

Thomas Walker 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.

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 Thomas Walker Surgery on 13th August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should :

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that staff guidance for administering vaccines and medicines is current and accessible.
- Ensure that Waste disposal containers comply with current infection prevention and control requirements.

Summary of findings

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing patients' mental capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained their confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern its activity and held regular governance meetings. There were systems in place 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 (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice identified patients with caring responsibilities and those who required additional support by recording this on their patient record. The practice used a holistic care approach for all patients aged over 75, where clinicians assessed their health and social care needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people GOOD

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and community nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Extended hours were offered to ensure working age patients could access the service when required. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice provided travel advice and vaccination through appointments with the practice nurse team. Information on the various vaccinations was available on the practice website.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and offered longer appointments for those patients.

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

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2nd July 2015 showed the practice was performing in line with local and national averages. There were 114 responses and a response rate of 36%.

- 77% were satisfied with the surgery's opening hours compared with a CCG average of 76% and a national average of 75%.
- 89% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 70% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 66% feel they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.
- 61% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 62% and a national average of 60%.

- 86% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88% and a national average of 85%.
- 63% find it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 73%.
- 90% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 73% describe their experience of making an appointment as good compared with a CCG average of 77% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. One comment included how the patient rated the surgery as outstanding and described the care as faultless. Patients said the staff were professional, compassionate and caring and that they felt listened to. One patient described it as a five star service.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that staff guidance for administering vaccines and medicines is current and accessible.
- Ensure that Waste disposal containers comply with current infection prevention and control requirements.

Thomas Walker Surgery

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 and a practice manager specialist adviser.

Background to Thomas Walker Surgery

Thomas Walker Surgery is located in Peterborough which is an area of Cambridgeshire. The practice provides services for approximately 7000 patients. The practice holds a General Medical Services contract and provides GP services commissioned by NHS Cambridgeshire and Peterborough Clinical Commissioning Group.

The practice is managed by three full time GP partners (two male, one female) who are supported by clinical staff; two female salaried GPs (one part time, one $\frac{3}{4}$ time), one female prescribing advanced nurse practitioner, one female practice nurse and two female healthcare assistants. The practice also employs a practice manager and a team of reception, clerical and administrative staff. The practice is a newly appointed training practice for GP trainees and foundation level doctors.

The practice is open from 8.30am to 6.30pm on Tuesday to Friday and on Mondays from 7am to 8am, and then from 8.30am to 7.30pm. Urgent appointments are available on the day. Routine appointments can be pre-booked in advance in person, by telephone or online. Telephone consultations and home visits are available daily as required.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided currently by the Cambridgeshire & Peterborough CCG commissioned Herts Urgent Care who provide NHS111. They commission Cambridgeshire Community Services to provide the Peterborough GP's Out of Hours Service. When the practice is closed, there is a recorded message giving out of hours' details.

The practice has a branch surgery at 405a Fulbridge Road, Werrington, Peterborough, Cambridgeshire, PE4 6SE which we did not visit as part of this inspection.

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. This 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.

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.

How we carried out this inspection

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

Detailed findings

- 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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13th August 2015. During our visit we spoke with a range of staff which included two GPs, the practice manager, one prescribing advanced nurse practitioner, one health care assistant, two members of the administration staff and spoke with patients who used the service. We observed how people were being cared for and talked with carers and family members, and reviewed the personal care or treatment records of patients. We reviewed five comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach to learning and a system was in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a member of staff needed to pull the emergency alarm located in the consultation room. The alarm was not heard by staff. The practice discussed this in various staff and clinical meetings and a subsequent test was carried out to determine whether it was an adequate facility to use. The learning from the incident was that the appropriate alarm to use was the panic alarm located elsewhere which would alert staff to the exact location of the incident. This was distributed widely to the entire practice staff.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Reported incidents and National Patient Safety Alerts were used as well as comments and complaints received from patients to collate risk information.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

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

safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that staff members would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice did not have the appropriate pedal bins (allows opening without using your hands) in place to dispose of waste safely. When this was brought to the attention of the practice an order was placed to replace the current bins.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- Six staff files we reviewed showed that appropriate recruitment checks were carried out. They showed that checks had been undertaken prior to their employment commencing. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Photographic identification was not kept however we saw evidence that passports and driving licence checks had been carried out alongside the DBS check paperwork. The practice manager stated that a copy of the photographic identification would be kept in staff files in the future.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough of them were on duty. Staff covered each other during periods of annual leave and sickness. The rota for the day of the inspection evidenced that staff rostered were on duty as expected.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available at a neighbouring practice on the same premises and oxygen was available in designated secure areas within the practice. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date with the guidance. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patients' records. Influenza vaccinations and vitamin B12 injections were administered by the health care assistants who had received the required training but were not working from a current patient specific direction. The practice rectified this immediately.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results showed that the practice achieved 83.3% of the total number of points available. Data from 2013/2014 QOF showed;

- The dementia diagnosis rate was above the CCG and national average with 97.6% which was 9% above CCG average and 4.2% above national average.
- Performance for asthma related indicators was 100% which was above the CCG average by 4.3% and 2.8% above the national average.
- Performance for diabetes related indicators was 73.7% which was below the CCG average by 9.7% and 16.4% below national average.
- Performance for mental health related and hypertension indicators was below the CCG average at 82.1% which was below by 5.3% and 8.8% below national average.

