

3Well Ltd - Botolph Bridge

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?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



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

This was the sixth inspection that we have carried out at 3Well Ltd – Botolph Bridge.

We carried out a comprehensive inspection of 3Well Ltd - Botolph Bridge on 7 May 2015. The practice was rated as good overall with ratings of good for providing safe, caring, and responsive and well led services, and requires improvement for effective services. As a result of the findings on the day of the inspection, the practice was issued with a requirement notice for regulation 17 (good governance).

We carried out a second comprehensive inspection on 10 June 2016. This inspection was in response to concerns raised by members of the public and to check if the practice had made the changes required from the inspection in May 2015. The practice was rated as inadequate overall and for providing safe, effective, and well led services, and requires improvement for providing responsive and caring services.

At our June 2016 inspection we found that some of the improvements needed as identified in the report of May

2015 had been made, however, some of these needed to be improved further. Patients were at risk of harm because systems and processes were not in place to keep them safe. The systems and processes in place to ensure good governance were ineffective and did not enable the provider to assess and monitor the quality of the services and identify, assess and mitigate against risks to people using services and others. As a result of the findings on the day of the inspection, the practice was issued with a warning notice for regulation 12 (safe care and treatment) and requirement notice for regulation 17 (governance and quality assurance). The practice was placed into special measures for six months.

We conducted a focused inspection on 19 August 2016 to ensure that the practice had made the required improvements detailed in the warning notice that had been issued on 8 August 2016.

At our 19 August 2016 inspection we found that some of the improvements needed as identified in the report of June 2016 had been made, however, some of these needed to be improved further. We further identified a new issue relating to the safe prescribing and management of medicines and we were concerned that

Summary of findings

patients were at risk of harm. The systems and processes in place to ensure good governance were ineffective and did not enable the provider to assess and monitor the quality of the services and identify, assess and mitigate against risks to people using services and others.

As a result of our focused inspection (19 August 2016) we took urgent action to suspend 3Well Ltd Botolph Bridge from providing general medical services at 3Well Ltd Botolph Bridge.

We conducted a focused inspection on 14 November 2016 to check whether the provider had made sufficient improvements and to decide whether the suspension period should end.

At our 14 November 2016 inspection we found that improvements had been made. We saw that a governance framework had been put in place and that medicines were authorised by GPs and nurses with a prescribing qualification. The practice had prioritised patients and had started a process of reviewing patients identified as 'may be at risk' from inappropriate reviews. We found that GPs and nurse practitioners managed pathology results and these had been managed in a timely way. The systems and processes in place to ensure good governance had improved but further improvements were needed to enable the provider to assess and monitor the quality of the services and identify, assess and mitigate against risks to people using services and others.

As a result of our focused inspection (14 November 2016) we decided the suspension should end; however, we imposed urgent conditions on the registration of this provider. The ratings remained the same; inadequate overall and the special measures period continued.

We carried out a comprehensive inspection on 13 February 2017. This inspection was undertaken following a period of special measures. The practice was rated requires improvement overall and for providing safe, effective, and responsive services, inadequate for providing well-led services and good for providing caring services. The practice remained in special measures.

This inspection was undertaken following the second period of special measures and was an announced comprehensive inspection on 27 October 2017. Overall the practice is now rated as requires improvement. The practice is no longer in special measures.

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

- Throughout the two periods of special measures, the practice was receiving support from the Royal College of General Practitioners team which consisted of a GP, and an advance nurse practitioner.
- Since our last inspection all the practice nurses had left and had been replaced.
- The practice had not been successful in recruiting further principal GPs or salaried GPs; however, they had continued to engage regular locum GPs and had been successful in employing nursing staff, clinical pharmacists, and additional management staff. Due to the shortage of permanent GPs, there was still limited clinical leadership in place.
- We found that improvements had been made to the systems and processes to ensure management and clinical oversight.
- The clinical and management team had regular meetings to manage the performance of the practice in relation to the quality and outcomes framework. The practice overall performance for the Quality and Outcomes Framework (QOF) in 2016/17 was 87% compared to 96% in 2015/16. The exception reporting rate for 2016/17 had significantly reduced from 18% in the previous year to 5%.
- Results from the National GP Patient Survey published in July 2017 showed the practice performance had improved from results published in July 2016 in 12 areas but had remained the same or was lower in eight areas.
- The practice had been working closely with the CCG and was actively working on pilot projects in the area. The practice had engaged with the local network and was able to book appointments for patients at the local GP Hub.
- There was a system for recording significant events and complaints; these were discussed at various meetings and actions taken.
- There was a system in place to ensure regular monitoring of quality and performance and that actions required from hospital correspondence and test results were completed in a timely way.
- The practice evidenced that there were systems in place to provide clinical oversight of all staff that provide care to patients at the practice.

