Ramsey Health Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ramsey Health Centre on 14 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments with a GP were available on the same day.
- Information about services and how to complain was available and easy to understand.
- 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 practice was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Continue to encourage and improve the uptake of breast screening for patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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 staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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.

Summary of findings

- Results from the national GP patient survey published January 2016; showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:
- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 89%.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 204 patients as carers (2.8% of the practice list). The practice took part in the Carers' Prescription Service.

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 took part in a pilot providing weekly phlebotomy services for patients on an anticoagulation/blood thinning medicine from five local GP practices.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 would contact all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- The practice offered health checks for patients aged over 75.
- The practice triaged all home visit requests to facilitate earlier visits where hospital admission may be an outcome.
- Nationally reported data showed that some outcomes for patients for conditions commonly found in older people including rheumatoid arthritis were above local and national averages.
- The practice provided medical support to three local nursing homes with a total of 63 registered patients. GPs undertook fortnightly ward rounds to the homes and in addition provided medical services to six interim care beds at a local nursing home. This service was supported by members of the administration team who collated information and co-ordinated GP visits working closely with the home managers and nursing staff.

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.
- Performance for diabetes related indicators was better in comparison to the national average. With the practice achieving 96.2% in comparison to the CCG and national average of average of 89%.
- Flu vaccination rates for the over 65s were 75%, and at risk groups 45%. These were comparable to previous year's national averages.
- Longer appointments and home visits were available when needed.

Summary of findings

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

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable with local and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice uptake for female patients screened for breast cancer in the last 36 months at 56% was low in comparison to the CCG and national average of 72%.
- 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.
- The practice encouraged chlamydia testing for the under 24 age group. At the time of the inspection the practice hosted the Young Persons Clinic weekly which provided sexual health advice and contraception clinic for anyone under 25 years. However we were told that the practice had just been told this service was being withdrawn due to a lack of funding.

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.

Summary of findings

- The practice offered a 'Commuter's Clinic' on Tuesday evenings from 6pm to 8pm and Wednesday mornings from 7.45am to 8.30am with both GP and nurse appointments available, for patients who could not attend during normal opening hours.

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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with 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).

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting from 2014 to 2015 which was comparable to the national average/ worse than the national average.
- The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 98% which was above the national 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 January 2016. The results showed the practice was performing in line with local and national averages. 250 survey forms were distributed and 117 were returned. This represented 47% response rate.

- 74% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%). The practice were aware of this feedback and continued to monitor patient feedback and improvement.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. 13 of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. However two cards raised concerns about appointment availability. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required and that the premises were clean. Patients we spoke with said they felt the practice offered a safe and satisfactory service and staff were helpful, caring and treated them with dignity and respect.

Areas for improvement

Action the service SHOULD take to improve

- Continue to encourage and improve the uptake of breast screening for patients.

Ramsey Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Ramsey Health Centre

Ramsey Health Centre provides General Medical Services to approximately 6,843 patients in the rural market town of Ramsey. The practice offers dispensing services to its patients who live more than one mile from the nearest chemist. Ramsey is listed in the 10% most income deprived areas in the district. However good transport links to London, Cambridge and Peterborough attracts city professionals to the area. The practice area covers the town and the immediate surrounding rural area. There is a strong migrant population some of whom do not have English as their first language. Translation services are available for patients. Translation services are also available on the practice website and information in other languages is available on the booking in screen and in leaflets.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged 45 – 85+ years, a lower than average number of patients aged 0-14 years and 25 -39 years compared to the practice average across England.

The practice team consists of five GP partners, (two female and three male), one female salaried GP and two female GP registrars. There are four female practice nurses including a nurse team lead and one health care assistant. There are two practice managers who are supported by a patient services' supervisor, a dispensary manager and a number of dispensers, administration and patient services staff.

