

Boroughbury Medical Centre (Extended Hours Service)

Quality Report

(Extended Hours Service)
Boroughbury Medical Centre
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Boroughbury Medical Centre (Extended Hours Service) on 29 June 2017. Overall the service is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Risks to patients were assessed and well managed.
- Patients' care needs were assessed and delivered in a timely way according to need.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge, and experience to deliver effective care and treatment. We noted that some staff employed on a sub-contractor basis were overdue refresher training.
- There was a system in place that enabled staff to access and add information to the patient records.

- The service managed patients' care and treatment in a timely way.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- Information about service and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and most staff felt supported by management. However, some staff we spoke with did not always feel engaged with the senior management team. The service proactively sought feedback from staff and patients, which it acted on.
- The service was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- The system in place should ensure that all staff have received all training that is appropriate to their role in a timely manner.
- Effective communication and engagement should be in place to ensure all staff are engaged with the senior management team.

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 service is rated as good for providing safe services.

Good



- We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients there were process and systems to ensure they were informed as soon as practicable, given reasonable support, and a written explanation and apology.
- The service had clearly defined and embedded systems, processes, and practices to minimise risks to patient safety.
- The service was proactive in risk management and had a detailed risk management log which was reviewed regularly.
- Staff demonstrated that they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role. There were some staff who were employed on a sub contracted basis who were overdue some refresher training. Training was planned to be completed soon after the inspection.
- The service had arrangements to respond to emergencies and major incidents.

Are services effective?

The service is rated as good for providing effective services.

Good



- Clinicians provided a range of services to patients based on current evidence based guidance. Patients had pre booked appointments through their own GP practice or via the NHS 111 service.
- All clinical staff were either employed were contracted on a sessional basis and worked at local practices. The service did not use agency staff.
- The service was consistently evaluating the use and uptake of the service. This included the age of the patients, and presenting conditions. A programme of clinical audits demonstrated the service encouraged quality improvement.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The service is rated as good for providing caring services.

- Feedback from our comment cards, our discussions with patients and feedback collected by the service was very positive.
- The service had undertaken a patient survey with positive results.
- 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 service available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the extended hours service.

Good



Are services responsive to people's needs?

The service is rated as good for providing responsive services.

- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified. For example, the service offered health checks to those patients with a learning disability, wound care including complex dressings, annual reviews for long term conditions and had introduced cervical screening clinics.
- Health promotion such as smoking cessation and healthy lifestyle advice was available.
- Appointments were available two weeks in advance from 6.30pm to 8.30pm on weekdays and from 9am to 5pm on weekends and bank holidays. These extended hours benefited those patients who were unable to attend their practice within normal opening hours.
- Data showed that the average waiting time for patients to see their health professional was six minutes.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had systems in place to ensure patients received care and treatment in a timely way.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The service is rated as good for being well-led.

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and most staff felt supported by management. However, some staff we spoke with did not always feel engaged with the senior management team.
- The service proactively sought feedback from staff and patients, which it acted upon.
- The service had a number of policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The service was aware of and complied with the requirements of the duty of candour. The service encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The service proactively sought feedback from staff and patients, which it acted on.
- There was a focus on continuous development, learning, and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The service is rated as good for the care of older people.

- GP practices were able to pre-bookable appointments into the extended hours service that were convenient to the patient, their family, or carers.
- The service offered complex wound dressing during the evenings and weekends. This ensured patient's dressings were changed in a timely manner.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The service used the same electronic medical records system as the GP practices. This ensured that consistent and standardised recording for services such as annual health checks was used and that information was easily accessible to the patient's own GP. This ensured that continuity of care was maintained.

Good



People with long term conditions

The service is rated as good for the care of people with long-term conditions.