Summary of findings

- We saw practice protocols and policies were in place and had been updated to reflect the change in clinical leads. However, not all staff found them easy to access.
- The practice held meetings and encouraged locum clinicians to attend, the practice had introduced and showed evidence that virtual meetings held by email were effective. Staff we spoke with told us they found these useful.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines including childhood immunisations.
- The management of medicines had been further improved. The GPs, pharmacists, or nurses who had prescribing qualifications undertook all medicines changes and reviews, including reconciliation of those that had recently been discharged from hospital. We found all patients on high risk medicines had been appropriately monitored.
- The practice had systems and process in place to record and action safety alerts and these had been well managed.
- The practice stored prescription stationery securely and had a system in place for tracking its use.
- The practice used a programme of audits and searches of medical records to monitor and encourage quality improvement.
- The practice proactively promoted the national cancer screening programmes to encourage uptake.
- A staff member had taken a lead role as a carer's champion. This staff member contacted any new carer

identified to ensure they were aware of the support that was available to them. The practice had raised the awareness of dementia and had information in several languages available. In addition to a translation service, the practice had staff members who spoke other languages, for example Lithuanian, Polish and German.

- The practice had engaged the patient participation group to identify and encourage improvement.

There are areas where the provider should make improvements.

- Continue to build on clinical leadership and active recruitment.
- Continue to implement and monitor the systems and process to ensure that patients receive appropriate follow ups in a timely manner.
- Continue to monitor the GP patient survey data and respond to the results appropriately.
- Review and improve the systems and ensure that staff can access the documents including policies and procedures easily.
- Continue to identify carers to ensure that they receive appropriate support and care.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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.

Good



- There was a clear system for recording significant events and these included both clinical and non-clinical incidents. Practice staff we spoke with told us they felt confident to raise any concerns.
- The practice had defined systems, processes, and practices in place to keep patients safe and safeguarded from abuse.
- The practice had implemented systems and processes to monitor and ensure that test results and hospital correspondence were dealt with in a timely manner.
- The management of medicines had been further improved. The GPs, pharmacists, or nurses who had prescribing qualifications undertook all medicines changes and reviews, including reconciliation of those that had recently been discharged from hospital. We found all patients on high risk medicines had been appropriately monitored. The practice had engaged with the pharmacy situated next door to the practice to further improve communication and safe working practices.
- We saw that the practice had systems and processes in place to record and action safety alerts and we found these were well managed.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines including childhood immunisations and these were well managed.
- The practice stored securely and had a system in place for tracking the use of prescription stationery throughout the practice.
- The practice evidenced that there were systems in place to provide clinical supervision of all staff that provide care to patients at the practice.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- The practice had employed regular locum GPs, two pharmacists, two practice nurses, and an advanced nurse practitioner who provided regular sessions.
- Practice staff had the skills, knowledge, and experience to deliver effective care and treatment.

Summary of findings

- The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The clinical and management team had regular meetings to manage the performance of the practice in relation to the quality and outcomes framework. The practice overall performance for the Quality and Outcomes Framework (QOF) in 2016/17 was 87% compared to the CCG average of 96% and the national average of 95%. The practice performance for the previous year 2015/16 was 96%. The exception reporting rate for 2016/17 had significantly reduced to 5% which was 6% below the clinical commissioning group (CCG) average and 5% below the national average.
- The practice had a programme of audits to monitor and encourage quality improvement.
- The practice engaged in multidisciplinary team working; we saw minutes from meetings attended by a health visitor and palliative care meeting where vulnerable patients had been discussed.

Are services caring?

The practice is rated as requires improvement for providing caring services.

- Results from the National GP Patient Survey published July 2017 showed the practice had improved in some areas of caring but satisfaction was lower in others.
- A staff member had taken a lead role as a carer's champion. This staff member ensured patients were aware of the support that was available to them and contacted any new carer identified.
- The practice had identified 64 patients as carers, approximately 0.9% of the practice list and actively managed their register to reflect changes to patient's circumstances.
- Information for patients about the services available was easy to understand and accessible.
- The practice provided, with the support of the patient participation group, community activities such as coffee mornings, a befriender group, a walking to fitness group and educational sessions.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

Requires improvement



Summary of findings

- Some staff members were able to speak other languages and had helped patients to access care and treatment in a timely way.

