

# Ailsworth Medical 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ailsworth Medical Centre on 21 March 2016. This was to check that the practice had taken sufficient action to address a number of significant shortfalls we had identified during our previous inspection in June 2015. Following this inspection in June 2015, the practice was rated as inadequate for providing safe and well-led services; as requires improvement for providing effective and responsive services; and good for providing caring services. Overall it was rated as inadequate. We also issued three warning notices and one requirement notice under the Health and Social Care Act 2008 and placed the practice in special measures as a result.

During this inspection, we found that the practice had taken sufficient action to address the breaches in regulations. For example, infection control procedures had improved significantly, staff training and appraisal had increased, complaints and significant events were analysed more closely, and governance systems were more robust. 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.
- There was a robust programme of infection control audit in place which was facilitated by the infection control lead nurse.
- 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 well and were involved in their care and decisions about their treatment.
  - Given the small size of the practice, staff knew their patients well and offered a very personal service.
- Palliative care was good, and those patients recently bereaved were well supported.
- 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.

# Summary of findings

- 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.

There were areas where the provider should make improvements:

- Review the use of CCTV cameras to ensure it meets guidance as set out in the Information Commissioner's Office; In the picture: A data protection code of practice for surveillance cameras and personal information.

- Review the repeat prescribing policy for patients.
- Put formal systems in place to ensure all clinicians are kept up to date with national guidance and guidelines

I confirm that this practice has improved sufficiently to be rated 'Good' overall. The practice will be removed from special measures.

**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 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.
- 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.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice comparable to others for several aspects of care.
- Patients said they were treated by empathetic and caring staff, who understood their needs.
- Information for patients about the services available was easy to understand and accessible.
- Palliative care and the support for bereaved patients was good.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- 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.
- 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.

## Are services well-led?

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

- 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 meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.

- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. It participated in a number of enhanced services in dementia and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- It worked closely with a number of local organisations and participated in initiatives to increase access to health care for older people and reduce the number of hospital admissions.

Good



### People with long term conditions

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

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice maintained a register of patients with long term conditions so that patients could be monitored and reviewed regularly. Data showed that the practice achieved quality outcomes for patients with long term conditions in line with national averages.
- 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.
- Longer appointments and home visits were available when needed.

Good



### Families, children and young people

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 relatively high for all standard childhood immunisations.

Good



# Summary of findings

- The practice held monthly meetings with health visitors where concerns about any children or families were shared.
- The practice delivered family planning services including contraceptive implants.
- 86% of women aged between 25 and 64 had received a cervical screening test in the preceding five years, compared to a national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.

## **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).

- The practice offered late opening on a Monday evening and a telephone triage system also allowed some flexibility for working patients .
- The practice was about to introduce an e-consultation service, allowing patients to contact their GP remotely.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There was a GP lead for people with learning disabilities who visited local care homes to deliver health checks for them.
- Safeguarding meetings were held monthly which included health visitors, midwives and the school nursing team.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Good



## **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).

Good



# Summary of findings

- 94% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was higher to the national average of 84%.
- 100% of patients with severe mental illness had an agreed care plan in place which was better than the national average of 88%.
- 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 a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

# 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 in line with local and national averages. 257 survey forms were distributed and 132 were returned. This represented 51% response rate.

- 85% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 85 % were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 88% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. Comment cards we received highlighted that staff listened to patients well, and involved them in decisions about their care. Patients expressed a high level of satisfaction with the surgery's staff, describing them as professional, empathetic and caring. It was clear that patients had confidence in the skill and judgement of the doctors and nurses they saw. Patients reported that appointments were available when needed and the practice's dispensary was efficient.

We spoke with the manager of care home for people with learning disabilities that the practice supported. She told us that the GPs communicated well with her staff and residents, and visited the home each year to conduct annual health checks. A prescribing support technician for the local clinical commissioning group (CCG) told us the GPs were supportive and communicative.

