

Dr. Laliwala and Partners

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 Parnwell Medical Practice on 7 October 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe, responsive and well led services. It also required improvement for providing services for older patients, patients with long term conditions, patients in vulnerable circumstances, families, children and young patients, working age patients and patients experiencing poor mental health. It was good for providing an effective and caring service.

Our key findings were as follows:

- The practice had a good understanding of the needs of the practice population but these could not always be met due to reduced opening times.
- The practice had significant event and complaints procedures but an increased understanding was needed by staff around what constituted a significant event.

- Feedback from patients and observations throughout our inspection showed the staff were kind, caring and helpful. The clinical staff at the practice provided effective consultations, care and treatment in line with recommended guidance.
- New staff received appropriate inductions into their role.
- Although practice leadership was part time, they were visible and staff felt supported by the management and were involved in the vision of providing high quality care and treatment to patients.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity.

However there were several areas of practice where the provider needs to make improvements. Importantly the provider should:

Summary of findings

- Improve access for patients in line with the practice's understanding of patients' needs.
- Improve its understanding around what constitutes a significant event in order that staff can identify, report and investigate these in a consistent way.
- Ensure there are effective systems or processes in place to access, monitor and improve the quality and safety of the services provided. This should include health and safety risk management and regular fire drills.
- Improve the complaints process so that patients' verbal concerns and complaints are monitored and any actions taken as a result of them are followed up.
- Ensure that clinical audit cycles are completed.

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 requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and report significant events or other incidents although there was a need to improve staff understanding of what constituted a significant event. Lessons were learnt and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Medicines were managed safely and the practice was clean and hygienic. There had been previous concerns whether there were enough staff working at the practice but the practice manager had reviewed key points of pressure in the surgery, assessed workloads and as a result had recruited additional hours for administration work. Staff were recruited through processes designed to ensure patients were safe.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were generally above national averages. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing patients' capacity and promoting good health. Staff had received training appropriate to their roles and other 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. Clinical audits were of varying quality and did not include second cycles, staff informed us this would be addressed and actioned.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice generally in line with 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 confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical

Requires improvement



Summary of findings

Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they did not always find it easy to make an appointment with a named GP but that there was continuity of care, with urgent appointments available the same day. Opening times did not reflect the need of the population with the practice closed four afternoons per week, as per contractual agreement with the CCG. The afternoon closures left patients with reduced choice in appointments or caused them having to travel to an alternative practice in the city. 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.

Are services well-led?

The practice is rated as requires improvement for being well-led. Staff were clear about the practice's vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice manager worked part time and covered three practices during this time. The practice had a number of policies and procedures to govern activity and held regular governance meetings. Governance issues were part of monthly staff meetings but the records and meeting structure required improvement so that agenda items were consistent and actions from the previous meetings were reviewed. There were systems in place to monitor and improve quality and identify risk. Audit cycles showed that some essential changes had been made, but improvement was needed on the quality of most audits as well as second cycle application. The practice sought feedback from staff and patients. The patient participation group (PPG) was very active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Requires improvement



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

Although the practice is rated as good for providing effective and caring services, they are rated as requires improvement for safe, responsive and well- led services. The concerns which led to these ratings apply to all population groups including this one.

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 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.

Requires improvement



People with long term conditions

Although the practice is rated as good for providing effective and caring services, they are rated as requires improvement for safe, responsive and well- led services. The concerns which led to these ratings apply to all population groups including this one.

GPs and 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 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, staff worked with relevant health and care professionals to co-ordinate and deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

Although the practice is rated as good for providing effective and caring services, they are rated as requires improvement for safe, responsive and well- led services. The concerns which led to these ratings apply to all population groups including this one.

There were systems in place to identify and follow up children who were at risk, for example, children and young people on the safeguarding register. Immunisation rates were in line with local averages for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Requires improvement



Summary of findings

Appointments were not always available outside of school hours. The premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Although the practice is rated as good for providing effective and caring services, they are rated as requires improvement for safe, responsive and well- led services. The concerns which led to these ratings apply to all population groups including this one.

