

Bretton Medical Practice

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?

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 Bretton Medical Practice on 1 February 2016. Overall the practice is rated as requires improvement.

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 reporting and recording significant events.
- Risks to patients were assessed and managed although some areas of risk required improvement.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they had difficulties getting through on the telephone but had access to urgent appointments when they needed them. Some patients told us they also had difficulty booking non urgent appointments with a GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Ensure that health and safety risk assessments of the environment are completed so that action is taken to mitigate any risk to the health and safety of staff and service users.

Summary of findings

- Implement a clear protocol that is followed by staff who check incoming patient health information records to ensure that relevant information is seen and actioned by a GP.
- Improve the scope and frequency of infection control audits to prevent the spread of infection. Develop the role of the infection control lead in the ongoing assessment and management of infection control risks.
- Ensure that patients at risk of unplanned admissions to hospital have a documented care plan that is accessible to other health care providers.

The areas where the provider should make improvement are:

- Improve records of the safeguarding meetings, prescribing meetings and the records of meetings referring to safety incidents.
- Review the process used by the nurses when completing safety checks on clinical equipment.
- Review the monitoring procedures to ensure that all staff complete key training.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice although the minutes of meetings where incidents and complaints were discussed needed to be more detailed so that staff who were not in attendance remained informed of any learning outcomes.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients and staff were not always assessed and well managed. For example there were no health and safety risk assessments in place and the system for checking incoming letters containing patients health information was not adequate. Systems to assess and monitor infection control risks required further improvement.

Requires improvement



Are services effective?

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

- Recent data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.

Requires improvement



Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. However, patients at risk of unplanned admission to hospital did not have a documented care plan that was accessible to other health providers when the practice was closed.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- We observed a non-discriminatory culture which put patients at the centre of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained the confidentiality of patient information.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example taking action to reduce the number of patients attending the accident and emergency department inappropriately.
- Patients said they had good access to urgent appointments although some had difficulty booking planned appointments. The telephone system was problematic and patients told us they had difficulty getting through however, the practice had made some improvements and were continuing to monitor the situation.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 provider was rated as requires improvement for safety and for effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example they reviewed the most vulnerable patients on a regular basis by identifying patients who may be at risk of a hospital admission within the next year. This enabled the practice to work with the patient and multidisciplinary team to develop a plan of care to promote their health and well being.
- The practice was responsive to the needs of older people, and employed a nurse practitioner with a background in caring for older people in the community. The nurse offered home visits and urgent appointments for those with enhanced needs. Other staff provided visits when appropriate to do so.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety and for effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data that we hold indicated the practice were similar to national average performance for the management of patients with diabetes. (Quality Outcomes Framework data April 2014- March 2015) For example diabetic patients who had a blood cholesterol measurement within an acceptable range was 76.07% compared to a national average of 80.53%.
- Longer appointments and home visits were available when needed.
- These patients had a named GP and a structured annual review to check their health and medicines needs were being met. 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. This was reviewed at a monthly multidisciplinary team meeting to ensure that care and support continued to meet the patient's needs.

Requires improvement



Summary of findings

- The practice were involved with local university research studies into long term conditions such as Psoriasis and Chronic Obstructive Pulmonary Disease (COPD).

Families, children and young people

The provider was rated as requires improvement for safety. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- We found that 75.8% of patients diagnosed with asthma, on the register, who had an asthma review in the the last 12 months compared to a national average of 75.35%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 76.82% compared with national averages of 81.83%.
- The practice had a higher than average number of children under the age of 16 years. In response they ensured that a sufficient number of appointments were available after school. The premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Young people were able to access a free condom service as part of a local initiative to reduce teenage pregnancy. They also offered a discreet chlamydia and gonorrhoea screening service.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety and for effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted

Requires improvement



Summary of findings

the services it offered to ensure these were accessible, flexible and offered continuity of care. For example they offered pre bookable appointments on Tuesday evenings and Saturday mornings.