## Areas for improvement

### Action the service SHOULD take to improve

- Review the use of CCTV cameras to ensure it meets guidance as set out in the Information Commissioner's Office; In the picture: A data protection code of practice for surveillance cameras and personal information.
- Review the repeat prescribing policy for patients.
- Put formal systems in place to ensure all clinicians are kept up to date with national guidance and guidelines

# Ailsworth Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a member of the CQC medicines team.

## Background to Ailsworth Medical Centre

Ailsworth Medical Centre has approximately 2500 registered patients and provides general medical services to people who live in Peterborough and the surrounding villages.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged 35-54 years, and a lower than average number of patients 15-34 years, compared to the practice average across England. It is located in an affluent area of Cambridgeshire.

It is a family run practice with two GP partners and two salaried GPs. They are supported by two practice nurses, a phlebotomist and a small administrative team. The practice also runs a small dispensary to supply prescribed medicines to some registered patients.

The practice opens from 8.30 am to 1pm every morning, and from 3.30pm until 6.30 pm on Mondays, Tuesdays, Thursdays and Fridays. Extended hours appointments are available until 7.40pm on Mondays. A small branch surgery is based at Guntons Road,

Newborough, Peterborough PE6 7QW. It opens from 8.30am until 12.30 pm on Mondays, Tuesdays, Thursdays and Fridays, and additionally from 3pm to 5.30pm on a Thursday. The branch site is not open on a Wednesday.

Most staff employed at the practice work on a part-time basis at either location and also at another location in Peterborough which is registered separately with CQC. The practice confirmed that patients can be seen at any of the three practices.

The practice has opted out of providing out-of-hours services to their own patients. However patients can dial 111 to access support from a local out of hours' 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 21 March 2016. During our visit we:

- Spoke with a range of staff including three GPs, a nurse, the practice manager and two non clinical staff.

# Detailed findings

- Spoke with seven members of the practice's patient participation group (PPG).
- Reviewed an anonymised sample of treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a range of policies, procedures and paperwork in relation to the management 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. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Staff told us they reported incidents to the practice manager who then oversaw the management of them.

We viewed the details of 20 significant events that had occurred since our previous inspection in June 2015, ranging from a mix up with a fertility clinic blood report, to a mouse being discovered in the practice. We found that lessons had been learned from each incident and changes had been implemented when necessary. Minutes of a practice meeting held on 7 March 2016 demonstrated that events in relation to missing prescriptions, missing keys and heating failure had been discussed in depth with all staff present. At the meeting held on 12 January 2016, an incident where the wrong GP's telephone number had been left on answer phone had been discussed in full so that learning could be shared. A full audit of the practice's significant events had been undertaken in March 2016. This was to check that the events had been recorded correctly, analysed, and that any required actions had been implemented. The audit was to be re-run in August 2016.

The practice's dispenser reported that he and others in the practice were registered to receive alerts from the medicines and healthcare products regularity agency (MHRA) directly by email. These were then printed off and annotated with any action that was required in response. We viewed the folder of recently downloaded alerts and some recent examples where the dispenser had run searches to see if any patients were affected by the alert. The dispenser told us about an alert relating to blood glucose meters which had led him to confirm with the diabetes specialists whether the practice should continue prescribing to the patient. He also reported that he planned to add MHRA alerts as a standing item at practice meetings so that they were discussed regularly.

In addition to this, the practice employed a pharmacy technician once a month to undertake medicines searches to ensure the practice's prescribing was safe and met formulary guidelines. The technician also rang specific searches to ensure that MHRA alerts were actioned. We met

her during our visit and she was checking oxycodone prescribing in response to a patient safety issue identified by the CCG. We also found evidence that MHRA alerts had been actioned in the patients' notes we viewed.

### Overview of safety systems and processes

At our previous inspection in June 2015 four staff had not received appropriate training in protecting people, and the practice's child protection policy was not up to date. Training records we viewed during this inspection demonstrated that all staff had now received training in safeguarding. Three doctors and a nurse had attended level three training provided by the CCG on 29 September 2015, and all other members of staff had completed level 2 training on-line.