The practice is open from 8am to 1pm and 2pm to 6pm Monday to Friday. Appointments are from 8.30am to 11.50am every morning and from 3pm to 5.30pm daily. The duty GP is on-site from 8am to 6.30pm with telephone appointments available for the first half of the morning sessions. The dedicated duty GP responds to any urgent appointments on the day. Dispensary opening times are from 8am to 1pm and 3pm to 6pm Monday to Friday, with the exception of Thursday afternoons when the dispensary remains closed to non-urgent medication requests. Extended hours appointments are offered on Tuesday evenings from 6pm to 8pm and Wednesday mornings from 7.45 am to 8.30am with both GP and nurse appointments available.

In addition to appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that need them**.** The practice offers a range of appointment options which include; pre-bookable appointments follow up appointments, on-line access, and telephone consultations. These are supported by telephone access to a GP for those patients who do not require a face to face consultation. The appointment system is continually reviewed by the management team to establish any increase in demand and to warrant an increase in access.

The practice is a training practice and supports the training of medical students and GP registrars.

Detailed findings

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 via the 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 April 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, health care assistants. The practice managers, dispensing staff and a number of administration and reception staff.
- We spoke with visiting health professionals and 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open, transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice managers of any incidents and an incident form was available on the practice's computer system. The GPs and practice managers told us they embraced a 'no blame' culture to allow staff to feel comfortable in raising concerns. Where appropriate complaints received by the practice were treated as a significant event.

Records and discussions with GPs identified that there was consistency in how significant events were recorded, analysed, reflected on and actions taken to improve the quality and safety of the service provided. The practice carried out an analysis of the significant events at quarterly meetings for which we saw minutes. We reviewed safety records, significant events for the current year and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by the practice management team and electronically shared with other staff. Any actions required as a result where researched by GPs and brought to the attention of other clinical staff to ensure this was dealt with. Clinicians we spoke with confirmed this took place and worked well.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The safeguarding lead met with health visitors and the practice managers monthly to discuss vulnerable patients. We were told these meetings provided the opportunity to update and discuss children and families and the process was supported by a cohesive spreadsheet to ensure all safeguarding concerns were reviewed and monitored. The spreadsheet also included external meetings and report requests to ensure information was shared where relevant. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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). However the practice chaperone policy was due for review in May 2014, we were told this was in the process of undergoing a review and update.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw that where areas for improvement had been identified during the infection control audit, such as the sinks in consultation and treatment rooms with plugs and overflows and the cleaning and maintenance of a concertina screen, these had been identified and there was a clear action plan within the audit tool to review and monitor improvement and replacement.
- We reviewed a number of 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 DBS.

Good

Are services safe?

Medicines management

We noted that the dispensary was staffed by four dispensers including the Dispensary Manager. All four dispensers were qualified to NVQ2 status with one dispenser having a NVQ 3 qualification. The dispensary staff told us that they always had access to a GP for advice and guidance and that the GP's were always helpful and easy to approach.

Dispensary staff told us that they were appraised annually and that that this appraisal also assessed their competency to work in the dispensary which was signed off by a GP. Records showed that all members of staff involved in the dispensing process had received appropriate training and their competence was checked regularly.

We were told that the dispensary supplies medicines to approximately 2,300 patients and opened five days per week including some extended opening times to cover for late running GP sessions. On the day of our visit the dispensary was clean and tidy apart from some dust present on high level shelves.

We noted that the practice has a robust and clear process for the management of information about changes to a patient's medication received from other services. All such changes are reviewed and authorised by a GP and communicated to dispensary staff as necessary.

We observed systems in place to ensure that repeat prescriptions were monitored effectively and that patients were able to request repeats by a number of means including on-line. In particular, we noted that the practice had implemented changes in procedures to ensure that all prescriptions, including repeat prescriptions, were always signed by a GP before being handed to a patient. We saw that this process was working in practice.

We were told by dispensary staff that they monitored prescriptions that had not been collected and informed GPs of this. Dispensary staff also informed GPs if they observe any deteriorating health problems which may prevent patients from taking their medicines safely. We also observed that dispensary staff counselled patients on possible side effects of medicine they received and on whether medicines should be taken with or after food.