- 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.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and for effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Longer appointments were offered to patients with a learning disability and others who required more time to discuss their health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice provided support to the mother and baby unit at the local prison. The unit takes up to 13 babies all of whom are registered with the practice. When appointments are requested, the practice aims to book them at the quietest times of the day to be sensitive to the dignity of the mother and baby who are escorted to the practice.
- A local YMCA hostel was located close to the practice. Patients staying there temporarily were able to register at the practice for care. They were able to attend their appointment with a key worker if they chose to and were offered longer appointments to meet their needs.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety and for effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- The data we held for the practice between April 2014 and March 2015 showed that patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, was much lower than the national average scores. We found the practice have since improved this to be above an above average rate of 97.3%.
- Other mental health data that we hold showed the practice performed in line with national average scores for supporting patients with mental health needs. For example the number of patients with a mental health condition who had an agreed care plan in place was 94.32% compared to a national average score of 88.47%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 2 July 2015. The results showed the practice was performing below local and national averages in most areas. 331 survey forms were distributed and 119 were returned. This represented 36% of the practice's patient list.

- 53.9% found it easy to get through to this surgery by phone compared to a CCG average of 75.9% and a national average of 73.3%. (The practice had taken action to improve this last year by increasing the number of telephone lines from 6 to 10)
- 78.6% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.2%, national average 85.2%).
- 71.9% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 84.4%).
- 65.2% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 80.6%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were positive about the standard of care received. Patients told us that staff were caring and understanding although some found it difficult to get through on the telephone and others said they had difficulty booking non-urgent appointments with a GP.

We spoke with seven patients during the inspection. Patients said they were happy with the care they received and thought staff were approachable, considerate and caring. We asked the practice about the feedback they had received through the friends and families test which could be accessed by patients through the practice website or forms available in the waiting room. The practice had received very little feedback to date and were considering how they could best use the information.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that health and safety risk assessments of the environment are completed so that action is taken to mitigate any risk to the health and safety of staff and service users.
- Implement a clear protocol that is followed by staff who check incoming patient health information records to ensure that relevant information is seen and actioned by a GP.
- Improve the scope and frequency of infection control audits to prevent the spread of infection. Develop the role of the infection control lead in the on-going assessment and management of infection control risks.

- Ensure that patients at risk of unplanned admissions to hospital have a documented care plan that is accessible to other health care providers.

Action the service **SHOULD** take to improve

- Improve records of the safeguarding meetings, prescribing meetings and the records of meetings referring to safety incidents.
- Review the process used by the nurses when completing safety checks on clinical equipment.
- Review the monitoring procedures to ensure that all staff complete key training.

Bretton Medical Practice

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 adviser and a practice manager specialist adviser.

Background to Bretton Medical Practice

Bretton Medical Practice provides primary medical care to approximately 12000 patients living around the Bretton area within the city of Peterborough. The practice is situated close to a local shopping area with accessible parking and transport links.

The practice is led by two GP partners (male) who are supported by three salaried GPs (one male and two female) and four nurse practitioners. It is a training practice and currently has two trainee GPs working at the practice. In addition there are five practice nurses and three healthcare assistants. A practice manager and assistant manager support the clinical team along with three administrative staff and 13 reception staff.

The practice opens between 8am and 6.30pm Monday to Friday. Appointments are available with GPs from 9am to 12pm and 3pm to 6pm daily. Extended surgery hours are available on Tuesdays until 8pm and on Saturday mornings. In addition to pre-bookable appointments, patients are offered urgent appointments or telephone consultations.

When the practice is closed, patients are provided with the contact number for the local out of hours service or given details of the location of the local walk in centre.

The registered population of patients comprises of a higher than average number of children under the age of 18 compared to the national average. It also has a lower than average number of people aged over 65 years. 36% of patients do not have British/mixed British ethnicity and to help accommodate the diverse patient population, the practice employs multi-lingual staff. The demographic area has a higher than average level of deprivation and the practice have a population turnover of around 20% each year.

Bretton Medical Practice were inspected by CQC in September 2013 and we asked them to take action to improve their service. A follow up visit was completed in April 2014 and we found the practice had completed improvements. Information relating to these inspections can be found at www.cqc.org.uk.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 practice and asked other organisations to share what they knew. We carried out an announced visit on 1 February 2016. During our visit we:

- Spoke with a range of staff (GPs, nurse practitioners, practice manager, receptionists, secretaries, practice nurses) and spoke with patients who used the service.
- Spoke with four members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised 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.'

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff demonstrated their knowledge of the incident reporting system. They informed the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We reviewed six incidents and found the practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and national patient safety alerts. The practice had a process for disseminating safety alerts to staff although there was no clear evidence that relevant alerts were discussed at meetings. Complaints and significant events were well documented, actioned in a timely manner and escalated to NHS England or the local CCG appropriately. Although these issues were referred to in minutes of staff meetings, the recording of the issues raised was not always clearly detailed to benefit staff who were unable to attend the meetings.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a designated lead member of staff for safeguarding and monthly meetings took place to review safeguarding concerns for both children and vulnerable adults. We found that records of these meetings were not always evidenced. The GPs attended safeguarding meetings when possible and worked with other agencies to secure arrangements to protect

patients needs. When we spoke with staff we found they understood their responsibilities and had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3.

