

# Dr Bandi Shoban

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Shoban on 3 November 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Incidents were investigated and where necessary changes made to prevent recurrences.
- Although risks to patients were assessed and managed, children considered to be at risk of harm were not 'flagged' on the practice's system to inform other staff of the need to be diligent.
- Data showed patient outcomes were below or average for the locality. Some audits had been carried out but one was not completed.

- Some patients had been incorrectly coded onto registers for long term conditions and other patients had not been coded.
- All patients spoken with said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Practice staff worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.
- The practice used patient surveys to identify improvements and made changes to the way it delivered services.
- The practice had a vision which concerned quality of patient care and safety as its priority. High standards were promoted by all practice staff with evidence of strong team working across all roles and good communications and relationships throughout.

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

# Summary of findings

In addition the provider must:

- Utilise a system to ensure that all staff and those who provide clinical cover during the GP absences could identify children who were considered to be at risk of harm.
- Adopt a system for coding and correctly coding patients with long term conditions to ensure their reviews and health checks are carried out.

In addition the provider should:

- Ensure all clinical audit cycles are completed in order to ensure that improvements have been delivered.
- Consider ways to engage with patients in order to develop a Patient Participation Group (PPG).

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. However, the GP did not have a system for identifying children who were considered to be at risk of harm. Staff and GPs who provided cover were not informed well enough to ensure patients were kept safe.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for providing effective services. Patients' needs were assessed and care was planned in conjunction with multidisciplinary teams and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff routinely referred to guidance from the National Institute for Health and Care Excellence (NICE). Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence that staff appraisals were carried out annually. The clinical data for 2014-15 informed us that clinical staff had failed to carry out enough health reviews of patients who had long term conditions to ensure their conditions were appropriately managed and treated.

Requires improvement



### Are services caring?

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

Good



### Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to keep up to date with delivery of good quality care. Services were planned and delivered to take into account the needs of different patient groups. There were adequate facilities and equipment to treat patients and meet

Good



# Summary of findings

their needs. Information about how to complain was available and evidence showed that the practice responded quickly to any issues raised. They had an open culture, which ensured that changes were cascaded to all staff.

## Are services well-led?

The practice is rated as requires improvement for being well-led. It had a strategy for the future. Staff were clear about responsibilities and participated in on-going improvements. There was a clear staffing and leadership structure and staff felt supported by senior staff. The practice's policies and procedures governed its activity and provided staff guidance. Practice meetings were regularly held to inform staff as well as on an ad hoc basis, as required. Senior staff sought feedback from patient surveys and where possible improvements were acted on. The practice was aware of future challenges.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated requires improvement for the care of older people. The provider was rated as requires improvement for safe, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits as well as rapid access appointments for those with enhanced needs. There was regular contact with district nurses and staff participated in monthly meetings with other healthcare professionals to discuss any patient concerns. There were systems in place to ensure that care plans and medication lists were accurate for patients when discharged from hospital. Patients were encouraged to have their flu vaccine to prevent severe flu related illnesses.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Longer appointments and home visits were available when needed. Care plans had been developed in conjunction with the patient's wishes. These patients had a review at least annually or more often depending on their conditions with either the GP and/or the nurse to check that their health and medication. However, there were incidents of incorrect coding and failure to identify and code patients who may have had cardiovascular disease.

Requires improvement



### Families, children and young people

The practice is rated requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Young patients told us that they were treated in an age appropriate way and were recognised as individuals. Appointments were available outside of school hours. Practice staff were proactive in promoting the benefits of childhood vaccinations with parents. Immunisation rates were high for all standard

Requires improvement



# Summary of findings

childhood immunisations. Health screening services were promoted and offered to patients. For example, cervical screening. The GP did not have a system for identifying children who were considered to be at risk of harm.

## **Working age people (including those recently retired and students)**

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safe, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Telephone consultations were encouraged during the opening hours so that patients could be given advice. Appointments were available from 6.40pm until 7.40pm each Wednesday to assist access for this patient group.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Practice staff offered longer appointments for people with a learning disability and the GP had carried out annual health checks of all these patients. Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children.

**Requires improvement**



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. All patients experiencing poor mental health had received an annual physical health check but not all of those who had dementia. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including

**Requires improvement**



## Summary of findings

those with dementia. Staff informed patients about how to access support groups and voluntary organisations. Staff had received training on how to care for people with mental health needs and dementia. The GP had recently received training in the Mental Capacity Act 2005 and other clinical staff demonstrated good knowledge about how to care for people with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The national GP patient survey results published July 2015 showed the practice was performing above local and national averages. There were 125 responses and a response rate of 39%.

