The Queen Edith Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
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 Queen Edith Medical Practice on 10 May 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events and improvements were made following analysis of the significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand, however not all verbal complaints were not recorded. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Appointments were bookable online and the practice also provided telephone appointments for patients unable to attend the surgery.
- 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.

Summary of findings

We saw one area of outstanding practice:

- The practice held an annual flu clinic and invited local support and health organisations to attend. This allowed patients to access support information and guidance easily and quickly. The practice engaged with the patient participation group to organise the event and took the opportunity to take pulse and blood pressure measurements in order to identify patients at risk of other healthcare conditions.

The areas where the provider must make improvement are:

- Healthcare assistants must have authorisation from a prescriber for each medicine or vaccination they administer.

The areas where the provider should make improvement are:

- Complete and review actions resulting from infection control audits in a timely manner and implement practice wide infection control training.
- Review the visibility in the waiting areas to ensure the safety and security of vulnerable patients.
- Identify carers more proactively.
- Undertake fire drills at the required intervals.
- Take more proactive steps to try and improve cervical cytology rates.
- Record and learn from all verbal complaints.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Although risks to patients who used services were assessed, there was scope to improve the systems and processes to address these risks. For example, systems in place for infection control were not robust enough, as the actions and outcomes for the audits were not always implemented. There was also scope to improve infection control training for all staff.
- Not all staff were working under directives for immunisations such as flu vaccinations.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly in line or above average compared to the national average. For example, the percentage of patients experiencing poor mental health who have a comprehensive, agreed care plan documented in their record for the preceding 12 months was 95% compared to a local CCG average of 87% and an England average of 88%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. The practice had introduced a training passport system to encourage staff to monitor their own training requirements.

Summary of findings

- Staff worked with other health care professionals such as midwives, psychiatrists and community nurses to understand and meet the range and complexity of patients' needs.
- Cervical cytology screening rates were lower than local and national averages. The practice had a plan in place to address this.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published January 2016 showed patients rated the practice higher than others for several aspects of care, for example 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 89%. However, the data also showed patients rated the practice lower than other in some areas. For example, 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.The practice was aware of this and was proactively looking to address the identified issues.
- 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 had one GP who also worked for a local hospice and the practice worked proactively to ensure palliative care was tailored towards patient care plans.
- 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. Evidence showed the practice responded quickly

Summary of findings

to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice did not record minor verbal complaints, although following the inspection the practice stated that all verbal complaints would be recorded in the future.

- The practice held a health promotion fair at their annual flu clinic event. This included information about other healthcare and support organisations. The practice also undertook blood pressure monitoring and pulse checks at the event.

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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, there were improvements needed for infection control protocols, the identification of carers and vaccination procedures.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and was establishing further links with the practice.

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.
- The practice was flexible with appointments to allow patients to attend with carer's availability.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were in line or above local and national averages.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that:

- Longer appointments and home visits were available when needed.
- 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.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were higher for some of the standard childhood immunisations but slightly lower for others. For example, data from 2014/2015 showed the percentage of children receiving the PCV vaccination for the age group of 12 months was 91.7% compared to the CCG average of 94.7%, whereas the percentage of children receiving the meningitis C vaccination for the age group of 24 months was 94.7% compared to the CCG average of 92.6%.
- 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. Midwife clinics were held at the practice on a weekly basis.

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. The practice's uptake for the cervical screening programme was 73%, which was below the CCG and England averages. However, the exception reporting rate for the practice rate was 5%, which is lower than the CCG average of 8% and the England average of 6%.
- The practice provided telephone triage slots in every morning clinic to give advice to those who could not attend the practice.
- The practice only closed for 30 minutes at lunchtime to allow extra time for working age people to collect prescriptions and make appointments. Appointments were also bookable online.

Summary of findings

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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a proactive approach in registering patients at the practice who were homeless.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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% of patients experiencing poor mental health had a comprehensive, agreed care plan documented in their record in the preceding 12 months, which is above the England average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

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 were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 265 survey forms were distributed and 118 were returned. This represented 45% response rate.