- Patients were informed that the practice could provide them with a chaperone if they required one. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice was visibly clean and tidy and there were systems in place to ensure that the cleanliness was maintained. A practice nurse was the designated lead for infection control and liaised with the local infection prevention teams to support the practice in keeping up to date with infection control standards. The lead did not have any time allocated to the role or a written description of their responsibilities although this had been recently identified at their appraisal. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been completed in two clinical rooms of the practice in May 2015 and this included the surgical room. However, the audit did not cover all relevant areas of the practice to seek assurance that expected levels of infection control were being followed. An action plan demonstrated that some issues identified in the audit had been addressed. When we visited the surgical room we found that two heaters were not clean and the seal around the sink required resealing. The issue with the sink was noted in the November audit and still required action. When we reviewed clinical governance meeting minutes, there was no standing agenda item to cover infection control issues.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. They told us they engaged with the local commissioners about prescribing practice but there were no records to evidence this. Prescription pads were securely stored and there were systems in place to

Are services safe?

monitor their use. The nurse practitioners at the practice were also able to prescribe medicines for specific clinical conditions. A process was in place to ensure they remained up to date with prescribing practice and received support from the GPs. Patient Group Directions were in place to allow nurses to administer medicines in line with legislation. A Patient Specific Direction was also in place to enable a Health Care Assistant with additional training, to administer vaccinations for pneumonia and influenza when a doctor or nurse were on the premises.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Some areas of risk to patients were assessed and managed but we found others had not been identified and addressed

- There were some procedures in place for monitoring and managing risks to patient and staff safety although these required a review. There was a health and safety policy in place and a named lead for the practice. The practice had an appropriate fire policy, regular fire drills and fire alarm testing took place. Although a fire risk assessments was completed annually this had not identified any fire risks that required managing within the building. Emergency lighting was checked but no record was made to evidence this. Most electrical equipment was checked to ensure safe use. However we found that an overhead light in the minor surgery room was not functioning properly and there was no evidence that this had been reported to ensure the item was made safe until it was repaired. Daily checks of clinical equipment were completed by nursing staff although there was no clear protocol used to ensure that items were checked in a consistent manner. The practice had not completed health and safety risk assessments or other environmental risk assessments that could effect

staff, visitors and patients. The accident book did not prompt staff to consider RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations regulates the statutory obligation to report deaths, injuries, diseases and dangerous occurrences, including near misses that take place in the work place or in connection with work). A legionella risk assessment was completed in November 2015. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This had identified a high risk issue with the boiler. The practice were planning to replace this and in the meantime, they continued to complete regular tests on the water supply to assure themselves that it was safe to use.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had struggled to recruit GPs and as a result had invested in additional nurse practitioner's who were able to deal with minor illnesses to release time for the GP's to focus on patients with more complex needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty at busy times. For example triage nurses helped to answer calls between 8 and 9am when the surgery first opened so that patients could be advised, booked into the most appropriate appointment or signposted to a more relevant service.
- Reception staff dealt with incoming letters regarding the care and assessment of patients by other clinical staff for example following hospital admission or outpatient appointments. The information was coded, attached to the patient's electronic record and the GP was notified if further action or assessment was required. However, we found that staff did not have a clear protocol to support their decision making on when to refer the information to the GP for assessment and further action. This meant there was a risk that the patient may not receive appropriate ongoing care and treatment. The practice agreed they would need to take action.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. A copy of the plan was stored off site and it included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and peer review of patient referrals.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 77.8% of the total number of points available, with 6.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier for two QOF (or other national) clinical targets. This related to patients with a diagnosis of dementia who had received an annual health review and to patients with chronic obstructive pulmonary disease having an annual review. We followed this up with the practice who were able to demonstrate significant improvements in both areas for the current year. Other data from April 2014 to March 2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 76.07% compared to a national average of 80.53%.
- The percentage of patients with hypertension having regular blood pressure tests was 81.68% which was similar to the national average of 83.65%.

- Performance for mental health related indicators was mostly similar to the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94.32% compared with a national average of 88.47%.