Are services responsive to people's needs?

The practice is rated as requires improvement services for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified.
- Appointments could be requested by telephone or email as well as by attending the practice. Following a telephone consultation or email request, appointments were booked as clinically indicated.
- The practice could book appointments for patients who wished to be seen at the GP Hub in Peterborough in the evenings and at weekends.
- Patients said they found it difficult to make an appointment with a named GP. Data from the GP Patient Survey published July 2017 showed that 33% of patients usually got to see or speak with their preferred GP compared with the CCG average of 58% and national average of 56%.
- The practice told us urgent appointments were available the same day and telephone consultations were available. However, some patient feedback from patients reflected that they had difficulty in accessing appointments easily and in a timely manner.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- Prescriptions could be ordered online, in writing, by phone or in person. The practice had introduced the electronic prescription service which means patients were able to collect their medicines directly from a pharmacy without having to go to the practice first.
- The practice had responded to patient feedback in relation to delays in patients receiving their medicines. One pharmacist we spoke with told us they were leading an action plan to implement systems and processes to improve this.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well led.

Requires improvement



Summary of findings

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. During the two periods of special measures the practice had received support from the Royal College of General Practitioners.
- There was a leadership structure in place; this had been further strengthened as the practice had been successful in recruiting new staff and had promoted a staff member to take a lead role. However, the practice had not been successful in recruiting further GPs; there was only one permanent GP in post and therefore limited clinical leadership.
- We saw evidence that the practice had systems and processes in place to provide clinical supervision although not all staff had received face to face peer review but had received email discussion and feedback. All clinical staff we spoke with told us that they found they had appropriate access to supervision from colleagues and locum GPs.
- We saw that the practice held meetings with all staff and this included the locum clinicians. We saw evidence that virtual meetings held by email exchange had been successful. These exchanges included feedback on consultations and patient complaints.
- There had been further improvements in the governance and quality systems and processes and these had been embedded.
- The practice had been working closely with the CCG and was a testing practice actively working on projects such as introducing care navigator, looking at workflow optimisation and productive general practice. The practice had engaged with the local network and was able to book appointments for patients at the local GP Hub.
- We saw that practice protocols and policies were in place and had been updated to reflect the change in clinical leads. However not all staff found them easy to access.
- The practice proactively sought feedback from staff and patients, which it planned to act on. The patient participation group was active and engaged with the management team to discuss and support the improvement plans.

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 requires improvement. The concerns which led to these ratings apply to everyone using the practice including this group.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A clinician prioritised requests for home visits and ensured appropriate and timely care for patients.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were in line with local and national averages.
- A staff member had taken a lead role as a carer's champion. This staff member ensured they were aware of the support that was available to them contacted any new carer identified.
- The practice provided, with the support of the patient participation group, community activities such as coffee mornings, a befriender group, a walking to fitness group and educational sessions.

Requires improvement



People with long term conditions

The practice is rated as requires improvement. The concerns which led to these ratings apply to everyone using the practice including this group.

- A lead GP and some nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2016/17 showed that performance for diabetes related indicators was 57%, which was 34% below the local average and the national average. Exception reporting for diabetes in all related indicators was below the local and national averages. The practice had not been able to provide sufficient nursing capacity to meet all the appointments needed in 2016/17. However, we saw evidence that the practice had employed a

Requires improvement



Summary of findings

lead locum GP to undertake reviews and to train the newly employed nursing team. Practice performance for work completed so far in 2017/18 was showing signs of improvement.

- Data showed that the practice performance for chronic obstructive pulmonary disease (COPD) was 87% compared to the local average of 97% and the national average of 96%. The practice exception reporting was lower than the local and national averages.
- Patients with long term conditions who were housebound were visited and reviewed by a GP.
- Longer appointments and home visits were available when needed.
- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. There was a recall system in place to ensure that patients were invited and attended annual reviews.
- Patients were able to have their blood pressure checked without having to make an appointment first.

Families, children and young people

The practice is rated requires improvement. The concerns which led to these ratings apply to everyone using the practice including this group.

- 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 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.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 82%, which was in line with the local CCG and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. We had received some negative feedback from patients who reported that they had not been offered appropriate and timely appointments.
- We saw positive examples of joint working with midwives, health visitors, and school nurses.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement. The concerns which led to these ratings apply to everyone using the practice including this group.

