

# Old Fletton Surgery

## Inspection report

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Old Fletton  
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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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

This practice is rated as Requires Improvement overall. (Previous rating June 2016 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Old Fletton Surgery on 25 September 2018. We inspected the practice as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. The practice was not proactive in identifying significant events. Three significant events had been recorded in the last 12 months. When incidents did happen, the practice did not always review and analyse the incidents so that they learned from them and improved their processes.
- The practice ensured that care and treatment was delivered according to evidence- based guidelines.
- The practice had evidence of quality improvement with completed repeat cycle audits.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Staff were positive about working in the practice and felt valued and supported in their roles.
- There was an active Patient Participation Group that worked with the practice to provide support to the local community.
- The practice had identified 77 patients as carers which was approximately 0.6% of the practice patient list.
- At the time of our inspection 39% of patients over 75 years old had received an annual medicine review in the last 12 months. The practice recently employed a clinical pharmacist to assist in medicines reviews.
- The practice provided staff with some ongoing support. There was an induction programme for new staff. Support included one to one meetings, coaching and mentoring, clinical supervision and revalidation, however only the four nursing staff had received appraisals in the last two years.

- The practice did not have reliable systems in place to ensure prescriptions (pads and computer prescription paper) were monitored and secure.
- The practice had not completed and documented any fire drills. The practice advised that following the inspection they would commence annual fire drills.
- The practice did not have a satisfactory system in place for responding to safety alerts.
- A GP partner provided leadership around antibiotic stewardship. The practice had carried out prescribing audits to identify whether antibiotic prescribing was in line with national guidance when treating infections, however the practice had a high antibiotic prescribing rate and had recently employed a clinical pharmacist into the practice.
- Reception staff had not received training to ensure awareness of the signs of Sepsis. Following our inspection, the practice was organising online sepsis awareness training for non-clinical staff members.
- The practice's performance on some quality indicators for mental health and long-term conditions was below the local and national averages. The practice had changed their lead for mental health within the practice since 2016/2017 however figures for 2017/2018 did not show a significant improvement for the mental health indicators and some long-term conditions indicators had declined, for example, hypertension and asthma.
- Not all clinicians had access to safeguarding flags on the clinical computer system.
- The practice did not always ensure changes to medicines from hospital letters were approved by a GP when completed.
- The practice held a range of emergency medicines and equipment however they had not completed an appropriate risk assessment.

## **The areas where the provider must make improvements as they are in breach of regulations are:**

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

## **The areas where the provider should make improvements are:**

- Review the process for prescribing antibiotics to conform with best practice.

# Overall summary

- Provide awareness training for all staff on the 'red flag' sepsis symptoms that might be reported by patients and how to respond appropriately.
- Proactively identify carers on the practice patient list.
- Complete and record annual fire drills.
- Review the appraisals system to ensure all members of staff receive an appraisal at least annually.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a GP observer and a practice manager specialist advisor.

## Background to Old Fletton Surgery

Old Fletton Surgery is in the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) area. The practice is situated in the town of Old Fletton and is contracted to provide general medical services to approximately 12,500 registered patients. The practice dispenses medicines to those patients who live more than one mile from the nearest pharmacy. We visited the dispensary as part of this inspection.

There are six GP partners, two salaried GP's, a practice manager, six nurses, one healthcare assistant and two dispensers along with an administration team. A clinical pharmacist has recently been employed by the practice.

The practice is open between 8am and 6pm Monday to Friday. The dispensary is open between 8.30am and 5.30pm Monday to Friday. Outside of practice opening hours, patients are directed to the local out of hours service provided by Herts Urgent Care through NHS 111. Extended hours are offered by the Greater Peterborough Network GP Hub.

The practice serves patients living in a moderately deprived area of Peterborough. The overall deprivation decile is five, where one indicates areas with the most deprivation and ten indicates the least areas of deprivation. The practice demography is broadly similar to the CCG and England average.

# Are services safe?

## We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- The practice was not proactive in identifying significant events. Three significant events had been recorded in the last 12 months. When incidents did happen, the practice did not always review and analyse the incidents so that they learned from them and improved their processes.
- At the time of our inspection 39% of patients over 75 years old had received a medicine review in the last 12 months.
- The practice did not have a satisfactory system in place for responding to safety alerts.
- Not all clinicians had access to safeguarding flags on the clinical computer system.
- The provider did not always ensure changes to medicines from hospital letters were approved by a GP when completed.
- The appropriate health and safety risk assessments were not completed.
- The practice held a range of emergency medicines and equipment however they had not completed an appropriate risk assessment.

### Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.

- There was an effective system to manage infection prevention and control. The practice policy was to undertake annual audits. We saw that the practice had systems and processes in place to ensure any issues identified were logged and action taken to ensure the practice was safe.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

### Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, they had not completed an appropriate risk assessment.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis however reception staff had not received any training on sepsis. Following our inspection, the practice was organising online sepsis awareness training for non-clinical staff members.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

- The care records we saw showed that most information needed to deliver safe care and treatment was available to all staff; however not all clinicians had access to safeguarding flags on the clinical computer system. Following our inspection, the practice took action to rectify this.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

### Appropriate and safe use of medicines

## Are services safe?

The practice had some systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. The practice held a range of emergency medicines and equipment however they had not completed an appropriate risk assessment.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its high antibiotic prescribing and were taking action to ensure good antimicrobial stewardship in line with local and national guidance. The practice had recently employed a clinical pharmacist to assist with medication reviews, recognising interactions and with cost effective prescribing. However, quality improvement work had not taken place in an attempt to improve this prior to our inspection.
- At the time of our inspection 39% of patients over 75 years old had received an annual medicine review in the last 12 months. The practice recently employed a clinical pharmacist to assist in medicines reviews.
- Arrangements for dispensing medicines at the practice kept patients safe. The practice had a dispensary. Appropriate procedures were in place for the secure storage, recording and monitoring of controlled drugs. Medicines requiring refrigeration were stored appropriately. Records demonstrated adherence to cold chain, with daily checks being completed. Staff responsible for checking the equipment described the process. All staff understood the safe temperature range which medicines needed to be stored at and understood when to escalate any concerns to the practice manager. The practice dispensed to 280 patients (2% of the practice patient list). 50% of patients who used the dispensary utilised the delivery service. The practice had a dispensing error log which was completed when an error or near miss occurred.
- Records we saw in relation to patients taking high risk medicines such as Methotrexate and Lithium showed patients had received appropriate follow up in a timely manner, however the recall system did not ensure all patients on medicines that required regular blood tests were monitored appropriately. We found 23 patients out of 937 on Ace Inhibitor medicines (a medicine used to treat high blood pressure) who had not received a blood

test in three years, without an explanation documented on the patient record. The practice did not download the hospital data to check if the blood tests were completed at the hospital.

### Track record on safety

- There were risk assessments in relation to safety issues, however the practice had not completed and documented any fire drills. The practice advised that following the inspection they would commence annual fire drills. We saw all the fire exits were clear. The fire procedure was displayed in strategic places and signage throughout the building directed staff and patients to the nearest exits. Emergency lighting and fire alarms were serviced every six months and fire extinguishers were serviced annually, all had been completed in September 2018. All staff had completed fire awareness training and the practice manager and personal assistant to the practice manager had completed additional fire marshal training.
- Only health and safety risk assessments were carried out on the condition of the rooms and no additional health and safety risk assessments had been undertaken, for example, for manual handling, handling specimens or taking blood.
- Data sheets and risk assessments were present for all 33 hazardous products. The practice had a Control of Substances Hazardous to Health (COSHH) policy which was last updated July 2018.
- The practice monitored and reviewed safety using information from a range of sources.

### Lessons learned and improvements made

The practice did not always learn and make improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were not adequate systems for identifying significant events however the practice did review and investigate the three significant events recorded. The practice learned from complaints, and shared lessons, identified themes and acted to improve safety in the practice.
- The practice held regular meetings and detailed minutes ensured learning was identified and shared.

## Are services safe?

- The practice received and recorded safety alerts, however searches for patients on the medicines highlighted in The Medicines and Healthcare Products Regulatory Agency (MHRA) safety alerts were not always routinely conducted initially and on an on-going basis to ensure all patients were captured.

