

# Thistlemoor Road Surgery

## 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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

This was the second comprehensive inspection that we had carried out at Thistlemoor Medical Practice

On 3 September 2015, we carried out a focused inspection of Thistlemoor medical practice. The practice was rated as outstanding overall and rated as outstanding for providing effective, responsive, and well led services and good for providing safe and caring services.

Since our previous inspection the Care Quality Commission received reports from anonymous sources relating to the safe and effective care of patients at the practice.

We carried out a short notice announced comprehensive inspection at Thistlemoor Medical practice on 1 August 2016. Prior to the on-site inspection, all staff members were provided with the direct mobile telephone number of the lead inspector. The inspector was available from 8am to 9pm on Friday 29 July 2016 and from 10am to

# Summary of findings

6pm Sunday 31 July 2016. This gave all staff the opportunity to speak directly with the inspector at a time and a place that was convenient to them. We focused our inspection on the safe and effective domains.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge, and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The training and education systems in place were robust and competency assessment undertaken and evidenced appropriately.

**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?

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

### Are services effective?

- Staff assessed needs and delivered care in line with current evidence based guidance.
- The needs of the local population had been accessed and services delivered in a model of care to meet those needs.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
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# Thistlemoor Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector led our inspection team. The team included a GP specialist adviser, and a practice nurse specialist adviser.

## Background to Thistlemoor Road Surgery

Thistlemoor Medical Centre is sited in a residential area close to the city centre of Peterborough. It serves approximately 20,150 registered patients and has a general medical services contract with Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). Compared with other practices in the area, it has the highest proportion of patients under the age of 18 and the

lowest proportion of patients over the age of 65. It has a more deprived population than the CCG area average and the England average. Specifically, the area has greater income deprivation affecting children and older people than the CCG and England averages. The practice serves a

diverse population with the majority of patients coming from eastern European countries such as Poland, Lithuania, Russia and the Czech Republic. These patients total more than 11,000, for whom English is not their first language. The practice consists of eight GPs, five nurses and 15 health care assistants. They are supported by a full time practice manager and twelve reception/administrative staff. The practice offers placements to medical students from

Imperial College and Cambridge University, as well as doctors preparing to be General Practitioners. Health visitors and district nurses employed by other providers within the NHS are also based in the practice building.

The practice is open between 8.30am and 6.30pm Monday to Friday. Extended hours surgeries are offered between 7am-8am on weekdays, and from 8am to 10 am on Saturdays. The practice is open late on a Wednesday evening until 8pm. There is a walk in surgery system in the mornings between 8.30 am and 10.30 am where patients are able to turn up the practice without a booked appointment and can wait to see a clinician.

Thistlemoor Medical Centre has opted out of providing out of hours services to its patients. These are operated by another provider in Peterborough and their details are given on the practice website and in their leaflets.

## Why we carried out this inspection

We carried out a focused 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 quality of the service, and to provide assurance that the practice is operating in a safe and effective manner.

## How we carried out this inspection

- We reviewed the concerns that had led to this focussed inspection. To ensure that all staff had the opportunity to speak with an inspector at a time and place that was

## Detailed findings

convenient with them we set two days for the inspector to take calls direct from patients. The telephone number was given to all staff members and the inspector was available on Friday 29 July and Sunday 31 July 2016. During these times the lead inspector spoke with two GPs and nine staff members. A further conversation was held with a member of the public on 2 August 2016.

- We announced to the practice on Friday 29 July at 4pm that the inspection team would arrive on site at 11am on Monday 1 August 2016. During this inspection we spoke with a further three GPs, two practice nurses and four health care assistants and two administrators.

During our inspection we reviewed training logs and the material used, induction and competency assessment forms, monitoring of staff performance. We reviewed medical records of patients to ensure that safe and effective care had been provided.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Practice staff told us that they felt confident to raise any issues with the management team or directly with the GPs.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology, and were told about any actions to improve processes to prevent the same thing happening again. We reviewed the records and discussed with a GP, a concern, reported by a community staff member and referred to the safe guarding team, and this had been dealt with appropriately and was fully documented.
- The practice carried out a thorough analysis of the significant events.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

### Monitoring risks to patients

Risks to patients were assessed and well managed.

The practice demonstrated that they prioritised safe and robust clinical governance within the practice.

We found the practice systems and processes to ensure that nurses and health care assistants were appropriately trained, supervised and monitored were robust. For example we saw evidence of the training that staff undertook; this included all educational material used. We reviewed training logs and competency assessment sheets. The practice routinely checked the consultations of all staff; we reviewed the audit log and found evidence to support this. If any sub optimal performance was noted, for example, if the healthcare assistant had not arranged the appropriate follow up appointment, the lead health care assistant would inform them and arrange for the staff member to complete the task. The management had a clear, robust structure to meet and support staff members where performance or conduct needed to be reviewed. The practice staff we spoke with told us that they felt that the management of the practice was strict but fair. They did not identify any culture of bullying and harassment.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits, and random sample checks of patient records.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, approximately 11,000 of the practice population did not speak English as their first language. The practice had delivered a model of care to address this need. Patients that had requested to see a GP or practice nurse were allocated to a health care assistant (HCA) who can speak their first language. The HCA had received appropriate training including medical terminology. We saw competency assessments to confirm this.

Those patients who saw a GP were met by the HCA, the HCA took the history and information from the patient and performed basic physical checks (weight, height, blood pressure). The GP led every consultation, discussed with the patient their symptoms, and the GP gave clinical advice. The HCA acted as the interpreter during this time. To ensure that information was communicated effectively the GPs used language they would usually use with patients, avoiding complex medical terminology. If the HCA was not sure of any wording the GP, HCA and patient used

google translate or language line and ensured the patient had clear understanding of the discussion and advice. We reviewed the medical records of patients and spoke with practice staff to confirm this system.

One medical record we viewed showed evidence that this system was effective and had contributed to a better outcome for a patient. The young patient did not speak any English and was experiencing acute poor mental health. With the support of the HCA translator the GP was able to support this patient (the GP had booked four follow up appointments in one week for this patient) and engaged involvement from the specialist community teams.

The practice nurses and HCA conducted their consultations together. The practice nurse had access to one of two GPs who had protected time to supervise them. These GPs did not have booked appointments but were available for the nursing team. The GPs either joined the nurses in their consultations or had a clinical discussion with the nurse. The GP and nurses held a clinical discussion for all prescriptions issued. The practice staff we spoke with told us that they were fully supported and were never in the position of working outside of their scope of practice. One new staff member told us that they found the practice approach to be "incredibly supportive"; this was their first post since qualifying and they told us they had learnt a great deal as result of outstanding GP support and education.

- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. Practice staff told us that they valued the development opportunities that the practice provided to them.
- Staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house and external training.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

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

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

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

The practice and NHS England had recognised that some of the patients registered at the practice were seasonal workers who may leave the area for a few months at a time. They had agreed that the practice would not automatically remove these patients from their list during these periods of absence. The practice had a robust system to monitor

patients who did not attend for a period, endeavoured to contact them and review their registration on an individual basis. We were shown evidence that confirmed that this was appropriately managed.

### **Consent to care and treatment**

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

- Generally practice staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We discussed with the practice that some staff would benefit from a refresher, they told us that they would arrange this.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.