- 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 where possible.
- The practice offered extended hours on week days and every Saturday morning.
- The practice could book appointments for patients who wished to be seen at the local GP Hub in Peterborough.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered an electronic prescription service, which meant that patients would be able to collect their medicines from the pharmacy of their choice with visiting the practice first.
- Smoking cessation advice and support was available at the practice.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement. The concerns which led to these ratings apply to everyone using the practice including this group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients, and held regular multidisciplinary team meetings.
- The practice informed 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.
- The practice, with the support of the PPG, offered a befriender service for those who were socially isolated.
- The practice worked with the community team and held drug dependency clinics.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement. The concerns which led to these ratings apply to everyone using the practice including this group.

- All patients diagnosed with dementia had received an invitation to a face to face care review since April 2017.
- The practice performance for indicators relating to mental health was 68%; this was 26% below the CCG average and 25% below the national average. The exception reporting for this indicator was 0%. The practice was aware of this data and had an action plan to improve this.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.in addition the practice offered a befriender service.
- Practice staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had information relating to dementia in several different languages.

Requires improvement



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2017. The results showed the practice performance in 12 areas had improved and eight areas had remained similar or below that of the performance published in July 2016.

344 survey forms were distributed and 108 were returned. This represented a 31% completion rate.

- 51% found it easy to get through to this surgery by phone compared to a local average of 75% and a national average of 71%.
- 71% were able to get an appointment to see or speak to someone the last time they tried compared to a local average 86%, and the national average of 84%.
- 58% described the overall experience of their GP surgery as good compared to a local average of 76%, and a national average of 73%.
- 50% said they would recommend their GP surgery to someone new to the area compared to a local average 80%, and a national average 77%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards, all of which were positive about the standard of care received. Patients felt that the practice provided a friendly, efficient, and supportive service. Through the CQC website we received both positive and negative reports from patients.

We spoke with five patients during the inspection, they all said the care they received was good, and that staff were kind, friendly, caring, and approachable. All five patients reported difficulties with making appointments due to the telephone lines and three reflected that they had difficulty in seeing the same GP.

We spoke with two members of the patient participation group who reported that the practice offered excellent services and had made improvements. They reported that the management team met the challenges they faced positively and had kept them informed about any changes.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to build on clinical leadership and active recruitment.
- Continue to implement and monitor the systems and process to ensure that patients receive appropriate follow ups in a timely manner.
- Continue to monitor the GP patient survey data and respond to the results appropriately.
- Review and improve the systems and ensure that staff can access the documents including policies and procedures easily.
- Continue to identify carers to ensure that they receive appropriate support and care.

3Well Ltd - Botolph Bridge

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector, a CQC inspection manager, a GP specialist adviser, a nurse specialist adviser and practice manager advisor. A CQC advisor for the military health team shadowed this inspection.

Background to 3Well Ltd - Botolph Bridge

Botolph Bridge Surgery in Woodston, Peterborough holds an Alternative Provider Medical Services (APMS) contract and provides healthcare services primarily to patients living in Woodston and the surrounding area. The surgery is located in a fit for purpose building and serves a population of approximately 7000 patients. The building is shared with other health services that serve the community.

The principal GP is the registered manager and is supported by locum GPs and two clinical pharmacists. The practice employs an advanced nurse practitioner, practice nurses, and a healthcare assistant (HCA). There are two practice managers, an assistant practice manager, a consultant practice manager and a team of reception/administration/secretarial staff support the clinical team. In addition, during the two periods of special measures, a team from the Royal College of General including a GP, advanced nurse practitioner, and practice manager had been supporting the practice to make the improvements needed.

Compared to the national average, the practice served an area where they had a higher number of patients aged 0 to

4 years old and 29 to 50 year olds and they had a lower number of older people. The deprivation score for the practice area was in line with the local CCG and national averages.

The practice offered extended hours appointments each day from 7am to 8am and some evenings to 7pm. Appointments were available each Saturday morning. The practice could book appointments at the GP Hub in Peterborough for patients that wished to be seen there. The GP Hub offered appointments in the evenings and at weekends. Appointment times varied. When the practice was closed, patients access the out of hours service via 111.

We previously inspected this practice on five other occasions. On 7 May 2015, we found that the practice required improvement for effective services but was good overall. On 10 June 2016 the practice was rated inadequate for safe, effective, and well led services and rated requires improvement for caring and responsive services. The practice was placed into special measures for six months. We conducted a focused inspection on the 19 August 2016 and we took urgent action to suspend 3Well Ltd Botolph Bridge from providing general medical services at 3Well Ltd Botolph Bridge for a period of three months. A further focused inspection was carried out on 14 November 2016, the suspension was lifted, and we imposed urgent conditions on the provider's Care Quality Commission registration. A comprehensive inspection was undertaken on 13 February 2017, the practice was rated as requires improvement overall, with requires improvement for providing safe, effective and responsive services, inadequate for well led services and good for caring services. The practice was placed in special measures for a second period.