We noted that the dispensary provided medicines in multiple dose systems, such as dosette boxes, to some patients in order to ensure that they take their medicines in a safe manner.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how these were managed. These were being followed by the practice staff. For example, controlled drugs (CDs) were stored in a CD cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the recording of stock and the destruction of CDs.

We observed that dispensary staff undertook regular audits of CD prescribing to look for unusual products, quantities, dose, formulations and strength. We noted that CDs were correctly stored in a locked metal cupboard secured to the wall and that receipts and dispensing were recorded in a CD record book. We examined the CD record book and noted that it was comprehensively and accurately completed. We checked a sample of CD medicines against stock levels in the record book and found them to be correct. We observed that CDs were checked at regular intervals as per practice policy and that staff were aware of how to report any concerns with CDs to the practice manager and lead GP. We noted that dispensary staff wore a brightly coloured sash when dispensing CDs to help ensure that they were not disturbed.

We noted that the practice had clear and comprehensive Standard Operating Procedures (SOPs) for their dispensary staff to follow and we saw evidence that each member of staff had signed that they had seen and understood each SOP. However, there was no system in place to record that the dispensary manager was reviewing these SOPs on an annual basis.

We observed records showing that regular audits of medicines usage were carried out and that alerts from the MHRA were actioned promptly and efficiently.

We checked medicines stored in the dispensary, medicine and vaccines refrigerators and found these were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, these described the action to take in the event of a potential failure. The practice staff followed the policy. However we noted that thermometers used to record room and refrigerator temperatures had not been validated to ensure their accuracy.

Good

Are services safe?

We observed that processes were in place to check on a regular basis that medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.

Expired and unwanted medicines (including CDs) were disposed of in line with waste regulations and SOPs within the dispensary.

We found that incidents related to medicines were included in the regular practice meetings and recorded in a risk register. We noted that a procedure was in place whereby any serious medication incidents could be raised as significant events at the meetings so that they could be discussed and where appropriate, necessary actions taken. By talking to staff and observing records we established that near-miss dispensing errors are recorded which meant that trends could be identified and monitored.

There was a system in place for the management of high risk medicines, which included an audit to ensure practice was in line with national guidance.

We noted that blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. We noted that Drug Utilisation Reviews had been carried out on approximately 20% of patients in the last year.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in 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.
- We observed that emergency drugs were stored in a separate room. There was an oxygen cylinder, nebulisers and access to an automated external defibrillator. These were maintained and checked regularly. The practice also had emergency medicine kits for anaphylaxis (a severe, potentially life-threatening allergic reaction that can develop rapidly).
- 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 and utilities.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

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 98% of the total number of points available, with 11% 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 to 2015 showed:

- Performance for diabetes related indicators was better in comparison to the national average. With the practice achieving 96.2% in comparison to the CCG and national average of average of 89%.
- Performance for mental health related indicators was also better in comparison to CCG and national average with the practice achieving 100%.
- Performance across other indicators such as asthma, atrial fibrillation, cancer, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disabilities, mental health, osteoporosis, palliative care and rheumatoid arthritis were above or in line with CCG and national averages with the practice achieving 100%.

We looked at exception reporting rates for each of these indicators and noted that the practice were generally in-line with CCG or national averages. However we noted that the practice exception reporting for one chronic kidney disease indicator was 28%; this was 9% above CCG averages and 11% above the national average. In addition the exception reporting for one stroke or TIA indicator was 43%; this was 24% above CCG averages and 30% above the national average. We discussed these figures with the practice, the practice had an ethos to not except patients from QOF, (where appropriate a practice may except a patient from a QOF indicator, for example, where patients decline to attend for a review, or where a medication cannot be prescribed due to a contraindication or side-effect), we were told where certain recommended treatments were not appropriate the practice would except the patient from the indicator. However the practice continued to encourage attendance from these patients for health and medication reviews to ensure they were not overlooked.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. Clinical audits had been completed in the last year; two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit to ensure the adequate monitoring of patients who were prescribed bisphosphonates (a medicine used to slow down or treat bone damage).

The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and had regular meetings to discuss the care and support needs of patients and their families with all services involved.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered topics such as health and safety, confidentiality and organisation rules.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, clinical facilitation and support for the revalidation of doctors

Good

Are services effective?