- 97% found the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 69% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 60% felt they didn't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.
- 98% said last time they spoke with a GP they were good at giving them enough time compared with a CCG average of 87% and a national average of 87%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88% and a national average of 85%.

- 90% found it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 73%.
- 99% said the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.

During our inspection we spoke with six patients. All patients told us they were satisfied with the service they received. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. However, one patient told us the waiting times were too long and two told us about the difficulty in getting an appointment. Another patient said that their referral for secondary care had not been sent and expressed concerns about the way a staff member spoke with them.

## Areas for improvement

### Action the service **MUST** take to improve

- Utilise a system to ensure that all staff and those who provide clinical cover during the GP absences could identify children who were considered to be at risk of harm.
- Adopt a system for coding and correctly coding patients with long term conditions to ensure their reviews and health checks are carried out.

### Action the service **SHOULD** take to improve

- Ensure all clinical audit cycles are completed in order to ensure that improvements have been delivered.
- Consider ways to engage with patients in order to develop a Patient Participation Group (PPG).

# Dr Bandi Shoban

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP, specialist advisor.

## Background to Dr Bandi Shoban

The practice of Dr Bandi Shoban is located in the Peterborough area and serves approximately 2050 patients. The practice holds a General Medical Services contract and provides GP services.

The practice is managed by Dr Shoban who provides eight clinical sessions per week. If patients wish to be seen by a female clinician the GP is supported temporarily by an advanced nurse practitioner and a practice nurse. A health care assistant has temporary employment until permanent employment of two practice nurses can be found. The practice employs a practice manager, two receptionists and an administrator/receptionist.

The practice is open from 8am until 6.30pm Monday to Friday and 8pm each Wednesday. Appointments are available from 9am until 11am and 4.30pm until 6pm and 6.40pm until 7.40pm Wednesdays. The advanced nurse practitioner sees patients who have minor ailments and can prescribe some medicines. Urgent appointments are made available on the day and when full these are extended to accommodate patients' needs. Routine appointments can be pre-booked in advance in person, by telephone or online. Telephone consultations and home visits are available daily as required.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided currently by a service commissioned by Corby Clinical Commissioning Group (CCG). When the practice is closed, there is a recorded message which gives out the details of how to access the out of hours' service.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

## How we carried out this inspection

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

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

# Detailed findings

- Is it well-led?

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable

- People experiencing poor mental health (including people with dementia)

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 3 November 2015. During our inspection we spoke with a range of staff including one GP, the advanced nurse practitioner, a practice nurse, the practice manager, one receptionist and the administrator/receptionist. We spoke with six patients who used the service. We observed how staff interacted with patients and family members. We reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record

There was an open and transparent approach and all staff were aware of the system for reporting and recording significant events. Where necessary people affected by significant events received an apology and were told about actions taken to improve care. Staff told us they would inform the practice manager or the GP of any incidents and there was a form available for staff to record incidents.

We reviewed safety records, incident reports and minutes of meetings where these had been discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient had an accident. Senior staff took action to prevent a similar event. They provided the patient with a full explanation of the action that had been implemented towards rectifying the problem. All staff were made aware of this incident and carried out regular checks to enable them to promptly report any future concerns.

The management team, clinical and non-clinical staff discussed significant events at a range of quarterly staff meetings that all relevant staff learnt from incidents and reduced the likelihood of recurrences.

### Overview of safety systems and processes

The practice had systems, processes and practices in place for safety, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff and they knew where to access them. The policies included the contact details of external professionals who could provide further guidance if staff had concerns about a patient's welfare. The GP was the lead for safeguarding. The GP told us they attended safeguarding meetings when possible or provided reports. Staff demonstrated they understood their responsibilities and they had received relevant training.
- The GP did not have a system for alerting other staff and GPs who provided cover about children who were considered to be at risk of harm. The 'flagging' system

available on the computer had not been used. We asked the GP why it was not used. The GP told us they knew which children were at risk. The practice nurse told us the GP managed the system for children at risk.

