

Thistlemoor Road Surgery

Inspection report

6-8 Thistlemoor Road
Peterborough
PE1 3HP
Tel: 01733551988

Date of inspection visit: 11 February 2021
Date of publication: 20/04/2021

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 location

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Good



Overall summary

This practice is rated as Good overall.

At the previous inspections in November 2019 and August 2015 the practice was rated as Outstanding overall. Our inspection in August 2016 was not rated.

We carried out an unannounced focused inspection at Thistlemoor Road Surgery on 11 February 2021. We decided to undertake this inspection following concerns we had received.

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services well-led? – Good

We did not inspect caring and responsive services because monitoring and our findings did not indicate a change since the last inspection. The ratings from the last inspection have been carried forward.

Are services caring? – Good

Are services responsive? – Outstanding

We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering how we carried out this unannounced inspection. We therefore undertook some of the inspection processes remotely and spent less time on site. We used a suite of remote searches which were added to the practice clinical system. To ensure we gathered staff feedback we used a questionnaire which was given to staff both electronically via email and 20 questionnaires were given out in paper form.

We based our judgement of the quality of care at this service on a combination of:

- What we found when we inspected.
- Information from our ongoing monitoring of data about services.
- Information from the provider, patients, the public and other organisations.

At our inspection in November 2019 the practice was rated as good for providing **safe** services.

At this inspection, the practice was rated as requires improvement for providing **safe** services because;

- We identified the practice had not undertaken all recruitment checks for new staff in a timely manner.
- We found not all emergency medicines were easily available.
- The system to monitor safety alerts had not ensured that all learning from the alerts had been fully incorporated into good practice.
- There had been a lack of formal clinical oversight in the supervision and review of all health professionals to whom clinical work had been delegated.

At this inspection, the practice was rated as good for providing **effective** services.

Overall summary

At this inspection, we did not inspect the practice providing **caring** services and therefore they remain rated as good.

At this inspection, we did not inspect the practice providing **responsive** services and therefore they remain rated as outstanding.

At our inspection in **November** 2019 we rated the practice as outstanding for providing **well-led** services.

At this inspection we have rated the practice as good for providing **well-led** services because;

- We identified some of the practice systems and processes in place to ensure good governance were not wholly effective. Where improvements were made immediately following our unannounced inspection, they needed to be embedded and monitored to ensure they would be sustained.
- The practice demonstrated leadership with clear roles, responsibilities and values. From our staff questionnaires most staff answered positively about the leadership and support given.
- The practice had a strong culture of learning and development and encouraged staff to undertake further learning and training to increase the skill mix within the practice and provide enhanced services to patients. Some staff found their contractual arrangement restrictive.
- The practice had been proactive during the COVID-19 pandemic, they were providing the COVID-19 vaccination clinics for their patients and those of other local practices. The staff had been proactive in giving education talks about COVID-19, prevention measures and encouraging uptake of the vaccination.
- The practice leadership team continually assessed and responded to patients' needs within their population group and had developed a system of care which met the needs of the population. They employed staff who were able to provide care and support to their patients in the patient's own first language.
- The practice and leaders were involved in many initiatives and projects both locally and nationally, supporting the standard of care provided to patients from areas of high deprivation sharing good practice and encouraging improvements. This was in addition to being nominated for national awards recognising the quality of care provided.

The areas where the provider **must** make improvements are:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review and improve the uptake of cancer screening.
- Review and improve the uptake of childhood immunisations.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included two GP specialist advisers and a CQC Inspection manager. One of the GP specialist advisor undertook work remotely.

Background to Thistlemoor Road Surgery

Thistlemoor Road Surgery is sited in a residential area close to the city centre of Peterborough. It serves approximately 28,000 registered patients and has a general medical services contract with Cambridgeshire and Peterborough Clinical Commissioning Group (CCG).

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Compared with other practices in the area, it has a higher proportion of patients under the age of 18 and a lower proportion of patients over the age of 65. It has a more deprived population than the CCG and the England averages. Specifically, the area has greater income deprivation affecting children and older people than the CCG and England averages. The practice serves a diverse population with the majority of patients coming from eastern European countries such as Poland, Lithuania, Russia and the Czech Republic. These patients total more than 80% of the practice population.

The practice consists of 15 GPs (six male, nine female), 10 nurses, one advance care practitioner and 20 health care assistants. There are two clinical pharmacists. They are supported by a full-time practice manager and a number of reception and administrative staff. The practice offers placements to medical students, as well as doctors preparing to be GPs and physician associates.

The practice is open between 8.30am and 6.30pm Monday to Friday. Extended hours surgeries are offered between 7am-8am on weekdays, and from 8am to 10am on Saturdays. The practice offers extended hours appointments on evenings and weekends through a Federation of local practices. Many of the GPs and other staff help support this work alongside providing additional appointments at the surge hub which is located at Parnwell Medical Centre.

During the coronavirus pandemic the practice has moved to a total triage system in line with NHS England's recommendations. Patients can ring, email or use engage consult, an online platform to contact the practice. Patients will be assessed and will be offered a face to face appointment when needed. The practice continues with face to face appointments for cervical smear tests and procedures.

Outside of practice opening hours patients can access pre-bookable evening and weekend appointments through a network of local practices. In addition to this, a service is provided by Herts Urgent Care, by patients dialling the NHS 111 service.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met...</p> <ul style="list-style-type: none">• We found the practice system and process to ensure safe recruitment of staff was not wholly safe as not all staff had received a DBS check prior to their employment with the practice.• The system and process to monitor emergency medicines had not ensured emergency medicines were easily available for use.• The system to monitor safety alerts had not ensured that all learning from the alerts had been fully incorporated into good practice.• The practice systems and processes for safety alerts and high-risk drug monitoring did not ensure all patients received monitoring in a timely manner.• The practice did not have an effective system and process to monitor and supervise staff.• The practice system to monitor and manage patients who did not attend the practice led to coding issues that lead to sub optimal care for patients.• The practice system did not provide clear oversight to ensure the management of training required by staff was undertaken in a timely manner.