(for example, treatment is effective)

and nurses. Staff had appraisals and records showed that staff had either received, or were planned to receive an appraisal within a 12 month period. Staff told us they felt well supported by the practice managers.

- Staff had opportunities on a daily basis to raise concerns, clinical and non-clinical during discussion at daily rest breaks, timed to ensure that members across all teams can meet and chat.
- 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, in-house and external training. Staff we spoke with said they were provided with additional training they had shown an interest in and were either provided with time in lieu or had their training costs covered in exchange.

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. Members of the practice patient services team each worked as a personal assistant to a named GP. This ensured that the patients follow up appointments were scheduled by the personal assistant and provided a named point of contact for the patient for any administration concerns they may have. The practice provided medical support to three local nursing homes with a total of 63 registered patients. GPs undertook fortnightly ward rounds to the homes and in addition provided medical services to six interim care beds at a local nursing home. This service was supported by members of the administration team who collated information and co-ordinated GP visits working closely with the home managers and nursing staff.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of their capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were then signposted to the relevant service. The practice held monthly multi-disciplinary team (MDT) meetings. These included the MDT coordinator, members of the district nursing team, the MacMillan palliative care team, community matrons and mental health team members in addition to the practice GPs. Patients with complex needs were discussed at these meetings and patient's records were updated.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for patients aged 60-69, screened for bowel cancer in last 30 months was 60%, this was above the CCG average of 59% and the

Good

Are services effective?

(for example, treatment is effective)

national average of 58%.The practice uptake for female patients screened for breast cancer in the last 36 months at 56% was low in comparison to the CCG and national average of 72%.

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 80.3% to 100% and five year olds from 93.1% to 98.3%.

Flu vaccination rates for the over 65s were 75%, and at risk groups 45%. These were comparable to previous year's national averages.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients, both attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

13 of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. However two cards raised concerns about appointment availability. Patients said they felt the practice offered a safe and satisfactory 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 and that the premises were clean.

Members of the patient participation group (PPG) told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 97% 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%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients 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:

- 94% 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 and national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

There were disabled facilities, a hearing loop and translation services available. The practice's web-site had an automatic translation facility which meant that patients who had difficulty understanding or speaking English could gain 'one-click' access to information about the practice.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 204 patients as carers (2.8% of the practice list). The practice took part in the Carers' Prescription Service. When GPs identified patients in their practice who provided care to others, they could write a prescription for them which could be 'cashed in' by the carer to access a specialist worker at Carers' Trust Cambridgeshire for support, information and respite care. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example the practice took part in a pilot providing weekly phlebotomy services for patients on an anticoagulation/ blood thinning medicine from five local GP practices.

The practice held information about the prevalence of specific diseases. This information was reflected in the services provided through means of screening programmes, vaccination programmes and family planning.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care.

- The practice offered a 'Commuter's Clinic' on Tuesday evenings from 6pm to 8pm and Wednesday mornings from 7.45am to 8.30am with both GP and nurse appointments available, for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- 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.
- GPs provided peer support to each other, nursing and non-clinical staff through daily morning meetings to review care and treatment.
- The practice worked closely with community midwives, health visitors and mental health link workers, and promoted provision of these services from the surgery premises where possible. For example local midwives and the mental health link worker provided weekly clinics.
- Nurses provided treatment room services such as minor injuries treatment and diabetes care and worked closely with the GPs to highlight any concerning results. Two practices nurses had undertaken specialist training in diabetes treatment and care.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, family planning and midwifery, health screening, health visitor, minor injuries and minor surgery.
- The practice offered a range of on-line services, which included; appointment bookings, prescription requests, Summary Care Records and on-line access to clinical records.
- The practice took part in discussions of hospital out-patient referral rates & prescribing data with other local practices within the CCG.
- The practice identified and visited the isolated, frail and housebound regularly. Chronic disease management was provided for vulnerable patients at home and the practice were active in developing care plans and admission avoidance strategies for frail and vulnerable patients.
- The practice liaised with the mental health link workers and other professionals to aid the management of those with mental health needs and those with chronic illnesses.
- The practice offered the fitting and removal of long term contraception.
- The practice encouraged chlamydia testing for the under 24 age group. At the time of the inspection the practice hosted the Young Persons Clinic weekly which provided sexual health advice and contraception clinic for anyone under 25 years. However we were told that the practice had just been told this service was being withdrawn due to a lack of funding.
- Emergency contraception was available at the practice. In addition the practice took part in the C Card system which provided free condoms to patients between the ages of 13 -24.