The practice had also updated its child protection policy so it reflected current guidance. The policy had been approved and signed off by the CCG's lead safeguarding nurse.

At our previous inspection we found that staff were not familiar with alerts used to identify vulnerable patients on the practice's computer system. In response to this, one of the practice's reception staff who was a member of a local System One user group provided training on safeguarding icons to ensure that all clinical staff were aware of the correct ones to use.

Safeguarding was now a fixed agenda item at the practice's monthly meetings involving all staff. For example, a discussion of how GPs were completing safeguarding reports for case conferences took place at the meeting held on 8 February 2016. The CCG's safeguarding nurse had attended a practice meeting on 3 November to discuss section 11 audits (self-assessment audits to assess how the practice was complying with its safeguarding requirements for children)

In addition to this, quarterly safeguarding meetings were held with health visitors, midwives and school nurses to discuss children of concern. At a meeting on 16 January 2016, we noted that a concern of suspected female genital mutilation was discussed with members.

Any incident where a child did not attend a hospital or immunisation appointment was followed up by staff, evidence of which we viewed.

## Are services safe?

A copy of the practice's whistle blowing policy was on display in the small staff area, making it easily accessible to them.

All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). At our previous inspection June 2015 we found that reception staff who acted as chaperones had not received any training for this role. We viewed staff training records which showed that chaperone training had been undertaken on 19 November 2015 and four reception staff were able to provide chaperone services. A notice in the waiting room and also in treatment rooms advised patients that chaperones were available if required.

### Cleanliness and infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. We observed that all areas of both branches were visibly clean and hygienic, including waiting areas, corridors and treatment rooms.

At our previous inspection of June 2015 we found a significant number of shortfalls in the practice's infection control and prevention and issued a warning notice as a result. During this inspection we noted that many improvements had been implemented:

- All staff had received training in infection control and prevention, and were aware of who the infection control lead was within the practice.
- A specific infection control team (consisting of a GP, a practice nurse, the practice's cleaners and the practice manger) had been set up and met monthly to discuss infection control issues. We viewed minutes of these meetings.
- Specific cleaning schedules had been introduced for each area of the premises.
- Cleanliness audits were now undertaken focussing on a different topic of infection control each month such as patient equipment, waste management and legionella
- Infection control was a standing agenda item at the practice's monthly meetings involving all staff.

· Spot checks of the cleanliness of each room were now undertaken and recorded.

· Foot operated bins had been purchased and placed throughout the practice. Bins for the disposal of feminine hygiene products had been put in the toilets

· Clinical waste was stored and locked securely .

### Medicines

The practice's prescribing rates for 2014 to 2015 were better than national figures. For example, the number of antibacterial items prescribed per patient unit was 0.25, compared to a national average of 0.27. 87% of non-steroidal anti-inflammatory drugs items prescribed were lower risk ibuprofen or naproxen, compared to a national average of 77%. The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We spoke with a prescribing support technician for Cambridge & Peterborough CCG who told us the practice was not an outlier with respect to its prescribing budget.

We checked records for patients prescribed with the high risk medicines methotrexate and lithium and found that they were receiving regular blood tests in line with guidance. However, we found two patients who still had a repeat prescription in place, even though they were no longer prescribed methotrexate. This meant there could still be a small risk of them obtaining the medicine.

At our previous inspection in June 2015 we found a number of shortfalls in the storage and management of medicines in the practice. During this inspection we noted significant improvements. We checked medicines stored in the dispensary and medicine refrigerators and found they were held securely and were only accessible to authorised staff. Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a failure.

Blank prescriptions were stored securely and since our last visit the practice had implemented a robust system to track their use through the practice in line with national guidance. The practice had procedures for the production of prescriptions and dispensing of medicines and their

## Are services safe?

practice reflected this. Members of the PPG described the practice's repeat prescription service as 'excellent' and there was a system in place for monitoring prescriptions that had not been collected by patients.