**Please refer to the evidence tables for further information.**

# Are services effective?

**We rated the practice and the population groups for long-term conditions and people experiencing poor mental health (including people with dementia) as requires improvement for providing effective services.**

The practice was rated as requires improvement for providing effective services because:

- The practice's performance on some quality indicators for mental health and long-term conditions were below the local and national averages for 2016/2017. The 2017/2018 data showed a decline in some long-term condition indicators from the previous year, for example, hypertension and asthma, with some higher than average exception reporting in diabetes indicators. However, there was some improvement in the overall indicators for Chronic Obstructive Pulmonary Disease (COPD) yet the indicator relating to reviews was still significantly below the CCG and England averages.
- The practice had not completed and recorded regular appraisals for all staff.

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication. At the time of our inspection 39% of patients over 75 years old had received an annual medicine review in the last 12 months. The practice recently employed a clinical pharmacist to assist in medicines reviews.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The quality and outcomes framework (QOF) figures were low for reviews of patient with Chronic Obstructive Pulmonary Disease (COPD) due to during the 2016/2017 timeframe the practice had one nurse who performed the COPD reviews who worked part time. The figures for 2017/2018 data were 78% with an exception reporting rate of 10%. This was an improvement from the previous year but still below the CCG and England averages. The 2017/2018 data showed a decline in some long-term condition indicators, including asthma, from the previous year with some higher than average exception reporting in diabetes indicators. The practice had employed a clinical pharmacist to assist in the medicines reviews from October 2018.
- Care plans were in place for patients with long-term conditions and the clinicians used templates which reflected national guidance.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate. A blood pressure machine was available for patients to use in the waiting area of the practice.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

# Are services effective?

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% and were between 93% and 95% for all four vaccines.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 72% was comparable to the CCG average of 71% and the same as the national average of 72% but below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was comparable to the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Only 335 NHS health checks were completed out of 1216 patients who were invited between April 2017 and March 2018.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those 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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability. 57 patients were on the learning disability register and 31 had received a health check in the last 12 months.
- The practice's performance on quality indicators for mental health was below the local and national averages. The practice had changed their lead for mental health within the practice since 2016/2017 however figures for 2017/2018 did not show an improvement for mental health indicators.

## Monitoring care and treatment

- In 2016/2017 the practice had achieved 96.9% of the total number of QOF points available, compared to the local average of 95.7% and the England average of 95.5%. The clinical exception reporting rate was above CCG and England averages at 12.2% (CCG average 11%, England average 9.9%). Data for 2017/2018 showed the practice achieved 95.9% of the total points with a higher clinical exception reporting rate of 14.9% (CCG average 11.3%, England average 10.1%).
- The practice had completed nine single cycle audits in the last two years and three repeat cycle audits.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long-term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

# Are services effective?

- The practice provided staff with some ongoing support. There was an induction programme for new staff. Support included one to one meetings, coaching and mentoring, clinical supervision and revalidation, however only the four nursing staff had received appraisals in the last two years.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long-term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives and patients at risk of developing a long-term condition.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately. We saw the practice had recorded written consent for patients having minor surgery or long acting contraceptive procedures. Consent forms were completed for all patients using the dispensary delivery service.

**Please refer to the evidence tables for further information.**

# Are services caring?

## **We rated the practice as good for caring.**

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were comparable to the local and national averages for questions relating to kindness, respect and compassion.
- We received 23 comments cards, 19 which were wholly positive about the care patients had received from the practice, three cards detailed issues with gaining appointments with a GP and one contained comments requesting longer appointment times.

### **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice had identified a small number of carers, 77 carers which was approximately 0.6% of the practice patient list. They were offered an annual flu vaccination and signposted to support groups.
- The practice's GP patient survey results were comparable to the local and national averages for questions relating to involvement in decisions about care and treatment. Patients we spoke with on the day told us that they had been involved in discussions about their care.

### **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as good for providing responsive services.**

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example, a home delivery service and large print labels.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held meetings with the local health visitor team to discuss and manage the needs of patients.
- The practice had recently employed a clinical pharmacist to assist with the delivery of medication reviews.

### Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone consultations were available and an on-call / duty GP was available daily.
- The practice had access to the Greater Peterborough GP Network Hub who offered extended hours appointments to patients.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

People experiencing poor mental health (including people with dementia):

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice cared for patients with dementia who lived in a local care home, regular and proactive visits were undertaken to ensure the patient, carers and relatives were supported.
- The practice had access to the Psychological Wellbeing Service who ran sessions on site.