- Nurses and GPs with specialist skills were employed to undertake the management of long term conditions.
- GP practices were able to book appointments with the service for patients in the evening and weekends, making it more convenient for patients who could not attend their GP practice during the day.
- Appointments were available through the patients GP practice or through the national NHS 111 system, this service ensured that emergency processes were in place for patients with long-term conditions who experienced a sudden deterioration in health.
- The service used the same electronic medical records system as the GP practices. This ensured that consistent and standardised recording for services such as annual health checks was used and that information was easily accessible to the patient's own GP.

Good



Families, children and young people

The service is rated as good for the care of families, children, and young people.

Good



Summary of findings

- We found there were systems to identify children living in disadvantaged circumstances and who were at risk. For example, children and young people who had been identified through the GP practice and whose records were flagged.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Furthermore, through the opportunity to book appointments via the national NHS 111 service the extended hours service offered young people the opportunity to see GPs or nurses outside of school hours.
- The service had emergency processes in place for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

The service is rated as good for the care of working age people (including those recently retired and students).

- The needs of this population group had been identified and the extended hours service ensured these were accessible, flexible and offered continuity of care. For example, GP practices were able to pre book appointments for routine health care such as cervical screening, annual reviews of long term conditions, smoking cessation and healthy lifestyle advice.
- GP appointments could be booked on the day for patients who required medical advice; these appointments were available from 6.30pm to 8.30pm Monday to Friday.
- Routine appointments for GP and nurses were available at the weekends.
- NHS health checks were available at times convenient to the patient.
- The service used the same electronic medical records system as the GP practices. This ensured that consistent and standardised recording for services such as annual health checks was used and that information was easily accessible to the patient's own GP.

Good



People whose circumstances may make them vulnerable

The service is rated as good for the care of people whose circumstances may make them vulnerable.

Good



Summary of findings

- The service had easy access to identify vulnerable patients and ensured appropriate communication between the service and the GP practice.
- The service offered longer appointments for patients with a learning disability. For those patients attending for an annual review the service used a template to record the finding that was consistent with that used in the practices.
- The service had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in children, young people, and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies during normal out of hours.
- A hearing loop was available for those patients that wished to use it.
- Clinical staff undertook chaperone duties. We saw posters and information advising patients of this service in the waiting areas and consultation rooms.

People experiencing poor mental health (including people with dementia)

The service is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The service had systems and process in place to ensure patients who required urgent mental health support were referred appropriately and in a timely manner to the appropriate mental health service.
- The service had a system for restricting prescribing for patients. Staff we spoke with told us that they would only supply a limited amount of medicines to a patient and inform the patient they would need to contact their own GP for a further review.
- The service had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff, including nurses and non-clinical staff, had received training and had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We looked at various sources of feedback received from patients about the extended hours service they received. Patient feedback was obtained by the service on an ongoing basis and included in their contract monitoring reports. Data from the service for the period of April 2017 to June 2017 showed:

- 88% of patients rated the service as outstanding or excellent and no patients rated the service as fair or poor to fair.

The service asked patients;

- “Did the clinician give you time to fully describe your illness in your own words; not interrupting or diverting you?” 100% of patients rated the clinicians as outstanding, excellent, or good.
- “Did the clinician explain things clearly, fully answering your questions, and giving you adequate information?” 100% of patients rated the clinicians as outstanding, excellent, or good.

Bi-monthly meeting were held with representation from NHS England and the Peterborough Patient Forum (this forum is made up from members of the service’s patient participation groups).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards, 15 of which were positive about the standard of care received. There were some negative comments in relation to routine referral requests being sent to the patient’s own GP to undertake and the need for the own GP practice to authorise blood samples. We discussed this with the provider who told us that this was to ensure that the results from any tests were returned to the GP to ensure patients received safe and timely care.

Areas for improvement

Action the service **SHOULD** take to improve

- The system in place should ensure that all staff have received all training that is appropriate to their role in a timely manner.

- Effective communication and engagement should be in place to ensure all staff are engaged with the senior management team.

Boroughbury Medical Centre (Extended Hours Service)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and accompanied by a GP specialist adviser.