The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had appropriate qualifications and an annual assessment of their competence.

### Recruitment

At our previous inspection in June 2015 we found a number of shortfalls in the practice's recruitment procedures: staff interviews were not recorded, photographic ID was not obtained, appropriate DBS checks were not undertaken and job descriptions were not available. During this inspection we checked the personnel files for four staff and found that appropriate recruitment checks had been undertaken prior to their employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Interview notes had been recorded and we viewed a job description for a nurse. A full induction programme had been introduced to ensure staff had the skills and knowledge for their new role.

We spoke with a recently employed member of staff who told us their recruitment had been thorough: she had been interviewed by three senior members of staff and had undertaken two selection interviews to ensure she was suitable for the role.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. 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. At our previous inspection we found that the practice had not undertaken

a legionella risk assessment and was not recording its water temperature checks. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). During this inspection we viewed records which showed that water temperatures were being monitored every three months and the practice had arranged for an external company to undertake a full legionella risk assessment the week of our visit. To minimise the risk of legionella the practice had removed its shower as this was rarely used.

The manager used a monthly checklist to ensure that all health and safety matters were addressed and monitored. These covered areas such as equipment and calibration checks, electrical safety and fire assessments

CCTV was used for the added safety of both staff and patients, and we viewed signs around the practice informing patients of its use. However there was no information available for patients detailing who had access to the images, how long they would be retained for and how to request access to them in line with guidance from the Information Commissioner's Office.

### Arrangements to deal with emergencies and major incidents.

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We checked that the pads for the automated external defibrillator which were within their expiry date. Fire alarms were checked regularly. Emergency medicines we checked were in date and securely stored.

At our previous inspection in June 2015 we found that the practice's business continuity plan did not contain all the required information needed to respond effectively in a major incident. The plan had been now been updated and contained a comprehensive list of contact details of suppliers and staff.

# 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. We reviewed a sample of patients' care records and care plans and found they were of a good standard. The GPs frequently used computer generated templates to ensure that the treatment provided was comprehensive, standardised and took into account best practice guidance. The GPs led in specialist clinical areas such as women's health, learning disability, minor surgery and respiratory conditions and were able to offer colleagues expertise in these areas.

NICE guidance was distributed to the team electronically. One nurse told us she regularly received NICE and travel immunisation alerts via email which helped keep her practice up to date. However, new guidelines were not routinely discussed in practice meetings. This was a missed opportunity to review the practice's performance and agree any required actions. We raised this as an issue at our previous inspection but little action had been taken to address it.

There were proactive care plans in place for patients with long term conditions and complex needs and regular multidisciplinary meetings were held to ensure they received appropriate care. We saw that after these patients were discharged from hospital they were followed up to ensure that all their needs were continuing to be met.

### 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 showed that the practice had achieved 96% of the total number of points available, with 5.7% 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 than the national average. For example, the percentage of patients who had received a foot check in the previous 12 months was 93% compared to a national average of 88%. The percentage of patients with diabetes who had received influenza immunisation was 98%, compared to a national average 94%. Exception rating was low at 4.5%.
- The percentage of patients with hypertension having regular blood pressure tests was 87%, compared to the national average of 84%. Exception rating was low at 1.3%.
- Performance for mental health related indicators was better than the national average. For example, 100% of patients with serious mental illness had a comprehensive care plan in place compared to a national average of 88%. 94% of patients diagnosed with dementia had received face to face review in the last 12 months as opposed to the national average of 84%. Exception rating was comparable to CCG and national averages at 14.3%.

