabric of the building were needed, these had been carried out in a timely way. We were shown risk assessments, action plans, quotes and timeframes for the repair work to be completed. A fire risk assessment and asbestos management plan had been completed which confirmed that the building was safe.

Practice seeks and acts on feedback from users, public and staff

Feedback and comments by staff were encouraged, listened to and acted upon. The practice actively

Are services well-led?

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encouraged the participation and involvement of staff through annual appraisals. Team meetings were held for staff and they were encouraged to add items to the agenda that they wished to discuss. Staff told us they felt involved and listened to within the practice. There was a whistleblowing policy available for staff at the practice and staff we spoke with understood what whistleblowing was and why it was important. Whistleblowing occurs when an internal member of staff reveals concerns to the organisation or the public, and their employment rights are protected.

The practice recognised the importance of the views of patients and had systems in place to do this. This included the use of patients' comments, analysis of complaints, patient surveys and working in partnership with the Patient Participation Group (PPG). A PPG is a group of active volunteer patients who work in partnership with practice staff and GPs with the aim of achieving high quality and responsive care for the local population. Results of patients' surveys and PPG comments were shared with patients through the practice website. We saw that the PPG had developed an action plan and the practice had worked with the PPG to carry out the solutions within the action plan. The chair person for the PPG confirmed that they had a very good working relationship with the practice and that the partners were open and honest and listened to what they said.

Management lead through learning & improvement

We saw that patient referrals were discussed at clinical team meetings and learning points considered and shared between clinicians. The practice was designated as a 'teaching practice' where trainee GPs were offered placements to develop their knowledge, skills and clinical competencies. We were told by the GPs that this was considered important to the practice in strengthening and supporting an exchange of learning and innovation amongst all clinicians.

Records showed that clinical staff were supported to access on-going learning to improve their skills and competencies. For example, attending specialist training for diabetes, childhood immunisation and opportunities to attend external forums and events to help ensure their continued professional development. Non-clinical staff were also supported to improve their skills and knowledge.

Identification and management of risk

We saw that the practice had systems and processes to identify and manage risks. Risk assessments had been undertaken to consider and determine likely risks to patients, staff and visitors such as fire assessments and environmental hazards. In addition, disruption to the practice had been risk assessed including continuity of the service in the event of disruption or loss of the premises. Staff we spoke with were aware of their individual responsibilities around identifying and reporting areas of risk. Staff told us that they knew who to report any issues to. Risks were discussed at the regular practice meetings and any actions were documented and cascaded to all staff.