Background to Boroughbury Medical Centre (Extended Hours Service)

Greater Peterborough Network (GPN) was set up in 2015 by local GPs, and the service is commissioned by NHS England to deliver seven day extended hours access to routine primary care, the service is provided at Boroughbury Medical Centre in the city centre. Local practices that join as members of GPN are able to book appointments for their patients directly into this service or patients can be allocated appointments via NHS 111. The service does not take direct bookings from patients. Services offered include GP and nursing appointments, long term condition reviews, wound clinics, cervical screening, health promotion and phlebotomy. Annual health checks are available for patients with a learning disability. The service provides primary care to patients registered with 28 local practices who cover the city of Peterborough and surrounding area.

The service was commissioned to provide 130 hours per week of access in extended hours. Appointments can be booked up to 14 days in advance and they offer same day appointments.

The extended hours service operates from 6.30pm to 8.30pm on weekdays, and from 9am to 5pm on weekends and bank holidays. To access the service during these hours, patients phone their own GP practice or NHS 111. They are given an appointment to attend the GP Hub at Boroughbury Medical Centre. The GP hub has good access by train or bus as well as free parking facilities. The service did not provide a GP out-of-hours service.

All of the GPs who work in the extended hours service are from the member practices, are self-employed, and work on a sessional basis. In addition to GPs the provider uses the services of employed and sessional nurses, and health care assistants.

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 29 June 2017.

We spoke with a range of service staff including GPs, members of the senior management team, including the Chief Executive Officer, GP Access Fund Project Manager, Operations Manager, and the GP Clinical Lead. We also spoke with the commissioners of the service.

During our visit we:

- We spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.

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 living with dementia).

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the management team of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed three incidents; we found that these had been well managed. We noted that the incidences that had been reported had, where appropriate been shared with the appropriate GP practice.
- We reviewed safety records, incident reports, patient safety and medicine alerts, and minutes of meetings where significant events were discussed.
- We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, in April 2017, it was identified that a service staff member had not sent a notification to the patient's own GP in relation to an urgent referral they had made. The practice was immediately contacted. The service shared this learning with the staff member involved and through the monthly newsletter to all staff. There had been no further incidence of this nature reported.

Overview of safety systems and processes

The service had clearly defined and embedded systems, processes, and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The clinical lead for the service was also the lead GP for safeguarding.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. We reviewed

training records which showed staff received training to an appropriate level in safeguarding vulnerable adults and children as part of their mandatory training; however three staff who were employed as part of a sub contract (practice staff who were employed by member practices) were overdue refresher training for this. The provider informed us this would be addressed immediately. Clinicians were trained to children safeguarding level three.

- We saw that there was a protocol in place for staff to contact patients in case of patients not attending their appointments. Staff we spoke with confirmed this and were able to explain the procedure.
- There was a chaperone policy in place (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff told us clinical staff acted as chaperones. We were shown evidence that criminal record checks through the Disclosure and Barring Service (DBS) had taken place.

The service maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The service maintained appropriate standards of cleanliness and hygiene in the Boroughbury Medical Centre. We observed it to be visibly clean and tidy. Staff had access to appropriate hand washing facilities, personal protective equipment, and equipment for cleaning equipment and spills of bodily fluids. We saw there were cleaning schedules in place and cleaning records were kept. Consultation rooms we viewed had disposable curtains.
- The service had a nominated infection control lead and up to date infection control policies and procedures were available. We reviewed an infection control audit undertaken in March and May 2017. We saw that areas for improvement were clearly highlighted along with the actions required and progress made. For example, it was noted that some internal glass had smears on it and that a deep clean of all glass should be undertaken.

The service did not hold stocks of any medicines, as they were not required for the services they offered. However,

Are services safe?

medicines required in an emergency to keep patients safe were available and managed by the host GP practice. We saw evidence to show that a staff member conducted a daily check to ensure the medicines and equipment provided was safe to use.