- 84% of patients found it easy to get through to this practice by phone compared to the local (CCG) average of 75% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local (CCG) average of 87% and the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the local (CCG) average of 86% and the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local (CCG) average of 80% and the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards of which 45 were positive about the standard of care received including comments such as "we are looked after very well here", "fine treatment" and "very professional and friendly". One card contained comments that indicated the reception area was understaffed at times and care provided by GP's was not proactive. Another card stated that the care they received was positive with some GP's but not others. Patients said that they felt the practice provided good care and they were treated with dignity and respect while staff were friendly, caring and helpful.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Data from the friends and family test for the period of January 2016 to March 2016 showed that from six responses 100% of patients were likely or extremely likely to recommend the practice to friends or family.

Areas for improvement

Action the service MUST take to improve

- Healthcare assistants must have authorisation from a prescriber for each medicine or vaccination they administer.

Action the service SHOULD take to improve

- Complete and review actions resulting from infection control audits in a timely manner and implement practice wide infection control training.
- Review the visibility in the waiting areas to ensure the safety and security of vulnerable patients.
- Identify carers more proactively.
- Undertake fire drills at the required intervals.
- Take more proactive steps to try and improve cervical cytology rates.
- Record and learn from all verbal complaints.

Outstanding practice

The practice held an annual flu clinic and invited local support and health organisations to attend. This allowed patients to access support information and guidance easily and quickly. The practice engaged with the patient participation group to organise the event and took the opportunity to take pulse and blood pressure measurements in order to identify patients at risk of other healthcare conditions.

The Queen Edith Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Queen Edith Medical Practice

The Queen Edith Medical Practice is situated in Cambridge, Cambridgeshire. The practice provides services for approximately 7,400 patients. They hold a General Medical Services contract with Cambridgeshire and Peterborough CCG.

The most recent data provided by Public Health England showed that the patient population has a higher than average number of patients aged between five and nine, 25 to 39 and over 85 compared to the England average. The practice is located within an area of low deprivation.

The practice has three GP partners, two male and one female, and four salaried GP's. The team includes two practice nurses, one healthcare assistant and one phlebotomist. They also employ a practice manager, an assistant practice manager, an office manager, six reception staff and a notes summariser.

The practice was open between 8.15am to 1.30pm and 2pm to 6pm Monday to Friday. Appointments were from 8.30am to 10.30am every morning and 3pm to 5pm on Monday, Tuesday, Thursday and Friday with appointments between 2.45pm to 5pm on Wednesday. The practice also offered three telephone triage appointments for each GP every morning. Urgent Care Cambridgeshire provides GP services out of hours.

The practice is a training practice and teaches medical students from Cambridge University Medical School.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 May 2016. During our visit we:

- Spoke with a range of staff including GP's, a practice nurse, the practice manager and a range of reception and administration staff, and spoke with patients who used the service.

Detailed findings

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

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

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

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

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

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

Requires improvement

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.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the process for requesting repeat prescriptions had been changed following an incident where the wrong medication had been prescribed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were two lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Practice nurses were also trained to 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 most had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Two members of administrative staff had also been trained to act as chaperones, although we were told by the practice that they had not yet been used as chaperones and would not be used in this role until the DBS checks had been completed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and the seating in the waiting areas had recently been replaced. There was an infection control protocol in place although not all staff had received recent up to date training. The practice told us that infection control training had been scheduled with the CCG infection prevention and control matron to be undertaken in July. Annual infection control audits were undertaken but not all areas identified had been actioned. The practice confirmed they would be reviewing the infection control protocols and audits including a review of all equipment. We were told actions identified from the infection control audit would be completed.
- Processes for managing medicines, including emergency medicines were in place (including obtaining, prescribing, recording, handling, storing, and security), however some arrangements surrounding vaccinations were not adequate. Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had ensured Healthcare Assistants underwent specific training in the administration of flu vaccinations. There was no process in place to ensure that a prescriber had authorised the administration of vaccines to individual patients.
- 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.