At our previous inspection of June 2015 we found that the range of the practice's clinical audits was limited. We noted significant improvement during this inspection and the practice had implemented a full annual audit programme. We were shown a list of both clinical and non-clinical audits to be undertaken each month. For example, in February 2016 an audit of the practice's minor surgery infection rates had been undertaken, as well as an infection control audit. In March 2016, audits of the practice's significant events and the quality of its call handling had been implemented. We found evidence that audits were also completed to address identified shortfalls. For example, the senior partner had noted that a patient had not been issued with a steroid treatment card. This had prompted an audit of all patients on long-term steroids to ensure they had received appropriate information. However we found that the practice's audit of antibiotic use in patients with respiratory infections was of limited value, due to the low numbers involved and the lack of clarity of its outcome

# Are services effective?

(for example, treatment is effective)

## Effective staffing

Staff told us there were enough of them to maintain the safe running of the practice and to cover each other's sickness or annual leave. The practice's staff were able to work across all three of the provider's practices to cover absences. No locum GPs were used as the senior partner worked supernumerary to the GPs, so was available to cover absences. Succession planning was in place: one nurse was about to go on maternity leave at the time of our inspection, but a new nurse was already in the process of being recruited.

At our previous inspection of June 2015, we found that there were significant gaps in staff training. We reviewed training records during this inspection and noted that staff had now undertaken training in the Mental Capacity Act, chaperoning, infection control and safeguarding. Staff confirmed this and also reported they had also received training in information governance, moving and handling, health and safety, conflict resolution, and equalities and diversity. One nurse told us that the practice paid for relevant training and also gave her protected study time.

All staff had received an annual appraisal of their performance, which they told us they had found worthwhile as it gave them a focus to their work and encouraged their development. The practice manager told us she was also going to introduce additional one to one supervision with staff.

## Coordinating patient care and information sharing

The practice participated in a number of local admission avoidance schemes and emergency hospital admission rates for the practice were lower at 11% per 1000 population compared to the national average of 15%. The practice was commissioned for the unplanned admissions enhanced service and had a process in place to follow up patients discharged from hospital. (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

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

Patients told us that they were provided with good information during their consultation and that they always had the opportunity to ask questions to ensure they understood before agreeing to a particular treatment. Patients' written consent was obtained for a number of procedures including minor surgery.

At our previous inspection in June 2015 we found that not all clinical staff had a good understanding of the Mental Capacity Act (MCA) and had not received any training about it. Since then, staff had attended training provided by the local CCG. One staff member told us they had found this training useful and that it had increased their knowledge and awareness of the act and its implications. Clinical staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the MCA and Gillick competency for young people.

## Supporting patients to live healthier lives

We viewed information about local referral schemes for obesity, diabetes and depression on a specific patients' health and well-being board in the waiting area. There was also a comprehensive leaflet rack giving patients information on a range of medical conditions including cancer, hearing loss, Parkinson's disease and dementia.

The practice provided NHS Health checks to its patients aged 40 to 74 years, and sent text messages to eligible patients to inform them of this service. The practice had a 24% uptake of health check for eligible patients which exceeded the Cambridgeshire and Peterborough CCG's target rate of 12%. One of the practice's GPs visited a local care home for people with learning disabilities and carried

## Are services effective? (for example, treatment is effective)

out health checks over two days. The practice had 18 patients with a learning disability on its register and records we viewed showed that all but one of these patients had received an annual health check.

The practice's uptake for the cervical screening programme was 87%, which was better than the national average of 82%. Administrative staff proactively rang women if they did not respond to their invitation letter. The nurse showed

us the quarterly audit undertaken by the local hospital of the quality of smears undertaken at the practice. This showed that the practice had submitted no inadequate smears.

Childhood immunisation rates for the vaccinations given were better than to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96 % to 100%, and five year olds from 96% to 100%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients highlighted the personal level of service they received and reported consistently that staff were caring and empathetic to their needs. PPG members gave us specific examples of how caring staff could be. For example, one member reported that the a GP had stayed with their daughter and grandchild for over an hour until an ambulance had arrived. Another, that their GP had rung them every day whilst they were unwell.