The needs of the working age population, those recently retired and students had been identified but the practice had not sufficiently adjusted the services it offered to ensure these were flexible and offered continuity of care. Accessibility proved a challenge for working age people as the practice had limited opening hours with only one afternoon and evening until 1930hrs per week. A telephone triage system allowed some flexibility for working patients and appointments could be arranged to suit the patient. The practice also offered online appointment bookings and prescription requests. Health screening and advice was provided and this included health checks for patients aged over 40, smoking cessation and counselling services.

Requires improvement



People whose circumstances may make them vulnerable

Although the practice is rated as good for providing effective and caring services, they are rated as requires improvement for safe, responsive and well- led services. The concerns which led to these ratings apply to all population groups including this one.

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. It provided care to a local traveller population and had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability or others requiring this. 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.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

Although the practice is rated as good for providing effective and caring services, they are rated as requires improvement for safe, responsive and well- led services. The concerns which led to these ratings apply to all population groups including this one.

Annual physical health checks were offered to patients with long term mental health needs. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. A range of information with patients experiencing poor mental health on how to access support groups and voluntary organisations was available in the practice. Patients could also access counselling or support from advisory services. Patients who required urgent assessment and support were prioritised and seen the same day if required.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 95 responses which represented a response rate of 23%. The results included:

- 96% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 87% 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%.
- 86% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 75% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards, of which 34 were all very positive. Four were positive about the standard of care received but mentioned more appointment availability would be good and two cards were neutral around the standard of care received and the availability of

appointments. There were no negative comment cards. There was a range of positive comments about the skills of the staff, the cleanliness of the practice, the treatment provided by the GPs and nurses and the way staff listened to their needs.

These findings were also reflected during our conversations with four patients during our inspection. The feedback from patients was overall very positive. Patients told us about the good care they felt they received and that where necessary they could get an appointment when it was convenient for them with a GP. Patients commented on the good relationships they had with their GP. Patients told us that staff made time for them and had good communication skills. Patients said they felt they were referred appropriately and in a timely way. Patients commented about the different staff groups and their kindness at all levels. Several comments were made about the practice not being open on most afternoons (only on Wednesdays). Patients expressed strong concerns that the practice might be moved from its current location, which would mean difficult access for the local population. The patients we spoke with told us they felt their treatment was professional and effective and they were very happy with the service provided.

Areas for improvement

Action the service SHOULD take to improve

- Improve access for patients in line with the practice's understanding of patients' needs.
- Improve its understanding around what constitutes a significant event in order that staff can identify, report and investigate these in a consistent way.
- Ensure there are effective systems or processes in place to access, monitor and improve the quality and safety of the services provided. This should include health and safety risk management and regular fire drills.
- Improve the complaints process so that patients' verbal concerns and complaints are monitored and any actions taken as a result of them are followed up.
- Ensure that clinical audit cycles are completed.

Dr. Laliwala and Partners

Detailed findings

Our inspection team

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 Dr. Laliwala and Partners

Parnwell Medical Practice provides general medical services to approximately 1800 patients living in Parnwell, Peterborough and the surrounding area. The premises are purpose built and all treatment and consultation rooms are situated at ground level, ensuring level access for people with disabilities. Parking is available.

The practice has a team of four GPs, one female and three male, to meet patients' needs. Three GPs are partners, with one as lead partner, meaning they hold managerial and financial responsibility for the practice; there is one salaried GP. Three practice nurses were employed. There is a practice manager who is supported by a team of five non-clinical administrative, secretarial and reception staff, who share a range of roles. The practice also hosts other services, for example community midwives run weekly sessions at the practice.

The practice is currently under a care taking contract, as agreed with NHS England, undertaken by the GP partners who also run Ailsworth Medical Practice in Peterborough. This has been in place since 2012 and is due to expire in September 2016. The practice provides a range of clinics and services, most of which are detailed in this report, and operates generally between the hours of 08:30 and 13:00, Monday to Friday. On Wednesday the practice is also open

between the hours of 15:00 and 19:15. During times that Parnwell Medical Practice is closed patients can be seen at Ailsworth Medical Practice in Peterborough, approximately six miles away.