Detailed findings

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 was because at the inspection on 13 February 2017 the service was identified as being in breach of the legal requirements and regulations associated with the Health & Social Care Act 2008. Specifically breaches of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Our concerns led us to place 3Well Ltd Botolph Bridge in special measures for a second period of six months.

How we carried out this inspection

Before visiting, we reviewed the issues found at the 15 May 2015 inspection, those found at our inspection 10 June 2016, and the warning notices served 8 August 2016. We reviewed the issues found at the 19 August 2016 and the notice of decision to suspend 3Well Ltd Botolph Bridge. We reviewed the findings from the 14 November 2016 inspection and the conditions placed on the provider's registration and we reviewed the findings from 13 February 2017. We also reviewed the information supplied by the provider as evidence of the actions taken to address those issues. We reviewed concerns that we had received from members of the public. We carried out an announced visit on 27 October 2017.

During our visit we spoke with the principal GP and the practice managers, assistant practice manager and

consultant practice manager. We spoke with the regular locum GPs and the locum advance nurse practitioner and employed pharmacist. We spoke with practice nurses and non-clinical staff. We spoke with patients who used the service and with members of the patient participation group (PPG). We viewed medical records, policies, procedures, and recruitment files.

This inspection was carried out on 27 October 2017 to ensure improvements had been made and to assess whether the special measures period should be concluded.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

- At our inspection on 13 February 2017, we rated the practice as requires improvement for providing safe services as the practice did not follow the policy in place to provide and undertake clinical supervision of all staff, including locums, and did not evidence that learning was shared with the staff members. The practice did not demonstrate that there was an open culture for all staff to be supported to raise any concerns. The practice did not evidence that complete records including investigations, actions taken, or learning shared from the events were maintained. The practice did not store prescription stationery securely, or have a system in place for tracking its use.
- When we undertook a comprehensive inspection on 27 October 2017, these arrangements had improved and were embedded. The practice is now rated as good.

Safe track record and learning

There was a system in place for reporting and recording significant events. We found that incidents raised by practice staff had been recorded as significant events, fully investigated, changes made and learning shared.

- The practice form for reporting significant events was available to staff and provided a template for detailed reporting and investigation.
- Practice staff told us they would inform the manager of any incidents either verbally or via an incident form. On the day of the inspection staff we spoke with told us they would raise concerns if they identified any. We reviewed events that had been recorded relating to safety records, incident reports, patient safety alerts, and minutes of meetings where these were discussed. We saw evidence that lessons were documented and action was taken to improve safety in the practice. Information relating to these and learning was shared by email to all staff.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, and a written apology.
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) and guidance and alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). The information was monitored by a

designated member of staff for relevance and shared with other staff, as guided by the content of the alert. Any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with. Clinicians we spoke with confirmed that this took place. We saw evidence that the practice routinely reviewed and monitored historic alerts.

Overview of safety systems and processes

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

- These arrangements reflected relevant legislation and local requirements. There was a lead member of staff for safeguarding. The GPs told us they attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three, nurses were trained to level two and non-clinical staff to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received either a Disclosure and Barring Service (DBS) check or the practice had undertaken a risk assessment. (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).
- The practice maintained appropriate standards of cleanliness and hygiene. 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 and control teams to keep up to date with best practice.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Medicines management

Are services safe?

- There were arrangements in place for managing medicines, including emergency medicines and vaccines.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Medical records we looked at confirmed patients taking medicines such as lithium, methotrexate, and warfarin were appropriately reviewed and monitored.
- Prescription stationary was stored securely and in line with national guidance and there was a process in place to track the use of the forms.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that these were in date and had been signed appropriately.
- Locum advance nurse practitioners had qualified as independent prescribers and could therefore prescribe medicines; a newly employed nurse who undertook minor illness appointments told us that they felt supported by the GPs in the practice. We saw evidence that the practice had systems and processes in place to provide clinical oversight although not all staff had received face to face one to one peer review but had received email discussion and feedback. All clinical staff we spoke with told us that they found they had appropriate access to supervision from colleagues and locum GPs.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 reception office which identified local health and safety representatives.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. A practice manager had engaged the NHS property service manager to ensure that all checks were completed and that regular maintenance calls were in place. A variety of other risk assessments was in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice told us that recruitment was a challenge. They had not been successful in recruiting further GPs but had been successful in recruiting an advanced nurse practitioner, two pharmacists, and practice nurses. The practice told us they were still actively advertising and encouraging GPs to join their team.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to 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 emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- 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