We spent time in the reception area and observed a number of interactions between the reception staff and patients coming into the practice. The quality of interaction was good: staff were friendly, helpful and professional both on the phone, and face to face. Throughout our visit we noted that consulting and treatment room doors were kept shut to ensure people's privacy during their appointment. Curtains or a screen were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. In response to patients' concerns about the lack of privacy at reception, a sign had been displayed asking patients to stand back whilst others were at the desk.

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

- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 95 % said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 81% said the GP gave them enough time (CCG average 87%, national average 87%).

- 96% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

### Care planning and involvement in decisions about care and treatment

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

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

- 87% 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%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 82% , national average 82%)
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85% , national average 85%)

### Patient and carer support to cope emotionally with care and treatment

Staff we spoke with had a good knowledge of a range of local support agencies, and referred patients to them when needed. Counselling services were available at the practice every Friday morning. A specific community services folder was available in the waiting area providing patients with information about a range of local support services such as Alzheimer's groups, MIND and the Citizen's Advice Bureau.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients (over 2%) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice manager told us that plans were in place in place to start a drop in clinic at the practice to offer advice and support to carers. The practice took part in the Carers' Prescription Service. When GPs identified

## Are services caring?

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.

The practice sent a specific bereavement card to offer condolences and giving information to patients about a range of bereavement services available to them. One member of the PPG told us that every GP at the practice

had contacted her following her husband's death. Figures given to us by the practice showed more than 80% patients had died in their preferred place of care. The practice participated in the gold standards framework for end of life care and we noted a list of these patients was kept on the noticeboard in the reception area to make staff aware of patients approaching the end of their life.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the Peterborough area had been selected as a Prime Minister's Challenge fund area and the practice were involved in the implementation of a service to deliver extra appointments between 8am and 8pm. In addition to this, the practice participated in a number of local initiatives to increase access to healthcare for older patients and reduce the number of hospital admissions. One of the GPs was a board member of the Greater Peterborough local commissioning group and also the Health and Well-Being Board and was involved in implementing a number projects to improve health care in the area.

- In addition to late opening on a Monday evening, patients could access appointments during evenings and weekends which were provided through a consortium of local GPs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Appointments and repeat prescription could be booked on line, and the practice was about to introduce an e-consult service, allowing patients to consult remotely with a GP
- Patients were able to receive travel vaccinations available on the NHS
- There were disabled facilities, a hearing loop and translation services available.
- Patients told us that two of the GPs offered acupuncture services , and one commented this had helped them better manage their shoulder pain.

### Access to the service

The practice opened from 8.30am to 1pm every morning, and from 3.30pm until 6.30 pm Monday, Tuesday, Thursday and Friday. Extended hours appointments were available until 7.40pm on Mondays. A branch surgery was located in Newborough and opened from 9 am until 12.30 pm daily except on Wednesdays, and additionally from 3.30pm until 6.30 pm on Thursdays. Patients were able to visit either of

these surgeries. In addition to appointments that could be booked in advance, urgent appointments were also available for people that needed them. The receptionist at the practice's Newborough site told us that three appointment each day were held for urgent same day requests. Patients we spoke with told us that the GP always rang them if they couldn't get an appointment that same day.

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 average of 75% and national average of 75%.
- 85% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 73% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).
- 95% said the last appointment they got was convenient (CCG average 93%, national average 92%)

### Listening and learning from concerns and complaints

Information about raising concerns was detailed in the practice's patient information leaflet, on its website and at reception. The procedure was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

Complaints were a standing agenda item at each practice meeting and we viewed minutes of the most recent meeting held on 7 March 2016 which showed that patients' complaints in relation to information on the practice's website, and the length of time it took a GP to call a patient back had been discussed in full so that learning could be shared.

A log of informal complaints was kept. We looked at nine of these and saw that they had been recorded in detail and responded to appropriately. There was good evidence of the action taken to prevent their reoccurrence. For example, in response to a patient complaint about the availability of stoma bags, the practice had changed its supplier for these. In response to patients' complaints

## Are services responsive to people's needs? (for example, to feedback?)

about the parking, the practice had put up more signs in the reception area informing patients of the parking restrictions. The practice was also updating its website in response to concerns about incorrect opening hours being listed.