At Parnwell Medical Practice pre-bookable appointments could be booked up to two weeks in advance and urgent appointments were available on the day for people that needed them. If later in the day, requests for urgent appointments underwent a telephone triage process to ascertain the most appropriate course of action for the patient.

Outside of these hours, medical care is provided by Cambridgeshire Community Services NHS Trust. Primary medical services are accessed through the NHS 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services 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.

Detailed findings

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:

- 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)

The inspection team:

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 7 October 2015.
- Spoke with staff and patients.
- Spoke with visiting health professionals.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures. Reviewed 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

The practice had a policy and a significant event recording process which was accessible to all staff. There was an open and transparent approach and a system in place for reporting and recording significant events. Records and discussions with GPs identified that there was consistency in how significant events were recorded, analysed, reflected on and actions taken to improve the quality and safety of the service provided. However, we found that increased awareness of what constituted a significant event was needed by staff. There were three significant events recorded since January 2015. However a complaint we reviewed should have been recorded and investigated as a significant event, but had not been.

Significant events were not reviewed annually to identify common themes and trends, but were shared with the practice staff during meetings to support improvement of the service provided.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence guidance (NICE - the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment). Alerts were disseminated to relevant staff electronically and a record was kept of the dissemination; this record reflected recent updates from June and August 2015. This enabled staff to understand risks and gave a clear and accurate picture of safety.

Staffing and recruitment

- 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 staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave and sickness. As the practice team covered another surgery in the city staff informed us there was flexibility in transferring staff between practices to cover each other's roles.

- Recruitment checks were carried out and the personnel files we reviewed showed that recruitment checks had been undertaken prior to staff's employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). We did find there to be a lack of references in one staff file we reviewed.
- We found the practice had a low turnover of staff. We were informed the practice did not make use of locum GPs and the GPs took responsibility for all GP appointments. We were informed that during a GP's time off the other GPs would cover their role and responsibilities. This left little contingency in the case of a GP becoming unavailable long term. In case of absence of nursing cover staff told us they usually employed temporary cover. This meant there was a potential for reduced capacity for nurse appointments on a temporary basis.
- Most staff worked across two separate practices (Parnwell medical centre and Ailsworth medical centre, which had a branch practice) and were part time, including the practice manager. The practice manager had reviewed key points of pressure in the surgery, assessed workloads and as a result had recruited additional hours for administration work.

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. Staff demonstrated they understood their responsibilities and all had received training relevant to, or above their role. The practice's computer system highlighted children and adults with safeguarding concerns.
- Notices were on display advising patients that chaperones were available, if required. Several

Are services safe?

members of the practice staff 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 with a poster in the practice. The practice manager kept a health and safety report which listed duties to be undertaken. However there was no risk log in place which highlighted risks that were premises and environment related. We did see evidence that extensive refurbishment had taken place of the building and its contents. The practice manager also informed us that regular visual checks took place and staff raised risks that required attention. The practice manager informed us that further major changes could not be undertaken; due to constraints of the contract that the practice was working under and this was deemed as not financially viable.
- The practice did have up to date fire risk assessments but there was no evidence that regular fire drills were carried out.
- All electrical and clinical equipment was checked to ensure it was safe to use.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as risk assessments for infection control and a legionella risk assessment.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was a practice nurse infection prevention and control (IPC) clinical lead who had been appointed to this role several months previous; training for this lead role had not yet been undertaken but was planned. We saw they liaised with the local area IPC lead to keep up to date with best practice. There were also monthly IPC meetings in the practice during which only IPC matters were discussed. There was an IPC protocol in place and staff had received up to date generic IPC training. IPC audits were undertaken on a monthly basis with an annual rota covering all areas of the practice. We

saw evidence that recent action was taken to address any improvements identified. For example, some areas of the premises were highlighted as needing better dusting which had been implemented as a result.

- 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 team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there was a system in place to monitor and track their use.
- Hepatitis B immunisation was provided to all staff and records were present in staff files providing evidence this was in place.

