

Cherry Hinton & Brookfields 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cherry Hinton & Brookfields Medical Practice on 10 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were generally 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.

- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are;

- Ensure a robust system is in place to ensure medical equipment is in date.

The areas where the provider should make improvement are:

- Ensure that actions required from infection control audits are recorded and the actions required are undertaken and reviewed.

Summary of findings

- Ensure patients waiting for their appointments in all areas of the main and branch surgeries can be clearly seen by reception staff to ensure patients whose health might deteriorate are not overlooked by staff.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.
- We observed both the main surgery and branch surgery premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, however not all staff had received training. Annual infection control audits were undertaken; however these did not identify any actions required as a result of the audit.
- We found there were not robust systems in place to check medication and equipment such as needles and syringes. We discussed this with the practice manager who confirmed these were disposed of and following our inspection confirmed that a monitoring system would be put in place to prevent this happening again.
- We saw that not all patients waiting for their appointments in areas of the main and branch practice could be clearly seen by reception or other staff, there was a risk that patients, whose health could deteriorate while waiting for their appointment, may be overlooked.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in January 2016 showed that patients rated the practice in line or below others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey published in January 2016, and patients we spoke with, showed patients rated the practice below others for access. However, the practice were aware of the feedback from the latest patient survey and were in the process of reviewing practice procedures, recruitment, staff training and systems which they anticipated would improve patient satisfaction and access.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. However, some members of the team reported that they did not always feel valued.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The virtual patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice identified a high percentage of over 65 year old patients who frequently contacted the practice or were at risk of admission to hospital. There was a dedicated daily duty GP who triaged all patient contact with out of hours care. The GP would contact these patients and either make an appointment, offer advice or arrange an early home visit. This meant that patients in need of further treatment or referral to secondary care would receive early intervention and access to treatment. The practice had identified that 19% of this patient group contacted were in need of clinical advice, whilst 43% were identified as being over 80 years old and required either a home visit or further referral.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related QOF indicators was above the local clinical commissioning group (CCG) and national averages, with the practice achieving 91% across diabetes indicators; this was 1% above CCG average and 2% above national average. The practice team liaised with the diabetes specialist nurse.
- 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.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Performance for asthma QOF indicators was better or in-line when compared to the CCG and national averages, with the practice achieving 100% across each indicator for 2014/2015.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80.28% which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

Good



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

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had identified 40 patients on the learning disability register, 39 patients were suitable for annual review. The practice confirmed that due to a

Summary of findings

temporary staff shortage none of these patients had received their annual review this year, but confirmed these were scheduled for the following two weeks. We saw that the 2014/2015 QOF

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

People experiencing poor mental health (including people with dementia)

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

- 70% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- 84% of patients who may be experiencing poor mental health had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 240 survey forms were distributed and 102 were returned. This represented a 43% completion rate.

- 93% found it easy to get through to this surgery by phone, compared to a CCG average of 75% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 96% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 95% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

We received six patient Care Quality Commission comment cards, five were very positive about the service experienced; one outlined negative comments about reception behaviour which we discussed with the practice manager. Patients said they felt the practice offered a good service and staff were generally helpful, caring and treated them with dignity and respect.

We spoke with nine patients at Cherry Hinton on the day of the inspection, and one at Brookfields Medical Centre six told us they were unable to get an appointment when they needed one, four patients told us they didn't always find reception staff friendly or helpful, seven said they found it difficult to see a GP of choice and seven told us it was difficult to get through on the telephone. Six patients we spoke with told us they were not aware telephone consultations were available

Areas for improvement

Action the service **MUST** take to improve

- Ensure a robust system is in place to ensure medical equipment is in date.

Action the service **SHOULD** take to improve

- Ensure that actions required from infection control audits are recorded and the actions required are undertaken and reviewed.

- Ensure patients waiting for their appointments in all areas of the main and branch surgeries can be clearly seen by reception staff to ensure patients whose health might deteriorate are not overlooked by staff.

Cherry Hinton & Brookfields 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 practice manager specialist adviser and a practice nurse specialist adviser.