The practice provided figures for 2014/2015 which showed the maximum number of points that could be achieved were 559 and they had achieved a result of 545.06 which was 97.5% (This data was provided to us by the practice and has yet to be validated).

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We looked at three clinical audits. All were completed audits where the improvements made were implemented and monitored. For example; an audit of antibiotics prescribed to patients was first undertaken in October 2014 where results were analysed and discussed in clinical meetings and learned from. The same antibiotics were then re-audited in March 2015 and the standards achieved by the clinicians were higher. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety, and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on going support, one-to-one meetings and appraisals, coaching and mentoring, clinical supervision and facilitation, and support for the revalidation of doctors. All staff had received an appraisal of their performance within the previous 12 months of our inspection.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to, and made use of, e-learning training modules and in-house training.
- The nurses acted as mentors to the health care assistants and the practice had implemented their first care certificate training for a newly employed health care assistant.
- One GP within the practice was a trainer on sexual health.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people 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 regularly and that patients' care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of their mental capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Smoking cessation and diet advice were available in leaflets, from the clinical staff and from a local support group. Patients needing advice on managing stress and pregnancy were signposted to the appropriate resources.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78.17%, which was comparable to the CCG average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.6% to 96.8% and five year olds from 82.6% to 94.2%. Flu vaccination rates for the over 65s were 69.75%, and at risk groups 46.74%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

All of the five patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with six members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy were respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated. The practice was in line with the CCG and national average for its satisfaction scores on consultations with doctors and nurses. For example:

- 85.9% said the GP was good at listening to them compared to the CCG average of 89.7% and national average of 88.6%.
- 84.8% said the GP gave them enough time compared to the CCG average of 87.4% and national average of 86.8%.
- 94.5% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.6% and national average of 95.3%
- 81.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85.7% and national average of 85.1%.

- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.1% and national average of 90.4%.
- 89.1% patients said they found the receptionists at the practice helpful compared to the CCG average of 87.9% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 decisions 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 78.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.3% and national average of 86.3%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82.4% and national average of 81.5%
- 92.8% said the last nurse they saw was good at giving them enough time compared to the CCG average of 92.9% and national average of 91.9%
- 91.7% said the last nurse they saw was good at listening to them compared to the CCG average of 92% and national average of 91%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 79 patients (at the time of inspection) within the practice list had been identified as carers and

Are services caring?

were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and family planning. These were led by Clinical Commissioning Group (CCG) targets for the local area, and the practice engaged regularly with the CCG to discuss local needs and priorities.

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

- The practice offered early morning 7am appointments and later evening appointments on a Monday until 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who found it hard to attend the practice
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice had a lift to ensure adequate access for patients with reduced mobility.
- All clinical rooms had wide door frames and large rooms with space for wheelchairs and prams/pushchairs to manoeuvre.
- The GPs worked closely with drug dependence teams and local chemists to support vulnerable patients such as those with a drug and alcohol addiction or suffering with poor mental health.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Extended hours surgeries were offered at the following times on a Monday morning from 7am to 8am and from 6.30pm to 7.30pm on Monday evenings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 63% patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 73% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 66% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 60% and national average of 58%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system for example, posters displayed, summary leaflet available and receptions staff would signpost the patients to the practice manager. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way, with openness and transparency and in line with the practice's own complaints policy. If necessary an apology had been given to the complainant. We also looked at a summary of all complaints for the last 12 months and minutes of meetings where they had been discussed and action plans were agreed.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a recent complaint from the relative of a patient regarding not being able to get an appointment on

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

the same day was handled by the practice manager who contacted the relative on the same day and explained the circumstances and apologised. Advice on access to the online appointments system was given.

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 mission statement which was displayed in the waiting areas and staff knew and understood the values. They had a clear vision and strategy to deliver high quality care and promote good outcomes for patients in an open and friendly environment. Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients. The practice had business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt

supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' views and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a quarterly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. PPG members said they felt the staff listen to them and that changes would be facilitated whenever practicable. One PPG member said that a 90 year old patient from the service was recently told that they would have to wait a long period of time for a hearing aid to be fixed. The PPG member spoke to the practice who stepped in to resolve the situation. Another member spoke of a GP from the practice that had made a home visit, a prescription was needed and the GP took the prescription to the local chemist for the patient. The staff were described as going above and beyond for their patients.

The practice had also gathered feedback from staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice had a whistleblowing policy which was available to all staff and those we spoke with said that they would feel confident in reporting any concerns.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was involved in the Joint Emergency Team (JET) part of the Uniting Care service (JET provides a 2 hour community health (excluding mental health) response across the county 24 hours a day, 7 days a week to adults aged 65 years and over). Staff worked closely with the mental health

Are services well-led?

Good 

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

team and Addenbrookes Hospital. They had links with the Healthy Living centre and the community nursing team. The practice had signed up for the Prime Ministers challenge fund via the CCG (Primary Care Transformation Programme Peterborough). 1,417 practices which serve over 10.6m patients had been chosen to lead the way in testing innovative ways of increasing access and delivering wider transformational change in general practice.

The practice had management systems in place which enabled learning and improved performance. We spoke with a range of staff who confirmed that they received

annual appraisals where their learning and development needs were identified and planned for. Staff told us that the practice consistently strived to learn and to improve patients' experience and to deliver high quality patient care.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at six staff files and saw that regular appraisals took place which included a personal development plan.