- At our inspection on 13 February 2017, we rated the practice as requires improvements for providing effective services. The practice had not undertaken audits to assure themselves that staff care was effective care in line with guidance from the National Institute for Health and Care Excellence. The practice did not follow the policy in place to provide and undertake clinical supervision of staff that provide regular services at the practice and share any learning with the staff member.
- Some improvements had been made; however practice performance in the Quality and Outcomes Framework (QOF) had declined. The practice is still rated as requires improvement for providing effective services.

Effective needs assessment

- The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice had implemented systems and searches to monitor this.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 87% of the total number of points available, which was below the local average of 96% and the national average of 95%. The exception-reporting rate for the practice was 5%, which was below the local clinical commissioning group (CCG) average of 11% and below the national average of 10% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This exception reporting was an improvement from our June 2016 inspection when data showed the practice exception reporting was 18%.

Data from 2016/17 showed:

- Performance for diabetes related indicators was 57%, which was 34% below the local average and the national average. Exception reporting for diabetes in all related indicators was below the local and national averages.
- Performance for chronic obstructive disease (COPD) related indicators were 87%, which was 10% below the CCG and 9% below the national average. Exception reporting for COPD in all related indicators was below the local and national averages.
- The practice performance for indicators relating to mental health was 68%; this was 26% below the CCG average and 25% below the national average. The exception reporting for these indicators was 0% except for one indicator which was 7% and this was 15% below the CCG average and 14% below the national average.

The practice recognised that their performance in some areas needed to be improved. They told us they recognised that they had not been able to offer sufficient appointments with nurses or GPs to undertake all the reviews required. The practice showed us that they had an action plan and improvements were in place. We spoke with a GP who had been employed until March 2018 to undertake annual reviews for patients, including those who were housebound and to support and train the nursing staff to be able to offer nurse led clinics. We saw evidence that on the day of the inspection they had planned sufficient GP and nursing appointments meet the needs of patients with diabetes, those experiencing poor mental health, and those with COPD. The practice had changed their systems to recall patients and in addition to sending letters, practice staff including clinical staff telephoned patients to offer appointments at times convenient to the patient.

We looked at the practice data for this current year 2017/18 and saw that the practice had achieved 42% of all annual reviews for patients with diabetes; we noted that the overall achievement for the indicators relating to mental health was 52% by the time of our inspection.

We saw that the practice were using audit as a tool to identify and monitor improvements. This included non-clinical and clinical audits. The audit programme included those relating to identifying carers, managing high risk medicines and safety alerts, diabetes and patient correspondences.

Are services effective?

(for example, treatment is effective)

For example;

- The practice had undertaken an audit on the management of patients taking warfarin. The second cycle showed that all patients had been monitored appropriately; it identified that one patient had experienced difficulties in booking their appointments due to their occupation. This patient was reviewed with a clinician and a change to their medicine was made to assist their compliance.
- As part of their improvement plan for the management of patients with diabetes, we saw that the practice had undertaken a first cycle audit on patients with diabetes with renal impairment and taking metformin. The result was shared with the practice team to enhance the training in progress.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Practice staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of their competence. Practice staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. This included ongoing support and meetings.

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 their intranet system.

- This included care and risk assessments, care plans, medical records, and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis to discuss patients with complex needs.
- Non-clinical practice staff had responsibility for managing hospital correspondence, the summary and coding of medical records and referring relevant documentation to a clinician for review. The practice had implemented processes to monitor the quality and safety of this.

Consent to care and treatment

There was a consistent approach to recording patients' consent to care and treatment in line with legislation and guidance.

- Practice 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, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, and smoking cessation. Patients were signposted to the relevant service.

- The practice's uptake for the cervical screening programme was 80%, which was in line with the CCG and the national averages of 82%. The practice rate for exception reporting was 3% which was below the CCG average of 9% and the national rate of 7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening appointment. There were failsafe systems in place to ensure results

Are services effective?

(for example, treatment is effective)

were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer-screening rate for the past 36 months was 73% of the target population, which was in line with the CCG average of 74% and the national average of 72%. The bowel cancer-screening rate for the past 30 months was 54% of the target population, which was below the CCG average of 59% and below the national average of 58%.The practice told

us that they had implemented systems to ensure that all patients who had not taken up the screening programme were contacted by telephone and encourage to take up the screening programme.