- Notices were on display advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and demonstrated good knowledge of how to carry it out. All staff who carried out this role had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place identifying and managing risks to patient and staff safety. There was a health and safety policy and staff knew where it was located. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked regularly to ensure its safety and clinical equipment was checked and calibrated to ensure it was fit for purpose. There was a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- We asked the practice manager who was responsible for dealing with safety alerts. We were told that a practice nurse was responsible. We noted that the practice nurse had been on long term leave and raised this concern with the practice manager and the GP. Shortly after the inspection we received confirmation that this role had been taken on by another member of staff.
- The premises of the practice were visibly clean and tidy. The GP and a practice nurse were the infection control clinical leads. There was an infection control protocol in place and staff had received training. An infection control audit had been carried out in May 2015. Actions identified from this had been completed. For example, deep cleaning had not been thorough enough and this had been brought to the attention of the cleaning supervisor. The hand washing techniques of all staff were checked annually and advise given where necessary.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept

## Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing and security). All medicines held in the practice and the GP's bag had been checked monthly to ensure they remained in date and fit for administration. The fridge temperatures where vaccines were stored had been checked and recorded daily to maintain their stability.

- The practice was visited weekly by a Clinical Commissioning Group (CCG) pharmacist. The CCG is a group of GPs who are responsible for commissioning local NHS services. The CCG pharmacist worked with the GP to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Recruitment checks were carried out and we were shown that recruitment checks had been undertaken prior to employment for all staff. Appropriate checks had been carried out before employment was offered. For example, proof of identification, references, qualifications, registration with the appropriate professional bodies and checks through the Disclosure and Barring Service.
- Arrangements were in place for monitoring the number of staff and mix of staff needed to meet patients' needs. We were told by the practice manager that the number

of patients remained stable. When the GP was absent a GP from one of the two other practices within the building provided cover. There were two practice nurse vacancies and cover had been provided for the interim. Non-clinical staff covered for each other by working extra shifts. The practice manager also covered reception when needed.

### **Arrangements to deal with emergencies and major incidents**

All staff received basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on both sites and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this was kept off site by the practice manager to ensure that appropriate response would be instigated in the event of eventualities such as loss of computer and essential utilities.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. There were systems in place to ensure all clinical staff were kept up to date. The practice staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. Staff monitored these guidelines through risk assessments and audits. Clinical staff also carried out checks of patient records to ensure appropriate treatment pathways were followed.

### Management, monitoring and improving outcomes for people

Clinical staff actively participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF) and the local Clinical Commissioning Group (CCG) enhanced service schemes. QOF is a national performance measurement tool. The data for the year 2014-15 was;

- The dementia review rate of 57.7%, the CCG average was 95% and the national average was 94.5%.
- Performance for asthma related indicators was 100%, the CCG average was 97.5% and the national average was 97.4%.
- Performance for diabetes related indicators was 64.0%, the CCG average was 89% and the national average was 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, the CCG average was 98.1% and the national average was 97.8%.
- Performance for cancer was 100%, the CCG average was 97.5% and the national average was 97.4%.
- The review rate for patients who had a learning disability was 100%, the CCG average was 100% and the national average was 99.8%.

Clinical staff had reported an exception rating of 3.0% compared with the 5.0% CCG average and 5.2% national average. Exception reporting is the exclusion of patients from the list due to specific criteria. For example, patients who choose not to engage in screening processes.

Patients who failed to attend for their reviews were contacted by telephone to request they make an appointment. Staff regularly checked the list of patients who were due for reviews and sent them a reminder to attend.

We asked the GP why some review results were lower than the averages. The GP told us they had recognised the problem and made improvements. We looked at the unverified first seven months results for 2015-16 and saw that the results had improved. We noted that in some instances that an incorrect coding system had been used. For example, we found that two patients who had depression were incorrectly coded and the practice had coded that only one patient had cardiovascular disease (CVD). There were patients who had received prescribed medicines for CVD but who were not coded. We asked the GP about the coding for patients. They acknowledged that the registers were inaccurate but that they knew all patients personally. This meant that some patients with long term conditions may not have been identified or correctly coded and periodically reviewed to check that their condition was appropriately managed.

Patients who had type one (insulin controlled) diabetes were reviewed and supported by a specialist team located at the Healthy Living Centre.