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. Emergency buttons were available electronically via the computer system and physical buttons that raised an alarm. All staff received annual basic life support training and the practice had a defibrillator and oxygen with adult and children's masks available. Emergency medicines were 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 business continuity plan in place for major incidents such as power failure or building damage. The plan highlighted significant risk and what actions staff should take over different time intervals. The plan did not include emergency contact numbers for staff but the practice manager informed us this was intentional and there was a reference to where these details could be found securely. This would avoid confusion if staff were to change contact details and avoided the plan being at risk of not being consequently updated. A copy of the business continuity plan was held off site. As the practice team also worked from Ailsworth Medical Centre in Peterborough there was a good contingency in case of premises related incidents or failure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Staff described how they carried out comprehensive assessments which covered patients' health needs in line with current guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with long term conditions received regular health checks and were being referred to other services when required.

Clinical staff we spoke with were open about asking for, and providing colleagues with, advice and support. This enabled the clinical team to review and discuss best practice guidelines so that patients received optimum care. Our review of the clinical meeting minutes confirmed that this happened.

The practice used computerised tools to identify patients who were at high risk of admission to hospital and those with complex needs. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records and their needs were being met. This helped to reduce the need for them to go into hospital. We saw that after patients were discharged from hospital, they were followed up by their GP to ensure that all their needs were continuing to be met.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patients' age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF - is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards

practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014/2015 the practice achieved 97.1% of the total number of points available, which was above the national average of 93.5% and above the local average of 94.2%. The practice reported 8.0% exception reporting (below CCG and national average). Data from 2014/2015 showed:

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disabilities, mental health, palliative care, peripheral arterial disease and rheumatoid arthritis were better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator.
- Performance for diabetes related indicators was above the CCG and national average. With the practice achieving 94.2%, this was 4.7 percentage points above the CCG average and 5.0 percentage points above the national average.
- Performance for secondary prevention of coronary heart disease related indicators was 97.8% which was 4.3 percentage points above CCG average and 2.8 percentage points above national average.
- Performance for Osteoporosis (secondary prevention of fragility fractures) related indicators was 0%. The practice explained that a technical issue had occurred which meant the coding process didn't highlight the relevant patients appropriately. The practice showed us evidence that it was aware of this and had started an investigation.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. GPs and nursing staff were involved in clinical audits.

We found the audits to be of varying quality with none having completed more than one cycle. Two of the audits we saw were very detailed; these included an audit on Chronic Obstructive Pulmonary Disease (COPD - the name for a collection of lung diseases, including chronic bronchitis and emphysema) management and on

Are services effective?

(for example, treatment is effective)

antibiotic prescribing. As an example, the COPD audit done in May 2014 was a first cycle audit and concluded that pneumococcal vaccination needed to be offered for patients on triple therapy. Findings from this audit had concluded that the pneumococcal vaccination rate had doubled. There was no evidence of quality improvement on audits with a second cycle.

The practice provided all, except one, of the CCG led enhanced services such as increasing the uptake of screening for cancers and immunisation rates. The enhanced service that the practice did not participate in was for the care in residential homes. Nevertheless, the practice did provide care and visits to patients in these homes.

Effective staffing

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

The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and information governance. During the inspection we spoke to a member of staff who confirmed induction took place and was delivered effectively.

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 appraisals, staff meetings and facilitation and support for the revalidation of doctors. There was no recorded evidence of staff's clinical supervision but staff informed us they felt well supported by the GPs and practice manager and they could call upon the GPs for clinical support at all times.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). All staff files we checked contained evidence that staff had received an appraisal within the last

12 months and each member of staff had future training needs and plans identified. Staff we spoke with confirmed they had received recent appraisals and felt supported in their development.

Staff received training considered mandatory by the practice that included: safeguarding, fire procedures, basic life support and equality and diversity awareness. Staff had access to, and made use of, e-learning training modules and in-house training. Staff received additional training suited to their role, for example, three receptionists had received training in conflict resolution and one of the nurses had received level 3 children safeguarding training. We saw evidence that the Mental Capacity Act 2005 had been discussed during a recent practice meeting.