Patients were not able to request or receive their repeat medicines from this service. If a patient needed an emergency supply of medicines, they were, if appropriate, given a prescription form with enough medicine until they could contact their own GP practice. This ensured the patient's own GP remained responsible for ensuring patients were monitored appropriately. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. On the day of the inspection we did not see evidence of the regular audit the service policy stated was undertaken to ensure safe recruitment was in place for clinical staff. This was provided to us immediately following the inspection.

Monitoring risks to patients

There were procedures for assessing, monitoring, and managing risks to patient and staff safety. The premises were owned and used by other healthcare services during the 'in hours' period. There were contractual arrangements in place for the management of risks affecting the premises such as fire safety, legionella and cleaning.

- There was a health and safety policy available.
- The service had an up to date fire risk assessment and carried out regular fire drills.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The service had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella are bacteria which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system, which was reviewed daily, to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements 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.
- The service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the premises and all staff knew of their location. All the medicines we checked were in date and stored securely.

The service had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this plan was stored at an alternative location.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant, current evidence based guidance, and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

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

Management, monitoring and improving outcomes for people

The provider had a planned programme of continuous clinical and internal audit to monitor quality and to make improvements. The service had undertaken a regular review of antibiotic prescribing for example in June 2017; this showed 93% were issued within the formulary. The clinical lead's findings and recommendations following this audit was shared with staff members and through the newsletter and bulletins. Other audits included review of clinical records to ensure complete and contemporaneous notes were kept.

The service used the same electronic medical records system as the GP practices. This ensured that consistent and standardised recording for services such as annual health checks was used and that information was easily accessible to the patient's own GP. Urgent referrals were sent directly to the appropriate hospital and all routine referrals were sent to the patient's own GP to manage. The service had effective systems in place to monitor these communications ensuring the practices had received them.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire

safety, health and safety and confidentiality. New staff were supported to work alongside other staff and their performance was regularly reviewed during their induction period.

- Staff undertaking cervical screening had received specific training which had included an assessment of competence.
- The service had a centralised system in place that managed and monitored rotas. A dedicated staff member in the service managed this centrally. When we reviewed the rota fill we noted that the rota planner showed clearly if there were gaps in the service. We noted that the rota was appropriately staffed.
- Rotas for times of high demand (such as the winter period) were in place with increased staffing levels to help manage the anticipated increases in demand on health services. The service reviewed and presented clear demand figures and rota coverage and was discussed with the NHSE on a monthly basis. For example, for the period 24 to 28 April 2017, the service reviewed if the patient had booked their appointment one, two or three or more days in advance the name of the practice where the patient was registered. Data shared with us showed that of the 125 appointments booked, 49 patients had booked on the day, 23 had booked one day in advance 18 had booked two days in advance, and 35 had booked more than three days in advance.
- We saw evidence that clinical supervision took place with the GPs. GPs underwent supervision as part of their induction and after that there was peer review of consultations using the Royal College of General Practitioners audit tool. The clinical lead undertook sampling of patient records to ensure that accurate, complete, and contemporaneous records were kept. Where improvements were needed these were discussed with the staff member, learning was shared via the monthly newsletter and bulletin.
- We saw evidence that the service ensured all GPs and nurses were registered with the appropriate professional bodies. There were systems in place to ensure this was checked regularly.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

- The member practices of Greater Peterborough Network used the same clinical system, this enabled the sharing of information between the service, and the patient's registered GP to be effective, detailed, and cohesive. All information from any consultation at the extended hours services was immediately available to other relevant health professions.
- There was a consistent approach to the use of care plans; for example the service undertook annual health checks for patients with a learning disability and used the template that all the GP practices used.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Consent to care and treatment

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

- The consent to share a patient's medical records was obtained by the patient's own GP practice or through NHS 111 at the time of booking an appointment. The electronic record confirmed to the service if a patient had consented to share their records. To ensure safe routine care, for those patients who did not consent to share their records, appointments were made with their own GP in their practice and not in the extended hours service.
- 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.