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 both the main office and the practice manager office that identified local health and safety representatives.
- The practice had up to date fire risk assessments and fire equipment and fire alarm was tested weekly, however there was no evidence of fire drills being performed. The practice was aware of this and told us that they had planned to carry these out in the future.
- 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).
- Not all waiting areas of the practice could be clearly seen by reception staff to ensure the safety and security of vulnerable patients. The practice told us that they were aware of this and were investigating possible solutions in order to resolve the situation.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in 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 was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice was in the process of updating the business continuity plan in line with change of suppliers.

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2014/2015 were 95.2% of the total number of points available. This was 0.9% above the local CCG average and 0.4% above the national average. The practice had an exception reporting rate of 7.5%, which is 3% below the local CCG average and 1.7% below the 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months (including an assessment of asthma control) was 74% compared to the national average of 75%. The rate of exception reporting was in line with both the CCG and national averages.
- The percentage of patients experiencing poor mental health who have a comprehensive, agreed care plan documented in their records in the preceding 12 months was 95% compared to the national average of 88%. The rate of exception reporting was better than both the CCG and national averages.
- Performance for other indicators were above or in-line with CCG and national averages. The rate of exception reporting was mostly in-line or lower than both the CCG and national averages.

There was evidence of quality improvement including clinical audit.

There had been six clinical audits undertaken in the last two years, we saw evidence that four of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, the practice had undertaken an audit on patients prescribed bisphosphonates, a medicine used in the treatment of osteoporosis. The aim of the audit was to check if patients prescribed this medicine were undergoing regular treatment reviews and to establish the benefits of on-going treatment. Results indicated that 99 patients were prescribed bisphosphonates. The practice had scheduled 70 patients for review following the first audit. Following the second audit, the results identified that the remaining 29 patients had reviews scheduled.

The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered 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 vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could

Good

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff were also encouraged to keep track of the training that they had received and any that was outstanding. The practice had issued a training passport to staff to allow them to keep a personal record of their training.
- The practice participated in the training of medical students from Cambridge University Medical School. The practice also participated in research studies and was an accredited research practice by the Royal College of Registered Practitioners

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, and smoking. Patients were signposted to the relevant service.
- Nurses at the practice gave dietary advice and patients were referred to the local dietician service where appropriate. Smoking cessation advice was available from a local support group.

Data showed that the practice's uptake for the cervical screening programme was 73%, which was lower compared to the CCG and England average of 82%. Practice staff told us that they had reviewed their systems and now had a dedicated member of staff who was dealing with the cervical screening programme.

They ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results

Good

Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, females aged 50-70 who had been screened for breast cancer in the last 36 months were 70% compared to a CCG and England average of 72% and persons aged 60-69 who had been screened for bowel cancer in the last 30 months were 62% compared to a CCG average of 59% and an England average of 58%.

Childhood immunisation rates for the vaccinations given were mostly comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 95% compared to the local CCG averages of 92% to 96% and five year olds from 80% to 98% compared to the local CCG averages of 89% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The number of 40-74 health checks carried out in 2015/2016 was 141 compared to 353 carried out in 2014/2015. The practice told us they have identified the reason for the drop in health checks taking place and the lower figure last year was due to less invites having been sent out than the previous year. The practice have told us that they now send out batches of invitations on a monthly basis in order to address this. 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 of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced, some stating "we are looked after very well here", "fine treatment" and "very professional and friendly". 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 one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and the national average of 97%

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly in line with local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.

Some results from the GP patient survey showed the practice was lower for its satisfaction scores in compassion, dignity and respect, along with involvement in planning and making decisions on consultations with nurses. For example:

- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 80% of patients said the last nurse they saw or spoke to was good at giving them enough time.

Good

Are services caring?

- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

When we asked the practice about these results, they told us that they were aware of this and were proactively looking at ways in which they could support the nursing staff to improve these scores.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice had installed a hearing loop in reception.
- The practice had installed a bell at the main entrance of the building so that people who required assistance to access the building could notify reception staff.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area, which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 (fewer than 1%) patients as carers. The practice recognised this was a low percentage and informed us they would undertake a review of their records and coding processes in order to better identify patients with caring responsibilities. Written information was available to carers to inform them of the various avenues of support available to them and there was a carer's noticeboard containing information in reception. Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was 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.