Background to Cherry Hinton & Brookfields Medical Practice

Cherry Hinton & Brookfields Medical Practice provides General Medical Services to approximately 10,600 patients. The practice area comprises of Cherry Hinton in Cambridge and the surrounding area. The surgery is situated in a purpose built surgery with a branch surgery situated two miles away in the Brookfields Medical Centre. Cherry Hinton & Brookfields has a high proportion, over 22%, of under 19 year old patients. There are new housing developments on-going around both the main and the branch surgeries.

The main practice at Cherry Hinton provides treatment and consultation rooms on the ground floor. The branch surgery located at Brookfields Medical Centre also provides treatment and consultation rooms on the ground floor. The centre also hosts community staff including the diabetic specialist nurse, a dietician, physiotherapists, health visitors and midwives. Both buildings have parking available for patients and staff, including designated disabled parking bays and are also accessible for those with a physical disability. Both buildings provide baby

changing facilities and, although no dedicated baby feeding room is available patients are invited to request the use of a free room should it be required. The practice is an accredited teaching and research practice.

The practice has a team of six GP partners, meaning they hold managerial and financial responsibility for the practice. In addition there are two GP locums providing cover for a full time GP vacancy. There is a team of practice nurses, which includes one senior practice nurse, three practice nurses and two health care assistants who run a variety of appointments for long term conditions, minor illness and family health.

There is a practice manager who is supported by a deputy practice manager, two senior receptionists. In addition there is a team of non-clinical administrative, secretarial and reception staff who share a range of roles, some of whom are employed on flexible working arrangements.

The practice provides a range of clinics and services, which are detailed in this report, and operates between the hours of 8am and 12.30, and 1.30pm to 6pm Monday to Friday. Appointments with practice nurses are from 8.10am on a Monday to Friday. On Monday appointments with GPs are from 8am, 8.30am Tuesday to Friday mornings and 3pm to 5.30pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance for nurse appointments, 28 days for GP appointments, urgent appointments were also available for people that needed them.

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

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

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

- Spoke with a range of staff which included; GPs, practice nurses, the practice manager, the deputy practice manager, health care assistants, members of the reception/administration teams and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and records of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an audit of rates for non-attendance of patients referred for urgent hospital appointments, systems were put in place to ensure GPs were notified of non-attendance. Since these changes the practice had seen attendance increase to 100%.

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

Overview of safety systems and processes

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

- Robust arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received safeguarding training relevant to their role. GPs were trained to Safeguarding level 3.
- There was a notice in the waiting room and in each consultation and treatment room which advised patients that chaperones were available if required. The

nurses and health care assistants acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained standards of cleanliness and hygiene. We observed the premises to be generally clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Annual infection control audits were undertaken; however these did not identify any actions required as a result of the audit. Following our inspection the practice were able to evidence that all nursing staff had undertaken infection control training.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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.
- Prescription pads were securely stored and there were robust 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 a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- 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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However we saw that not all patients waiting for their appointments in areas of the main and branch practice could be clearly seen by reception or other staff. There was a risk that patients, whose health could deteriorate while waiting for their appointment, may be overlooked.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. However not all members of the reception staff were aware of where these were located. We discussed this with the practice manager who confirmed training would be reviewed.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines we looked at were easily accessible to staff in a secure area of the practice and all staff knew of their location. The emergency medicines we checked were in date. However we found six containers of an eye drop used to stain patient's eyes to check for damage were found to be out of date, one with an expiry date of April 2014, four with an expiry date of July 2014 and one with an expiry date of April 2015. In addition we found equipment such as hypodermic syringes and needles that were past their expiry date in clinical rooms throughout the practice. For example, in consultation rooms we found needles with expiry dates of September 2015, September 2014 and November 2013. We also found hypodermic syringes with expiry dates of May 2015 and July 2014. We discussed this with the practice manager who confirmed these were disposed of and following our inspection confirmed that a monitoring system would be put in place to prevent this happening again.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. However not all reception staff at the main surgery were aware of this function. Panic buttons were situated throughout the practices which staff were aware of.
- 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.