Staff files we reviewed were all complete except where one member of staff did not have references in their file.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and the 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 information on palliative care patients was discussed monthly in meetings that were attended by GPs, community matrons, district nurses, mental health workers and social 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. Systems were in place to ensure information regarding patients was shared with the appropriate members of staff. This included when people moved between services, including when they were referred, or after they were discharged from hospital. For patients who were referred to hospital in an emergency there was a policy of providing a printed copy of a summary record for the patient to take with them to Accident and Emergency. Individual clinical cases were analysed at informal meetings between clinicians. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care, planning and co-ordination of care, support for family and carers and care plans were routinely reviewed and updated.

Are services effective?

(for example, treatment is effective)

Staff we spoke with told us the clinicians and management team were all very approachable and supportive and they were confident they could raise concerns regarding patients with them. We saw that this also took place during meetings and the minutes we reviewed confirmed that this happened.

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. We saw evidence that this had been discussed during a recent practice meeting.

We saw that 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. We saw records that indicated meetings had taken place to discuss best interest matters for patients with learning disabilities and spoke to staff who confirmed examples.

Staff were aware of Gillick guidelines for children. Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Health promotion and prevention

It was practice policy to offer a health check with the practice nurse to all newly registered patients. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering smoking cessation advice to smokers and opportunistic chlamydia screening.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. Practice data showed that 21

patients in this age group had taken up the offer of the health check since April 2015. This was against a target set for the practice of 40 patients by March 2016. There was a process for following up patients if they had risk factors for disease identified at the health check.

The practice's 2014-15 QOF performance for cervical screening related indicators was below the CCG and national averages. With the practice achieving 77.8%, compared to the local and national average of 81.8%. A named nurse followed up patients that didn't attend screening via letter and telephone reminders.

Childhood immunisation rates for vaccinations given were comparable to the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.5% to 100% and five year olds from 85.7% to 94.3%. Flu vaccination rates for the over 65s were at 73.3% compared to the national figure of 73.2% and at risk groups 65.4% compared to the national figure of 52.3%. The practice hosted an ultrasound service twice a month. This meant that patients did not need to travel elsewhere for this service.

Up to date information on a range of topics and health promotion literature was readily available to patients at the practice. The information available included information about services to support them to stop smoking and manage their alcohol intake. Information for patients who might be suffering domestic abuse was available and included contact information and access to support services. We found that the amount of information available on the practice's website was limited, information on clinics and services was available but there was no directing to external services or support groups. Also, the website appeared as if it pointed patients to Ailsworth medical centre for many subjects. Staff explained that the same team worked across both practices and as such the website was integrated into one. This was confusing for patients as there wasn't a clear and concise website for Parnwell medical centre only.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice's switchboard was located near the reception desk, but staff were aware of the need for confidentiality and always attempted to keep information private. Patients commented that confidentiality could be an issue at the front desk when queuing. The practice acknowledged this and informed us a private room to discuss matters would always be available if requested.

We received 40 comment cards, of which 34 were all very positive. In addition, four were positive about the standard of care received but mentioned more appointment availability would be good and two cards were neutral around the standard of care received and the availability of appointments; there were no negative comment cards. There were a range of positive comments about the skills of the staff, the cleanliness of the practice, the treatment provided by the GPs and nurses and the way staff listened to their needs.

We spoke with four patients during our inspection, including members of the patient participation group (PPG - this is a group of patients registered with the practice who have an interest in the service provided by the practice). The feedback from patients was overall very positive. Patients told us about the good care they felt they received and that where necessary, they could get an appointment when it was convenient for them with a GP. Patients commented on the good relationships they felt they had with their GP. Patients told us that staff made time for them

and had good communication skills. Patients told us they felt that they were referred appropriately and timely. Patients commented about the different staff groups and their kindness at all levels. Several comments were made about the practice not being open on most afternoons (only on Wednesdays) but this was followed up with a comment around an understanding of financial and contractual pressures on the GPs every time. Patients expressed strong concerns that the practice might be moved from its current location, which would mean difficult access for the local population. The patients we spoke with told us that their treatment was professional and effective and they were very happy with the service provided.

Results from the July 2015 national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice performed in line with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 90% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.

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

Are services caring?

had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 91% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

- 87% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

When asked about their involvement in planning and making decisions about their care and treatment, patients we spoke with on the day informed us this happened to a satisfactory level.