In February 2016, the practice commissioned an external company to undertake a patient survey, which was completed by 107 patients. The results showed that patients were satisfied with how the practice dealt with their complaints, and the practice scored above national rates when compared.

# 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. Staff were well aware of the challenges the practice faced, including the limitations of the premises, implementing federated working and the need for seven day services and had begun to implement plans to address them. At our previous inspection we noted that staff were not involved in the future plans for the service. During this inspection we found that the practice's development plan had been discussed at a practice meeting. One staff member reported that since our last inspection, communication between staff had improved significantly, and that staff were kept better informed of future plans and forthcoming changes at the practice.

### Governance arrangements

There was a clear staffing structure in place and that staff were aware of their own roles and responsibilities. A poster clearly outlining lead roles within the practice was on display in treatment rooms. Practice specific policies were implemented and were available to all staff both in hard copy and also on the practice's computer system.

Communication across the practice was structured around key scheduled meetings. There were regular staff, partners, infection control, end of life and multi-disciplinary team meetings. Good quality minutes were kept of these and were available to staff. Staff valued these meetings and even attended on their day off.

A programme of continuous clinical and internal audit had been introduced since our previous inspection to monitor quality and to make improvements to the service. The practice regularly completed an information governance tool to ensure it managed patients' information in line with legal requirements. It was rated at level two and the practice manager told us she was hoping to introduce a number of changes in order to achieve level three.

### Leadership and culture

Staff clearly enjoyed their work citing good team work and support as the reason. Staff told us that there was an open culture within the practice and they had the opportunity to raise their concerns. They reported that the practice manager and GPs were very approachable. We received

positive feedback about the new practice manager and the changes she had implemented. 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.

The practice manager regularly attended a local practice manager forum to discuss and share best practice.

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

At our previous inspection in June 2015, we found that the practice did not regularly undertake patient surveys to gain feedback about their service. In response to, this the practice had commissioned an external agency to conduct a comprehensive patients' survey on its behalf, which was undertaken in February 2016. 130 questionnaires were sent, and 107 were returned, giving a high response rate of 82%. The survey was wide ranging and asked for patients' feedback on a number of issues including opening hours, telephone access, waiting times, reception staff and complaints' handling. This survey found that 92% of patients felt the service was excellent or good. The practice had displayed these results in the waiting room, making them available to patients. The survey results were discussed with staff at the practice meeting on 7 March 2016. In response to concerns raised in the survey about the availability of appointments, the practice was about to implement a doctor first triage service and also e-consultation. To increase privacy at the reception area, the practice was considering installing a self-check in monitor.

The practice also participated in the Friends and Family Test (FFT) as another way to seek patients' feedback. Results from January 2016 completed by 34 patients showed that 100% of them would recommend the practice. Patients were able to complete the FFT on-line via the practice's web site.

The practice had an active patient participation group (PPG). A PPG noticeboard was prominently displayed in the waiting area which displayed recent minutes and photograph of the members. The PPG met monthly with representatives from the practice and had supported them with providing patient feedback and also fundraising for equipment. We spoke with seven members of the group who reported that the practice listened, and were

# Are services well-led?

Good 

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

responsive, to the issues they raised. For example, the PPG had raised a concern that the telephones at the Newborough site were not automatically diverted through to the main branch when closed. This had been sorted quickly by the practice.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Monthly meetings were held involving staff from all three branches which were well attended.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

management. Staff told us their suggestion and concerns were listened to. In response to reception staff's request for additional support at busy times of the day, an extra computer terminal had been installed to allow another member of staff to answer telephone calls. The lead nurse for infection control told us that she had been well supported by senior staff to implement the changes needed to improve the practice's infection control procedures and protect patients and staff. The dispenser told us that his suggestion to include dispensary issues on the practice meeting agenda had been implemented.