Supporting patients to live healthier lives

The extended hours service offered the opportunity for patients to access support to live healthier lives during the evening and at weekends. Services such as smoking cessation and weight management advice were available from the nurses. In addition, appointments for the cervical screening programme were available with the nurses. Nursing staff we spoke with showed us a system they used to ensure that the results of these tests were received by the patient's usual GP practice. They also used this opportunity to encourage patients to attend national screening programmes for bowel and breast cancer. Appointments booked through the patient's own GP or NHS 111 were flexible allowing patients to attend the service at times convenient to them.

Patients were able to book through their own practice appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The GP practice carried out 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

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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

15 of the 16 Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect. There were some negative comments in relation to the service not referring directly to the hospital for a routine problem (urgent referrals were processed immediately) and that requests for blood tests had to be authorised by the patient's own practice before a sample could be taken. The service explained that this was in place due to safety reasons and to ensure the patient's own GP received all the test results in a timely manner.

The provider carried a patient survey in June 2017. Twenty eight responses were collected and results showed:

- 100% of patients reported that the service respected their privacy and dignity, with 60% reporting this as outstanding.
- 100% of patients reported that the clinicians made them feel at ease, with 64% being reporting this as outstanding.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us

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

Results from the provider's own survey carried out in June 2017 showed:

- 100% of patients reported the clinician listen to them, with 53% reporting this as outstanding.
- 100% of patients reported the clinician explained things clearly, fully answering their questions, and giving adequate information, with 53% reporting this as outstanding.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- Staff told us that interpretation 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. Longer appointments were available for these patients.
- Information leaflets were available in easy read format.
- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The extended hours service delivered at Boroughbury Medical Centre via Greater Peterborough Network worked closely with the commissioner of the service to ensure that services were planned and delivered in line with patient needs. The member practices and patient representatives worked with the provider to best identify and meet those needs. This was achieved by formal governance arrangements including monthly or quarterly reporting on performance, quality, clinical governance and complaints and incident monitoring.

The service reviewed the needs of its local population to secure improvements to services where these were identified.

- The evening and weekend service enabled patients to attend outside of normal working hours and allowed for family and carers to attend appointments if the patient wished.
- Appointments for health promotion, such as smoking cessation and weight management were available for patients who would not be able to attend their practice during the day.
- Cervical screening clinics were available in the evening and weekends; these were well used as this enabled patients who worked during the day to access this screening programme.
- The service offered health checks to those patients with a learning disability, wound care including complex dressings, annual reviews for long term conditions.
- The service recognised that they served some deprived areas; which could indicate that patients may be less likely to take off from work to attend routine appointments, such as annual health reviews. The service has easy access for these patients to be seen at the weekend or in the evenings.
- There were accessible facilities, a hearing loop and translation services were available. Staff had easy access to a telephone interpreter service whereby a teleconference could be set up to include the patient, interpreter, and clinician.
- Reasonable adjustments had been made and action was taken to remove barriers when patients find it hard to use or access services. For example, the use of a room to discuss private matters.

There were arrangements in place to cover equality and diversity issues and there were policies to support staff in understanding and meeting the needs of patients who may require extra support.

Access to the service

The extended hours service operated between 6.30pm and 8.30pm Monday to Friday and from 9am to 5pm on Saturday, Sunday and bank holidays. Patients accessed the service through their own GP practice or NHS 111.

Responses from patients included comments stating that appointments were easily available at times that were convenient to them.

Listening and learning from concerns and complaints

The service had a system for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the service.
- We saw that information was available to help patients understand the complaints system. There were posters in the waiting area, information in the service leaflet and on the Greater Peterborough Network web site.
- The service had received one complaint and we saw this was appropriately recorded; it was currently being investigated and responded to. The staff we spoke with were able to demonstrate they understood the procedure and how the patient would review a full report and where appropriate an apology.