Patient and carer support to cope emotionally with care and treatment

Notices and a TV screen 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 and staff signposted them to support groups such as the Carer's Trust and Age UK. We saw that written information was available for patients and carers to ensure they understood the various avenues of support available to them.

Staff informed us that if families had suffered bereavement GP contacted them. This was either followed by a patient consultation 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. For example, the practice was aware of local challenges, such as the relatively high deprivation level of the local area. The practice continually monitored the impact of challenges on the provision of its service. One of the GP partners was a board member of the local commissioning group.

The practice was part of a local 'hub' with other practices that were planning to improve access and increase availability of appointments seven days a week within the area.

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 had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example new seats in the waiting room.
- The practice hosted an ultrasound service on a fortnightly basis.
- Health visitors and midwives visited the practice on a weekly basis.
- The practice offered bookable appointments during mornings from 0830 every weekday for all patients.
- The practice offered extended appointments for patients requiring this. For example, there were longer appointments available for people with a learning disability.
- 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 and there was information available in multiple languages through the practice website.
- One of the receptionists spoke three other languages, including Polish, which proved useful when assisting patients through the general practice steps, for example

registration. Some information in the waiting room was displayed in different languages. The electronic information screen and the majority of leaflets were displayed in English only.

- The services provided reflected the needs of the population served and ensured flexibility, choice and continuity of care. For example, home visits were available for patients who were housebound because of illness or disability.
- Urgent access appointments were available for children and those with serious medical conditions.
- GPs at the practice had special interests in different clinical fields, including musculo-skeletal problems, end of life care, acupuncture and minor surgery.
- The practice offered acupuncture, free of charge, for those patients requiring this. Patients had told the practice that they found this useful and outstanding and that it had a significant impact for them.
- The practice worked closely with multidisciplinary teams to improve the quality of service provided to vulnerable and palliative patients. This included the Gold Standard Framework working in which the practice was proactive.
- Online appointment booking, prescription ordering and access to basic medical records was available for patients.
- One of the GP partners was a board member of the local commissioning group and was involved in the development of a local 'hub' with other practices that were planning to improve access and increase availability of appointments seven days a week within the area.
- The practice offered a variety of clinics, including diabetes and asthma.

There was an active patient participation group (PPG) at the practice. PPGs are a group of patients registered with a practice who work with them to improve services and the quality of care. We spoke with four members of this group during our visit and found that the members were active in promoting the services provided at the practice within their local community. They told us the GPs were very receptive to their views which were collected via survey, informally or at meetings. Meetings were held bi-monthly or responsively

Are services responsive to people's needs?

(for example, to feedback?)

and were attended by the practice manager and a GP. In June 2015 the PPG together with the practice had organised a Patient Participation Week during which they engaged with patients to answer any questions patients might have had. Some of the outcomes included the need for a children's toy box, that patients didn't want the practice to move premises and that patients were overall very happy with the service provided. The PPG provided us with some examples of change that had improved services for patients such as a change of seating in the waiting area.

The PPG spoke highly of the care they received at the practice and explained that they felt the practice was an essential part of the local community. They expressed concern around the unknown future of the practice as it was currently on a care taking contract and felt access could improve by opening the surgery during weekday afternoons.

Tackling inequity and promoting equality

The practice recognised the needs of individual patients and tried to offer flexibility such as longer appointment times for patients with learning disabilities. If they were unable to provide an appointment at the practice location, they offered them an alternative at one of two other practices. The majority of the practice population were English speaking but access to online and telephone translation services were available if needed. Staff were aware of when a patient might require an advocate to support them and there was information on advocacy services available for patients.

Parking was available and included level access for patients with a disability. Entrance doors were not automatic, however we saw an external doorbell was available for patients to call for assistance should they need support accessing the building. The lead GP explained that an automatic door had been considered but informed us replacing the door had proved too costly under the current contract with NHS England that the practice operated under. Disabled facilities were available but we found that the reception desk was too high to be used effectively by patients who were wheelchair users; we also found that there was no alarm cord in the disabled toilet. The premises were on one level and could be accessed by patients with mobility difficulties. Baby changing facilities were available. There was a large waiting area with plenty of space for wheelchairs and prams. There was no hearing

loop available at the practice. Staff explained that they had researched the use of a hearing loop at another location and found it had never been used and therefore decided not to install one at the practice.