Access to the service

The practice was open between 8am to 1pm and 2pm to 6pm Monday to Friday. Appointments were from 8.30am to 11.50am every morning and 3pm to 5.30pm daily. The duty GP was on-site from 8am to 6.30pm with telephone appointments being booked into the first half of the

Good

Are services responsive to people's needs?

(for example, to feedback?)

morning sessions. The dedicated duty GP responded to any urgent appointments on the day. We were told that although morning sessions were planned to finish at 12 midday, the clinicians often finished much later as they ensured patients who needed to see a GP or nurse were seen that day.

Dispensary opening times were from 8am to 1pm and 3pm to 6pm Monday to Friday with the exception of Thursday afternoons when the dispensary remained closed to non-urgent medication requests. Extended hours appointments were offered on Tuesday evenings from 6pm to 8pm and Wednesday mornings from 7.45am to 8.30am with both GP and nurse appointments available.

In addition to pre-bookable appointments that could be booked up to six 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 was comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 74% of patients said they could get through easily to the practice by phone compared to CCG average of 75% and the national average of 73%.

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed in the reception area. Reception staff showed a good understanding of the complaints' procedure. The practice manager was the designated responsible person who handled all complaints in the practice.

Patients we spoke with had not had any cause for complaint. The practice had received 20 complaints in the last 12 months; we found that they had all been responded to in a timely way. If a complaint was found to be on-going, the practice managers would continue to monitor the complaint until it was resolved.

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 had a mission to provide excellence in health care to its patients, with a personalised service involving respect, confidentiality and compassion. Staff we spoke with knew and understood these 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 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

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 had systems in place to ensure compliance 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). This included support and training for all staff on communicating with patients about notifiable safety incidents. 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
- The practice 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 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. Between morning and afternoon surgeries the practice held fortnightly educational training meetings, business and staff meetings as well as offering the opportunity for clinicians to discuss patient concerns from earlier clinics and plan home visits.
- 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. We noted the practice held a 'lunch and liaise' meeting each month. We were told this afforded the partners an opportunity to thank the whole staff team for their work with lunch and an informal gathering.

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 were very active in gaining opinions using flu clinics, contributing to the practice newsletter, producing a PPG information leaflet and conducting patient surveys to encourage patient feedback. In 2014 the PPG had

Are services well-led?

Good

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

worked with the practice team in redesigning the appointment system. We were told their involvement in the patient survey and promotion of the new system was key to its success.

- A local charity shop and the practice patients had provided financial donations to the practice charity account. To date the funds had purchased a bariatric bed, new examination lights a Doppler machine and perching stools.
- The practice produced a quarterly newsletter which was available to patients as an email or in hard copy through the practice.
- The practice had also gathered feedback from staff through staff meetings, appraisals, discussion and away days. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and as detailed in the report were part of local pilot schemes to improve outcomes for patients in the area. The practice was a training practice, two partners were GP trainers and the salaried GP was undertaking the GP trainer's course. It was planned that this would extend the practices support to the GP registrar programme.

The practice were reviewing the practice website to enhance communication pathways and advertise the practice services, the practice was also exploring social media forums. During our inspection we saw that the practice were in the process of introducing the electronic prescribing service from the end of April 2016, this system enables prescribers to send prescriptions electronically to a dispenser or pharmacy.

In addition to the practice in-house meetings the practice managers and GP partners met with the local commissioning group and clinical commissioning group, nursing events were attended by the nursing team and practice managers attended both formal practice manager meetings and local practice manager meetings to share best practice and ideas.