The policy and staff we spoke with confirmed that all complaints need to be categorised (for example, staff attitude or waiting times) to help identify any trends. Learning from complaints was shared with staff when appropriate and individual members of staff involved with the complaint were directly involved. Where necessary action was taken to prevent any re-occurrence by means of additional support, training, supervision or reflection.

The systems, processes, and staff we spoke with clearly showed the provider fulfilled its duty of candour and people were told when they were affected by something that went wrong.

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

We saw evidence that the provider proactively shared learning with other organisations as appropriate and added learning outcomes to newsletters that were sent to staff in both the extended hours service as well as GP practices in the area.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The service had a clear vision to deliver a high quality service and promote good outcomes for people using the service. This included statements that outline that the provider was dedicated to “improve the health and wellbeing of patients by providing seven day access to primary care and to improve patient outcomes and deliver primary care efficiently and effectively through the implementation of working to scale across the GP practices in Peterborough”.

The service had an effective strategy and supporting business plans that reflected the vision and values and these plans were regularly monitored. Staff we spoke with were aware of the vision and values; however some staff did comment that engagement from the senior leadership could be intermittent.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Locally, day to day management of the service rested with the service manager together with the medical, nursing, quality, audit, and governance leads.
- Service specific policies were implemented and were available to all staff.
- The service had a good understanding of their performance; these were discussed at management and board level. Performance was shared with the local clinical commissioning group and member practices as part of contract monitoring arrangements. Shift fill was monitored on a daily basis.
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions.
- The service had a system in place for handling complaints and actively sought patient feedback.

- Clinical meetings were held regularly. The minutes of meetings we viewed demonstrated there was a structure to the agendas that allowed lessons to be learned and shared following significant events and complaints.
- A programme of continuous clinical and internal audit was in place to monitor quality and to make improvements.
- Staff training was provided; the service had identified some sub-contracted staff were overdue refresher training; we saw that plans were in place to addresses this.

Leadership and culture

On the day of our inspection the service demonstrated they had the experience, capacity, and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. The GPN and Boroughbury Medical Centre was led by an experienced management team who were supported by a board of directors with wide ranging experience including finance, human resources, and GP services. There were clear lines of accountability within the service. The provider's leadership structure was set up in such a way that there was local leadership accountable for delivery of the extended hours service.

There was a clear leadership structure in place and most staff we spoke with felt supported by the local management.

- There were other arrangements in place to ensure the staff were kept informed and up-to-date. Staff were able to access guidance from their computers and received regular updates via email and through the providers' weekly newsletter and updates. However, when we spoke with staff during the inspection not all felt that they had engagement with the senior management team, despite the provider implementing various information pathways for staff. The provider informed us they would review this immediately after the inspection.
- Staff we spoke with told us there they had the opportunity to raise any issues and felt confident and supported in doing so.

Are services well-led?

Good 

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

- There was a whistleblowing policy in place and all staff we spoke with knew where to find this and were confident to raise concerns. When we reviewed the policy we found it was up to date and contained contact details for external bodies.
- The service held and kept minutes of a range of meetings including meetings with member practices, commissioners.

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

The service encouraged and valued feedback from patients, the public, and staff. It sought patients' and staff feedback and engaged patients in the delivery of the service. For example, there was information on display that encouraged patients to comment on the services provided.

- The service had gathered feedback from staff through staff meetings, appraisals, and discussion. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

- The service had gathered feedback from patients through surveys and complaints received. Results from a patient feedback survey carried out from April to June 2017 indicated that 100% of patients rated the service good or above for all aspects of the service.
- The service held bi-monthly meetings with representation from NHS England and the Peterborough Patient Forum. Regular discussions were held with Healthwatch and the service used social media to gain instant feedback from patients.
- The service used social media to inform and gain feedback from patients, families, and carers.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The management team was forward thinking and proactive in sharing information with other services.

The service provided an environment for further primary care services to be developed with support from local GPs and the commissioners.