Staff told us that they did not have any patients who were of no fixed abode but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. A member of staff told us there was a system for identifying vulnerability in individual patient records.

There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.

The practice provided equality and diversity training through e-learning. Records demonstrated that all staff had completed this.

Access to the service

The practice operated between the hours of 08:30 and 13:00, Monday to Friday. On Wednesday the practice is also open between the hours of 15:00 and 19:15.. During times that Parnwell medical practice was closed patients could be seen at Ailsworth medical practice in Peterborough, which was run by the same practice team as Parnwell medical centre. Practice staff recognised the limitations to the opening times but explained that the limited opening hours were in place as per agreement with NHS England; the practice team were managing the practice under a care taking contract.

Pre-bookable appointments could be booked up to two weeks in advance and urgent appointments were available on the day for people that needed them. If later in the day, requests for urgent appointments underwent a telephone triage process with a GP to ascertain the most appropriate course of action for the patient.

People we spoke with on the day told us they were able to get appointments when they needed them. Of the 40 comment cards we received, four mentioned increased appointment availability would be good and two cards were neutral around the availability of appointments. The rest did not contain any comments on appointments.

Results from the July 2015 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower in some, but higher in other areas in comparison to local and national averages. For example:

Are services responsive to people's needs?

(for example, to feedback?)

- 54% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%. This reflected the limited opening hours the practice offered on Monday, Tuesday, Thursday and Friday afternoons. PPG comments also reflected dissatisfaction with the limited opening hours.
- 83% of patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 86% of patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 80% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. As a result, lessons learnt from individual complaints had been recognised and acted on in a timely

manner. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England; it was available for all staff to access at any point. There was a designated responsible person who handled all complaints in the practice. When we discussed the relatively low number of complaints the practice management informed us that verbal complaints raised on the phone or at the reception desk did not always get recorded. The practice recognised the need to address this immediately and told us they would reiterate with staff the importance and need of doing so, in line with the policy. We saw that information was available to help patients understand the complaints system. This was displayed in the practice.

Patients we spoke with were aware of the process to follow if they wished to make a complaint. We looked at two complaints received since April 2015 and found these were dealt with in an open and transparent manner, providing explanations, referral to the appropriate external body or apologies when required.

Are services well-led?

Requires improvement 

(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 vision of delivering a quality medical service to the local population and to provide a service that fully satisfied the needs and expectation of patients whilst respecting their individual circumstances.

We spoke with the lead GP who described a development plan for the service to ensure the local population would receive appropriate care. This was shared with us during the inspection and comprised of overall aims in the next ten years. The practice was part of a local 'hub' with other practices that were planning to improve access and increase availability of appointments seven days a week within the area.

There was a clear leadership structure and all staff we spoke with felt supported by management. Clinical staff felt supported in their decision making process whilst administration staff confirmed effective induction processes.

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. For example:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- The GPs were supported to address their professional development needs for revalidation.
- Staff were supported through appraisals in the last year and with their continued professional development. The GPs had learnt from incidents and complaints.
- There was a comprehensive list of internal meetings and training sessions that involved staff. Patients and procedures were discussed to improve outcomes.
- From a review of records including action points from staff meetings, audits and significant event recording, we saw that information was reviewed to identify areas

for improvements and to help ensure that patients received safe and appropriate care and treatments. There was improvement needed on the understanding of what constituted a significant event.

- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was no system in place to monitor on-going checks such as environmental or premises related matters for health and safety. There were no arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice manager did inform us that the premises and its contents had undergone significant improvements over the last year. The practice manager was able to raise some remaining concerns that needed improvement relating to premises and content but had there was no format in which this recorded.
- GPs had undertaken clinical audits which were used to monitor quality and systems to identify where action should be taken and drive improvements. These did not include second cycles and not all audits were in-depth enough to evidence conclusions and improvements.