- Childhood immunisation rates for the vaccinations given were above CCG and national standard of 90%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our inspection on 13 February 2017, we rated the practice as good for providing caring services. The practice is now rated as requires improvement as some areas of the National Patient Survey data published July 2017 showed a decline and were lower than the local CCG and national averages.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations, and treatments.
- Practice staff told us that they were aware of the need to ensure that they protected patients confidentiality at all times.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.
- Practice staff told us that the additional languages spoken by the reception team had helped some patient's access appropriate care quicker.

We spoke with five patients and two members from the PPG, all told us they were satisfied with the care provided by the practice and said their dignity, and privacy was respected. Patients told us that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey, published in July 2017, showed patient satisfaction scores were below the local and national averages. Some of these results had improved but others had decreased since the July 2016 data. For example:

- 74% of patients said the GP was good at listening to them compared to CCG and the national average of 89%.
- 69% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.

- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.
- 84% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

The responses we had from patients were mixed when asked if they felt involved in decision making about the care and treatment they received. Some patients told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. However some patients reported that there had been a delay in their treatment.

Results from the National GP Patient Survey, published in July 2017, showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were lower than the CCG and national average. We noted that these had all improved since the July 2016 data.

For example:

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 63% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average and the national average of 85%.
- The practice was aware of these results and had reviewed against the July 2016 results. With staff and members of the PPG they had agreed actions to further improve patient satisfaction. For example, a staff member had taken a lead role in reception to improve customer care.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- 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. Some practice staff spoke other languages and were able to help patients. For example reception staff spoke Polish and Lithuanian and had helped a patient who was at risk of frequent falls access support more quickly.
- Information leaflets were available in easy read format. Information relating to dementia support was available in several languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area, which advised patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

- To improve the identification and support offered to carers, a staff member had taken on the role of a carer's champion. The practice was proactive in identifying patients with caring responsibilities and had increased the number recorded on their register. The practice had identified 64 patients as carers (approximately 0.9% of the practice list). The carer's champion telephoned any new carer, offer them support, and identified any needs they may have. Written information was available to direct carers to the various avenues of support available to them.
- The practice had a palliative care register and had regular meetings had been introduced to discuss the care and support needs of patients and their families with all services involved. Practice staff told us that families who had suffered bereavement were contacted by their usual GP. This call was followed by a patient consultation at a flexible time and location to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our inspection on 13 February 2017, we rated the practice as requires improvement for providing responsive services. The practice is still rated as requires improvement for providing responsive services.

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments each day from 7am to 8am and some evenings to 7pm. Appointments were available each Saturday morning.
- The practice could book appointments at the GP Hub in Peterborough for patients that wished to be seen there. The GP Hub offered appointments in the evenings and at weekends.
- There were longer appointments available for patients who required them.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. We had received some feedback that some patients had had trouble in obtaining appointments. The practice was aware of this feedback and had responded to the patients concerned.
- Multi-disciplinary team meetings were taking place with a range of other healthcare professionals in attendance.
- There were accessible facilities for those with a disability and translation services available.
- A range of patient information leaflets was available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness.
- The practice provided a range of nurse-led services such as management of asthma, weight management, diabetes, coronary heart disease, wound management, smoking cessation clinics, and minor illness advice.
- The practice offered in-house diagnostics to support patients with long-term conditions; patients did not need to book an appointment to be able to have their blood pressure taken.

Access to the service

- The practice offered extended hours appointments each day from 7am to 8am and some evenings to 7pm. Appointments were available each Saturday morning. The practice could book appointments at the GP Hub in Peterborough for patients that wished to be seen there. The GP Hub offered appointments in the evenings and at weekends. Appointment times varied. When the practice was closed, patients access the out of hours service via 111.

Results from the National GP Patient Survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment were below the local and national averages.

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average the national average of 76%.
- 51% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 71%.
- 47% of patients felt they don't normally have to wait too long to be seen compared to the CCG average of 60% and the national average of 58%.
- 33% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 58% and national average of 56%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, some patients reported that they had not been able to see the same GP consistently and therefore did not have continuity of care. A common theme from patient feedback was that patients had difficulty getting through to the practice on telephone system. The practice told us that this was a shared facility with other services within the premises but that they were addressing this issue. We saw that patients who needed to be seen were seen on the day, that appointments had been booked in advance and that patients were able to access telephone advice from the GP or advance nurse practitioner.