Clinical audits were carried out to demonstrate quality improvements and all relevant staff were involved to improve care and treatment and patient outcomes. We looked at two clinical audits that had been carried out within the last 12 months. One identified where improvements had been made and monitored for their effectiveness. The other audit concerned the practice's high prescribing rate for antibiotics. It stated there had been an improvement in prescribing but did not include a date for re-auditing to ensure improvements had been sustained. The CCG pharmacist was conducting weekly searches to review the prescribed treatments patients received.

# Are services effective?

## (for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as; a problem was identified about the dispensing from a local pharmacy. Discussions were held with the pharmacy staff to resolve the issue to ensure patients received their medicines appropriately.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The learning needs of staff were identified through annual appraisals, practice meetings and from reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. The GP used the skills of a GP in another practice for peer reviews by looking into the consultations of a surgery. All staff had received their annual appraisals.
- The advanced nurse practitioner told us that the GP was available on the premises if they needed to ask for advice.
- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### 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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services or those who received care from community professionals.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people

moved between services, when they were referred to, or after they were discharged from hospital. Correspondence received from hospitals was dealt with on the day it arrived and any necessary actions taken. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely developed, reviewed and updated.

### Consent to care and treatment

Patients we spoke with told us they were aware of their right to request a chaperone. Some said that the GP offered this automatically for some examinations.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). 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, where appropriate, recorded the outcome of the assessment. Staff had electronic access to MCA guidance. The process for seeking consent was monitored through records and audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

The two clinical staff we spoke with knew how to assess the competency of children and young people about their capability to make decisions about their own treatments. GPs demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 years of age who have the legal capacity to consent to medical examination and treatment).

### Health promotion and prevention

Patients who might be in need of extra support were identified by the practice. This included patients who required advice on their diet, and alcohol cessation. Patients were then signposted to the relevant service.

The advanced nurse practitioner and practice nurse had received training in smoking cessation and provided guidance and support for these patients in how to stop smoking.

The practice's uptake for the cervical screening programme was 100% for 2013-14, which was above the national average of 98.2%. There was a policy to offer telephone reminders for patients and by letters if they failed to attend.



## Are services effective?

(for example, treatment is effective)

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

A range of tests were offered by practice staff including spirometry (a breathing test) blood pressure monitoring

and health checks for patients with diabetes to regularly monitor their health status. The practice nurse told us they gave advice to patients about healthy lifestyles when they visited the practice.

The community specialist diabetes team visited the practice on a monthly basis. They carried out reviews of those with complex diabetes.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Choices of which date and time were provided when patients made appointments. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations and procedures. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff encouraged patients to inform them when they wanted to discuss sensitive issues. They told us they would offer to discuss issues with a patient in an unoccupied room.

All but four of the 44 patient CQC comment cards we received were positive about the service they experienced. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required. The six patients we spoke with said they felt the practice offered a good service and that staff were helpful, caring and treated them with dignity and respect.

Results from the national GP dated July 2015 patient survey showed patients were happy with how they were treated. The satisfaction scores on consultations with doctors and nurses were positive. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 98% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 92% said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 95% said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

- All patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 97% and national average of 97%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey we reviewed showed patients responses were comparable or above local and national averages when asked about their involvement in planning and making decisions about their care. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.
- 98% said the last nurse they saw was good at giving them enough time compared to the CCG average of 93% and national average of 92%.
- 97% said the last nurse they saw was good at listening to them compared to the CCG average of 92% and national average of 91%.

Staff told us that telephone translation services were available for patients who did not have English as a first language.

### Patient/carer support to cope emotionally with care and treatment

There was a dedicated carers' notice board in the waiting area. It advised about the Carers Trust Peterborough and the meetings they provided with presentations from professionals. The board included other information and the contact details of various support groups.

We saw that carers had been identified on the computer system to inform staff that they needed to enquire and offer advice and guidance.

## Are services caring?

During bereavement the GP visited the family at home and provided them with information and guidance. Two weeks

later the GP offered the family an appointment. If they declined the GP made another home visit and if necessary made a referral for counselling or suggested support groups.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice staff worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example medicines management and the reduction of unexpected hospital readmissions. These were led by CCG targets for the local area, and the practice engaged regularly with the CCG to discuss local needs and priorities.