## Are services responsive to people's needs?

- The practice offered health checks to monitor the patient's physical health when completing the patients regular blood tests for lithium levels.
- The practice had a single point of access in Peterborough to The Primary Care Mental Health Service (PRISM), and one of the practice team worked in the practice one day a week seeing patients.

### **Timely access to care and treatment**

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice GP patient survey results showed results were generally comparable with the local and national averages for questions relating to access to care and treatment.

- The patients we spoke with on the day of the inspection supported this however some of the CQC comment cards featured comments regarding lack of availability of appointments.

### **Listening and learning from concerns and complaints**

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

**Please refer to the evidence tables for further information.**

# Are services well-led?

## We rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for providing a well led services because:

- The arrangements for governance and risk management did not always operate effectively and, because of this, there were some breaches in legal requirements.

### Leadership capacity and capability

- Leaders both within the practice and the wider organisation were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them; however, the leaders did not always maintain an accurate overview of the service or a full understanding of key quality and risk areas within the practice; for example, in relation to high risk medicine monitoring and MHRA alerts.
- Leaders at all levels were visible and approachable. They worked closely with staff and others.
- The practice had some processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

- There was a vision and a set of values. The practice had a realistic strategy and supporting business plans to achieve their priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

### Culture

- There was a positive culture within the practice and staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were some processes for providing all staff with the development they need. This included appraisal and career development conversations however not all staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams and practice staff we spoke with told us that they worked together in a cohesive way to ensure high quality services for their patients.

### Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management; however, the oversight of these arrangements did not always ensure they were effective.

- Structures, processes and systems to support good governance and management were clearly set out, understood but were not always effective. The governance and management of partnership, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, the oversight of policies, systems and procedures did not always ensure they were effective.
- Quality improvement activity in the practice was limited and did not demonstrate how change had been implemented or monitored to ensure the change was effective.

### Managing risks, issues and performance

The processes for managing risks, issues and performance were not always effective.

## Are services well-led?

- The practice had some processes which helped them to identify, understand, monitor and address most current and future risks, including those relating to patient safety. However, the patient recall system did not ensure patients received medicines reviews in a timely manner to ensure the prescribing was safe.
- The practice had processes to manage current and future performance. Although practice leaders had an oversight of incidents and complaints, the arrangements for responding to safety alerts needed to be improved. The practice received and recorded safety alerts, however they did not always complete regular on-going searches for patients on medicines highlighted in The Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

### Appropriate and accurate information

The practice acted on appropriate and accurate information; however, this was not always proactive.

- Performance information such as Quality and Outcomes Framework data was considered and combined with the views of patients; however, quality improvement activity in the practice was limited and did not demonstrate how change had been implemented or monitored to ensure the change was effective. There were plans to address identified weaknesses and the practice had employed a clinical pharmacist.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used information technology systems to monitor and improve the quality of care. The practice had an intranet /shared drive from which staff had easy access to information and guidance such as policies and procedures.
- The practice submitted data or notifications to external organisations as required.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support their services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group. We spoke with three members of the PPG who were positive in their feedback of the practice.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice had 44 patients on a palliative care register. They used a specific template which included recording the patients preferred place of death.

### Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

- The practice and staff told us that staff learning and development was prioritised.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. The process for identifying significant events could be improved.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice was actively working with other local practices to bring additional services for patients. The Greater Peterborough Network GP Hub offered extended hours appointments.

**Please refer to the evidence tables for further information.**

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</b></p> <p><b>The provider had not put effective arrangements in place to assess, monitor and improve the quality and safety of the services provided. In particular:</b></p> <ul style="list-style-type: none"><li>• The provider did not have a satisfactory system in place for responding to safety alerts.</li><li>• Not all clinicians had access to safeguarding flags on the clinical computer system.</li><li>• The practice held a range of emergency medicines and equipment however they had not completed an appropriate risk assessment.</li><li>• The provider did not have reliable systems in place to ensure prescriptions (pads and computer prescription paper) were monitored.</li><li>• The practice was not proactive in identifying significant events.</li><li>• The provider must improve performance on quality indicators for long-term conditions and mental health.</li><li>• The provider must ensure changes to medicines from hospital letters are approved by a GP when completed.</li><li>• Ensure the appropriate health and safety risk assessments are completed.</li><li>• The provider must review and improve medicine reviews.</li></ul>