Listening and learning from concerns and complaints

The practice had an effective 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

Are services responsive to people's needs?

(for example, to feedback?)

designated responsible person who handled all complaints in the practice. The practice reported a reduction in the number of written complaints and negative reviews on the NHS choices website they had received since April 2017.

We saw that information was available to help patients understand the complaints system on the practice's

website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a clear understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely manner. Complaints were shared with some staff to encourage learning and development.

Are services well-led?

Requires improvement 

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

Our findings

At our inspection on 13 February 2017, we rated the practice as inadequate for providing well led services as the practice leadership team did not evidence that staff felt supported by the management team. Improvements were needed to the overarching governance arrangements in place to support the delivery of safe care and make improvements to identified issues. Some improvements were made and the practice is now rated as requires improvement for providing well-led services.

Vision and strategy

The practice had a clear vision in place to provide their patients with services that were safe and well led. The practice management team we spoke with shared this vision and told us that they had been involved in working out the strategy to achieve this since the last inspection. The practice staff told us that they were working hard to achieve the improvements. Practice staff we spoke with were committed to providing a quality service and they all told us that the practice had made improvements and that they were engaged to continue to improve and ensure that the quality was sustained.

Governance arrangements

- We found that improvements made had been sustained since our previous inspection and in cases further improvements made. For example we saw that the practice had safe systems to manage medicines and safety alerts and had implemented systems to ensure that searches were run monthly to monitor those that were now historic and should be standard care.
- We saw that the practice had implemented systems to ensure that appropriate clinicians saw all test results and that hospital correspondence was managed effectively.
- We saw that the practice held regular meetings and detailed minutes were taken and shared. We saw evidence that virtual meetings held were staff were held by email exchange, we noted that these included feedback from complaints, new NICE guidelines and sharing of learning from personal study.
- Practice staff we spoke with told us that they found the culture of the practice to be open and told us they would report any concerns to the management team.

- There was a system for recording significant events and complaints; these were discussed at various meetings and actions taken.
- We saw that practice protocols and policies were in place and had been updated to reflect the change in clinical leads. However, not all staff could access these easily. The practice told us that had recognised this and were reviewing their IT system.
- The practice acknowledged that, due to a shortage of clinical staff, patients had not always been able to access timely reviews, as reflected in the Quality and Outcomes Framework (QOF) data for 2016/17. The practice had been able to recruit additional nursing staff and was in the process of training these staff to address this issue. An action plan included regular meetings and additional appointments being provided by a locum GP until the nursing team were suitably trained.
- The practice had a programme of audits to monitor and encourage quality improvement; we saw that this included clinical and non-clinical audits.

Leadership and culture

- On the day of the inspection the provider was undertaking both clinical and managerial sessions but the practice had not been successful in recruiting further GPs to support the clinical leadership. However, they had continued to engage regular locum GPs and had been successful in employing an advanced nurse practitioner, two clinical pharmacists, two practice nurses, a new practice manager, and a consultant practice manager. The practice had strengthened the non-clinical management team and promoted a staff member to reception manager.
- Practice staff we spoke with told us that the practice needed to have more permanent clinical staff to offer continuity of leadership, and care and to help improvements to be sustained.
- There were named members of both clinical and administration staff in lead roles and practice staff we spoke with were all clear about their own roles and responsibilities.
- The leadership at the practice had responded to the findings of our previous inspections and had focused on the governance arrangements at the practice. New systems and processes had been implemented and were being embedded into practice to ensure that the issues identified at the previous inspections had been resolved.

Are services well-led?

Requires improvement 

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

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

The practice encouraged and valued feedback from patients, the public, and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. We noted that although some of the areas had improved others were lower and remained lower than the CCG and national averages. We saw that the Patient Participation Group (PPG) was working with the practice to give confidence to patients that the practice was safe and caring. The practice supported coffee mornings, a walking group, and a befriender service. The practice had been proactive in the recent flu clinics and with the PPG raised money for charity.

The practice had also gathered feedback from staff through staff meetings, appraisals, and informal discussion. Practice staff told us that they felt there had been positive changes, and they were proud of the changes made.

Continuous improvement

- The practice had written a five year business development plan to provide a framework for continued improvement. The practice will continue an active recruitment drive to encourage clinical staff to take up salaried positions in the practice. They planned to continue their engagement with the local CCG and Peterborough Network; they had signed up to provide the enhanced service for patients with a learning disability. In addition the practice will continue working with the CCG and as a testing practice actively working on projects such as introducing care navigator, looking at workflow optimisation and productive general practice.