Arrangements to deal with emergencies and major incidents

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- 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 were 97% of the total number of points available, with 8% exception reporting. (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 2014/2015 showed;

- Performance for diabetes related indicators was better in comparison to the CCG and national average, with the practice achieving 91% across diabetes indicators; this was 1% above CCG average and 2% above national average.
- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disability, osteoporosis, palliative care, peripheral arterial disease, rheumatoid arthritis and stroke and transient ischaemic heart disease indicators was better or in-line when compared to the CCG and national average with the practice achieving 100% across each indicator.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of completed audit cycles where the improvements found were implemented and monitored. Findings were used by the practice to improve services. We discussed a number of clinical audits with the GPs on the day of the inspection. For example, we reviewed an audit of actions taken to reduce the over-prescribing of an inhaler for patients with asthma, following the second audit the practice were able to demonstrate a reduction in patients overusing an inhaler.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant clinical staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff had previously been identified through a system of appraisals, meetings and reviews of practice development needs. The practice manager confirmed that the practice was in the process of reviewing all training previously undertaken by non-clinical and clinical staff and identifying any training needs from previous appraisals or from complaints or significant events. The practice was in the process of introducing a training budget to ensure where needs were identified the training would be put in place to ensure staff had access to the appropriate training to meet their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. We saw that appraisals were overdue for admin staff. We saw the appraisal system was in the process of being reviewed and a new system of ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring was being introduced. As this was new to the practice we were unable to confirm this with the staff. However the practice were able to confirm that all staff would receive a timely review

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Practice nurses provided smoking cessation advice, in addition patients could be signposted to other relevant support services.
- A dietician was available at the branch surgery and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80.28% which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for patients aged 60-69, screened for bowel cancer in last 30 months was 55.4%, compared to the CCG average of 59% and the national average of 58.3%. The practice uptake for female patients screened for breast cancer in the last 36 months at 71.4% was comparable to the CCG average of 72.3% and national average of 72.2%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76.2% to 95.4% and five year olds from 81% to 89.1%. Flu vaccination rates for the over 65s were 62%, and at risk groups 38%.

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

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.

We received six patient Care Quality Commission comment cards, five were very positive about the service experienced; one outlined negative comments about reception behaviour which we discussed with the practice manager. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% said the GP gave them enough time (CCG and national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 87% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG and national average 85%).
- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).

- 86% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

The practice were aware of the feedback from the latest patient survey and were in the process of reviewing practice procedures, recruitment, staff training and systems which they anticipated would improve patient satisfaction and access. For example, due to family circumstances the practice had lost the services of one full time GP partner in January, a second full time GP and the senior nurse had been on long term sick leave. The practice had engaged the services of two locums for the forthcoming months to cover the loss of one full time GP. However the loss of the second GP and the senior practice nurse had impacted on appointment availability. The practice anticipated with the return from sick leave of the nurse and GP the appointment availability would improve. In addition the practice 0844 telephone contract had ended and the practice were in the process of securing an alternate telephone provider which would see them moving away from the 0844 telephone number and the costs this incurred on patients telephoning the practice. In the interim period the practice local telephone number was advertised on the practice website and in the waiting room at the practice.

Care planning and involvement in decisions about care and treatment

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

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

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG and national average 82%)

Are services caring?

- 76% said the last nurse they saw was good at involving them in decisions about their care (CCG and national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. The practice website, practice leaflet and touch in screen informed patients this service was available. In addition there were a number of languages spoken by staff at the practice which included Bengali, German, Hindi, Italian, Spanish, Punjabi and Urdu.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 97 carers. Written information was available to direct carers to the various avenues of support available to them.

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

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.

- The practice did not offer a 'Commuter's Clinic' however appointments were available from 8.10am on a Monday morning. Telephone appointments were also available for those not able to get an appointment on the day. The practice had recognised the issues with commuter appointment availability and was exploring providing early evening appointments during the week; however this was still in discussion.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. The practice had responded to improving outcomes for patients and had identified a high percentage of over 65 year old patients who frequently contacted the practice or were at risk of admission to hospital. There was a dedicated daily duty GP who triaged all patient contact with OOH, the GP would contact patients and either make an appointment, offer advice or arrange an early home visit. This meant that patients in need of further treatment or referral to secondary care could receive early intervention and access to treatment. The practice had identified that 19% of patients contacted were in need of clinical advice whilst 43% were identified as being over 80 and required either a home visit or further referral.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice branch surgery was located at Brookfields medical centre. The medical centre was used by other community staff that also visit the main practice and provide health care services for patients, including a diabetes specialist nurse, a dietician, health visitors and the midwifery team.