Leadership, openness and transparency

The practice had a leadership structure in place with clearly defined lead roles. The practice manager was open and approachable and we learned that an 'open-door' policy existed for all staff to raise issues whenever they wished. The practice manager worked part-time and covered two practices during this time, one with an additional branch practice. This limited availability to dedicate to Parnwell medical practice. This made communication about the management of the service more of a challenge.

Staff told us that regular team meetings were held and there was an open culture within the practice. Staff said they had the opportunity to raise any issues impromptu or at team meetings, were confident in doing so and felt supported if they did. Most staff worked across three separate practices and were part time.

We saw the minutes of meetings covering the last 12 months. Although there was no standard agenda, regular items such as significant events, complaints, training and prescribing were always part of the items discussed. Governance issues were part of monthly staff meetings but

Are services well-led?

Requires improvement 

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

the records and meeting structure required improvement so that agenda items were consistent and actions from the previous meetings were reviewed. However, the meeting minutes did not always contain sufficient detail about action points that could be followed up to ensure they were completed. For example, patient survey results were shared with staff but there were no details of outcomes or actions agreed. This increased the risk that staff who could not attend the meetings might not receive vital information.

We reviewed a number of policies, for example the whistleblowing policy, recruitment policy and chaperone policy which were in place to support staff and up to date. Staff we spoke with knew where to find these policies if required. For example, when we spoke to a member of the reception they were able to locate the whistleblowing policy and explain its contents. It was clear from our interviews with the GPs, the management team and the staff that there was an open and transparent leadership style and that the whole team adopted a philosophy of care that put patients and their wishes first. Staff members we spoke with told us they felt their contribution to providing good quality care was valued but they told us the senior GP was responsible for making key decisions.

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

The practice encouraged and valued feedback from patients, proactively gaining their feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through patients' complaints and compliments. The practice had an active patient participation group (PPG - a group of patients registered with a practice who work with the practice to improve services and the quality of care). They informed us they met every two months and consisted of a core of eight to ten active members. They informed us that at their meetings the practice manager and a GP were always present and actively participated. The PPG members we spoke with all told us they highly valued the care provided at the practice and described the practice as a "central part of the community" which they "couldn't praise enough" and where staff "were willing to go the extra mile". The PPG expressed concerns about the limited opening times of the practice but understood this was due to existing financial

and contractual limitations. The PPG expressed concerns around the future of the practice's existence with plans in development for a centralised care centre elsewhere in the city.

The group had carried out an on-site patient survey in the summer of 2014 amongst 16 patients. Amongst other points this survey concluded that there was no negative feedback around the helpfulness of the reception staff; five patients had responded negatively in response to a question relating to the ease of getting an appointment with their GP when they needed it; one patient had responded negatively in response to a question relating to the GP giving them enough time during their appointment.

The practice website invited patients to become involved with the PPG. The practice had introduced the NHS Friends and Family test (FFT) as another way for patients to let them know how well they were doing. For example, 2015 FFT data available to us showed that:

- In April, from 31 responses, 90% recommended the practice compared to 88% nationally.
- In June, from 16 responses, 88% recommended the practice compared to 88% nationally.

The practice told us they had also gathered feedback from staff through meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management but there was very limited evidence to demonstrate that staff views were considered and acted upon.

Management lead through learning and improvement

The practice had completed reviews of incidents, compliments and complaints. Records showed that regular clinical meetings were carried out as part of their quality improvement process to improve the service and patient care. Audit cycles showed that some essential changes had been made to improve the quality of the service and to ensure that patients received safe care and treatment, but improvement was needed on the quality of most audits as well as second cycle application.

The practice team also provided care from a different location in Peterborough (Ailsworth medical practice) that

Are services well-led?

Requires improvement



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

had previously been inspected and rated as “Inadequate” in June 2015; consequently it had been put in Special Measures. It was clear that many lessons had been learned and implemented at Parnwell medical practice.

The practice ensured its staff were multi-skilled and had learned to carry out a range of roles. This applied to clinical

and non-clinical staff and enabled the practice to maintain its services at all times. The staff we spoke with felt well supported and felt that their training needs were being met. The practice staff told us they worked well together as a team and there was evidence that staff were supported to attend training appropriate to their roles.