The practice told us they routinely discussed patients receiving palliative care. Care plans we inspected included preferred place of care and place of death and evidenced that this led to caring outcomes. The practice provided us with data from a two year period that showed effective preferred place of death planning. The data showed that practice performance was in excess of the averages published in 2009 by the Gold Standards Framework.

The practice told us that they proactively registered vulnerable people at the practice, including those that were homeless.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice ensured that a midwife held clinics and baby checks at the practice to ensure continuity of care.

- There were longer appointments available for patients with a learning disability and patients who are carers. These patients were able to request double appointments at point of booking or book these online.
- Home visits were available for all patients and were triaged by the designated duty doctor.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, baby changing facilities, a hearing loop and telephone translation services available.

The practice offered 16 supplementary clinic appointments on a daily basis when all scheduled daily appointments were full. This allowed patients who were not able to attend the practice during normal opening hours access to services. Each GP also offered up to three telephone triage appointments each morning.

The practice held an annual flu clinic at the local chapel. The practice had organised the event into a health fair. They invited local support and health organisations such as Camquit, Age Concern and social services. The practice engaged with the patient participation group to organise the event and took the opportunity to take pulse and blood pressure measurements so that patients could be identified if they were at risk of other healthcare conditions.

Access to the service

The practice was open between 8.15am to 1.30pm and 2pm to 6pm Monday to Friday. Appointments were from 8.30am to 10.30am every morning and 3pm to 5pm on Monday, Tuesday, Thursday and Friday with appointments between 2.45pm to 5pm on Wednesday. Next day appointments were also available. The practice also offered three telephone triage appointments for each GP every morning. Out of hours care was provided by Urgent Care Cambridge. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available 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 were broadly comparable to local and national averages.

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 75%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 91% of patients said that they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.

The practice was aware of the latest GP patient survey results and was looking at ways to improve patient satisfaction for opening times. For example, the practice was in the process of producing their own patient survey and were including practice opening hours as one of the questions.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

For example, requests for home visits were immediately sent to the duty doctor for assessment to allow an informed decision to be made on prioritisation according to clinical need. The practice had reviewed the processes for assessment of home visits in response to a significant event in order to make this more robust. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Good

Are services responsive to people's needs?

(for example, to feedback?)

One GP also worked as an ophthalmologist and used this expertise to support colleagues by giving advice and advising on referrals to local services. They also reviewed ophthalmology referral information from local services about patients from the practice who were undergoing consultations.

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. For example in the waiting room, there was a notice displayed on the wall and complaints leaflets were in place at the reception desk. The practice website also contained information outlining the complaints procedure and the complaints policy was available for patients to download.

We looked at nine complaints received in the last 12 months and found that these had been fully investigated and were dealt with in an empathic and timely way. Lessons were learnt from individual concerns and complaints and from analysis of trends and action was taken to as a result to improve the quality of care. For example, patients waiting for appointments no longer sat upstairs to ensure patient confidentiality is maintained.

Whilst most verbal complaints were recorded, minor complaints were not; however, the practice told us that all verbal complaints would be added to the register in the future.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice's mission statement was to provide 'the best care we possibly can' and involving patients in making decisions about their healthcare whilst taking their opinions into consideration. Staff knew and understood the values of the mission statement.
- The practice had a robust strategy and supporting business plans that reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However, although audits relating to infection control were being undertaken these needed to be more robust and some actions resulting from the audit were not completed. The practice told us that they would review the infection control processes and ensure that adjustments were made to ensure effectiveness of the audit process.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable 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 duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

Although the practice kept written records of some verbal complaints as well as written correspondence as a result of a complaint, minor verbal complaints were not recorded. However the practice told us that these would be recorded in the future. 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met every two months and produced minutes to support this. The PPG was also actively involved in the production of a newsletter in conjunction with the practice. The newsletter included

Are services well-led?

Good

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

articles written by GP's from the practice and health education articles as well as including practice news. The PPG was actively trying to recruit new members and had a stall at the annual flu clinic event organised by the practice to try to assist with this.

The practice had gathered feedback from staff through staff meetings, appraisals, and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve the practice and that there was a non-hierarchal approach to how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Healthcare assistants must have authorisation from a prescriber for each medicine or vaccination they administer