The GP attended CCG meetings to promote agreed arrangements for patient care.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility and choice. From the national survey results dated July 2015 125 patients had responded from 323 surveys that had been sent out. For example;

- When all appointments were full for the day and patients felt they needed to be seen, they were offered alternatives. They held telephone consultations with the GP who gave advice and if necessary arranged for the patient to be seen. Those who possibly had minor ailments were offered an appointment with the advanced nurse practitioner and we observed this process.
- There were longer appointments available for people with a learning disability and those with complex conditions.
- Home visits were available for older patients and patients who found it difficult to attend the practice.
- Urgent access appointments were available for children and those with serious medical conditions. Reception staff were aware of who these patients were.
- There was level access to the practice to accommodate wheelchairs and allow prams/pushchairs to manoeuvre. All clinical rooms were located on the ground floor and there were disabled facilities.
- Evening appointments were available each Wednesday for the working patients who found it difficult to attend during normal working hours.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and until 8pm each Wednesday. Appointments were available from 9am until 11am and from 4.30pm until 6pm and 6.40pm until 7.40pm Wednesdays. Appointments could be booked on line, in person or by telephone either in advance or on the day. Urgent appointments were available on the day for children and those patients with complex needs. Telephone consultations and home visits were available daily as required.

The out of hour's contact details were on display in the waiting rooms, in the practice leaflet and a message was in the telephone system for patients who rang when the practice was closed.

Results from the national GP patient survey published July 2015 showed that patients' satisfaction with how they could access care and treatment were better than the local and national averages. For example:

- 92% said they were able to get an appointment or speak with someone last time they tried compared to the CCG average of 88% and national average of 85%.
- 90% patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 87% reported they were satisfied with the opening hours compared to the CCG average of 76% and national average of 75%.
- 98% said their overall experience was good compared with 86% CCG average and 85% national average.

People we spoke to on the day were able to get appointments when they needed them. From 44 comment cards 42 had said it was easy to make an appointment.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Details about how to make a complaint were included in the practice leaflets, which were available in a rack at the reception desk for patients to pick up.

All the patients we spoke with said they had not made a complaint. The staff we spoken with told us they were not aware of any complaints that the practice had received

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

during the last 12 months. Staff also told us that complaints were discussed during practice meetings. The minutes from the meetings confirmed that complaints had not been discussed.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice staff had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke with were aware of the values for the practice and told us that they were supported to deliver these. There was no written business plan. However, the GP recognised where they could improve outcomes for patients and had made changes accordingly from listening to patients and staff. The GP told us the challenge they had with a single handed practice and how they were considering options for the future of the practice.

### Governance arrangements

The practice had a governance policy which outlined structures and procedures:

- There was a clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Patients' feedback was obtained from the annual patient surveys. Practice staff acted on any concerns raised by patients.
- There were arrangements for identifying, recording and managing risks and implementing mitigating actions.
- The GP had failed to identify and appropriately code some patients who had long term conditions. Other clinical staff were not informed of some patients who had long term conditions.
- The GP had failed to clearly identify children who were at risk of harm. This meant that GPs who provided cover and other clinical staff were not appropriately alerted.

### Leadership, openness and transparency

The GP was supported by the practice manager and practice team who prioritised safety and provided appropriate and compassionate care. The GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. They encouraged a culture of openness and honesty and we observed good relationships to enable that. Staff told us they could also approach the practice manager to discuss non-clinical issues.

Staff told us that regular practice meetings were held. Staff said there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt valued and supported, particularly by the GP. Staff told us they were involved in and informed about any changes made within the practice.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice was unable to gather feedback from patients through the patient participation group (PPG) and relied upon surveys and complaints received instead. PPG's work with practice staff in an effective way that may lead to improved services.

Practice staff had analysed the last patient survey dated 2014-15 and noted that patients said they had problems in making appointments. Practice staff responded by changing the system. The six patients spoken with told us there was a significant improvement.

The practice was participating in the 'Friends and Family Test' where patients were asked to record if they would recommend the practice to others. This commenced in December 2014 and the practice manager submitted monthly reports to the local CCG. We looked at the results for August 2015. There were 22 responses and all had said they would recommend the practice to others.

The practice gathered feedback from staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt engaged in the practice to improve outcomes for both staff and patients.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safeguarding service users from abuse and improper treatment.</p> <p>The provider must utilise a system to ensure that all staff and those who provide clinical cover during the GP absences could identify children who were considered to be at risk of harm.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, assess, monitor and mitigate the risks relating to health, safety and welfare of service users.</p> <p>The provider must adopt a system for coding and correctly coding patients with long term conditions to ensure their reviews and health checks are carried out.</p>