- GPs had weekly agreed telephone consultation time with the locality psychiatrist to discuss care and treatment pathways. In addition the GPs had access to the community geriatrician to discuss care and treatment pathways.
- Parking was available at both practices, both buildings also had baby changing facilities and, due to space limitations, although no dedicated breast feeding rooms were available patients were invited to request the use of a private room should it be required.

Access to the service

The practice was open between 8am and 12.30, and 1.30pm to 6pm Monday to Friday. Appointments with practice nurses were from 8.10am on a Monday to Friday. On Monday appointments with GPs were from 8am, 8.30am Tuesday to Friday mornings and 3pm to 5.30pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance for nurse appointments, 28 days for GP appointments, urgent appointments were also available for people that needed them. Appointment bookings were available on-line with 44% of these available on-line. We were told any requests for appointments that could not be accommodated were passed to the GPs as a telephone consultation and triage. However reception staff we spoke with were not able to confirm this.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 69% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 47% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

We spoke with nine patients at Cherry Hinton on the day of the inspection, and one at Brookfields Medical Centre six told us they were unable to get an appointment when they needed one, four patients told us they didn't always find reception staff friendly or helpful, seven said they found it

Are services responsive to people's needs?

(for example, to feedback?)

difficult to see a GP of choice and seven told us it was difficult to get through on the telephone. Six patients we spoke with told us they were not aware telephone consultations were available.

As referred to earlier in the report the practice were aware of the feedback from the latest patient survey and were in the process of reviewing practice procedures, recruitment, staff training and systems which they anticipated would improve patient access.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints, compliments 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. Complaints were discussed at practice and clinical meetings.
- We saw that information was available to help patients understand the complaints system on the practice's website. Information about how to make a complaint was also displayed in the practice leaflet. Staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Actions taken included on-going training developments and practice administration processes.

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 effective, high quality, and safe healthcare which is responsive to individual needs and promotes overall health and well-being of the individual and the wider practice population.

- The practice had a mission statement to ensure patients could expect to be treated with honesty and dignity in a relationship based on mutual respect and confidentiality and staff were aware and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- 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 which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, supported, but we were told they did not all feel valued. 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 patient participation group (PPG) had discontinued two years previously. As a result the practice gathered feedback from patients through the virtual patient participation group (PPG) and through surveys, compliments, friends and family responses and complaints received. The practice had identified 120 members of the virtual group and continued to promote recruitment to the group. The practice submitted regular proposals for improvements to the PPG members and received feedback via emails.
- The practice had gathered feedback from staff through staff surveys, through staff suggestion/comments boxes,

Are services well-led?

Good 

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

quarterly staff away days and generally 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.

- In 2015 the practice undertook a safety review where a nominated representative of each staff team met to look at and review overall safety within the practice. Clinical staff reported feeling involved as a result of this meeting however non clinical staff reported feeling less involved. Following this feedback the practice formed staff groups with representatives of each group attending significant event and partnership meetings, feeding back outcomes to their teams. Staff we spoke with told us as a result they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice were undertaking a pilot with the local clinical

commissioning group for the electronic emailing of discharge letters from the local hospital, the practice was also due to undertake a second stage of a pilot of an on-line tool for storing referral pathways within the practice electronic record system. The practice undertook undergraduate medical teaching throughout the academic year. In addition the practice were an established research practice and took part in several clinical research projects. For example the practice took part in the baby milk recruitment study to offer new mothers (at their baby check) the opportunity to take part in a breast feeding study, in addition the practice was participating in the HEAT recruitment study seeking to eradicate h.pylori (a spiral-shaped bacteria that grows in the digestive tract and has a tendency to attack the stomach lining), in order to prevent stomach ulcer bleeding in patients who take aspirin. Other on-going studies included the effectiveness of hypertension medication; the practice reported that as 13% of the practice population had a diagnosis of hypertension and were prescribed hypertension medications, we were told this study was of particular importance to the practice.

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
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>(1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include-</p> <p>(e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way.</p> <p>We found that the registered person was not protecting service users against the risks associated with the need to ensure equipment is checked and fit for purpose.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	