Clinical audits demonstrated quality improvement.

- There had been 22 clinical audits completed in the last twelve months. Some of which were completed at the request of the clinical commissioning group (CCG) such as patient attendance at the accident and emergency department and the prescribing of antibiotics. A number of these were full cycle audits as part of a continuous improvement process.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included implementing a follow up call by the Patient's GP if they referred themselves to the accident and emergency department on three or more occasions during a three month period. This was to help develop a relationship with the patient and encourage their attendance at the practice.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff who were given supernumary time to observe and learn from their colleagues. The induction also covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice ensured that staff received role-specific training and updating for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Nursing staff met together on a regular basis to share learning and practice updates for example changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training and support to meet their learning needs which were relevant to the scope of their work. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidating GPs. All staff had had an appraisal within the last 12 months with the exception of the practice manager who was arranging this in the near future.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to, and made use of, e-learning training modules and in-house training. The practice manager displayed progress with this training so that staff could be reminded when their training was due or overdue. We noted that there were some gaps in key training updates. For example, two nurses were overdue their basic life support training. The practice manager told us they would follow this up again with staff.

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. The patient records system linked with other local services in the area so that information could be shared securely and in a timely manner for example when referring patients to other services or sharing investigation and test results. Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that planned care was routinely reviewed and updated.

The practice informed us that 6% of their patients were considered to be at risk of an unplanned admission to hospital. The practice team worked with other multidisciplinary team members on a regular basis to ensure that plans were in place to reduce the risk of these patients being admitted to hospital. We found that these

patients did not have a care plan clearly recorded in their medical records and there were no care plans issued to patients. This meant information could not be shared easily when the practice was closed.

Consent to care and treatment

Staff sought patients' consent to care and treatment 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Records we reviewed confirmed this.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice held a register of patients with a learning disability. Their needs were reviewed on an as required basis and they were invited to attend an annual health review.
- Access to a dietician was offered to relevant patients and smoking cessation clinics were available on the premises.

The practice's uptake for the cervical screening programme was 76.82%, which was similar to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and the lead nurse reviewed attendance for screening on a weekly basis. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.2% to 97% and five year olds from 85.5% to 95.4%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

We received 22 comment cards which were positive about the standard of care received. Patients told us that staff were caring and understanding although some found it difficult to get through on the telephone and others said they struggled to book non urgent appointments with a GP.

We spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said that staff listened to patients and treated them equally with dignity and respect. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice achieved scores similar to national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86.3% said the GP was good at listening to them compared to the CCG average of 89.7% and national average of 88.6%.
- 85.7% said the GP gave them enough time (CCG average 87.4%, national average 86.6%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 95.6%, national average 95.2%)
- 81.27% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.7, national average 85.1%).

- 92.5% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.1%, national average 90.4%).
- 79.8% said they found the receptionists at the practice helpful (CCG average 87.9%, national average 86.8%)

The survey results were lower than CCG or national averages in one area. The number of patients who said they got to see or speak to their preferred GP was 46.7% compared to CCG average of 62.4 and national average of 60%. We spoke with the practice manager about these results and they confirmed that since that time two salaried GPs have been appointed to help improve continuity of care for patients.

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 on the comment cards we received was also positive and aligned with these views.

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

- 84.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.4% and national average of 86.6%.
- 75.93% said the last GP they saw was good at involving them in decisions about their care (CCG average 82.4%, national average 81.55%)
- 88.9% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.7%, national average 84.8%)

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations including The Carers Trust, Drinksense and the local Psychological Wellbeing Service.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice were proactive in ensuring that carers had appropriate support by encouraging referral to the local carers trust for ongoing support systems. The practice had received recognition from the carers trust for the number of referrals they completed by recognising unpaid , informal carers so that additional support could be made available to them.

Staff told us that if a patient had suffered bereavement, this was identified during their consultations with a GP or nurse so that appropriate support could be explored with them. When the practice were involved with supporting a patient and their family at the end of their life, the clinical staff involved offered them support and advised them about ongoing formal support. This could include services of a counsellor who was based at the practice or referral to the local mental health team.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability, patients registered at the YMCA hostel who attended with a key worker and for patients who were accompanied by a translator.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Older patients and those with chronic conditions with complex needs, and patients at the end of life had a named GP responsible for co-ordinating care and ensuring their needs were being met by the multidisciplinary team.
- Patients were able to access travel health advice and travel vaccinations which were available on the NHS. They were referred to other clinics for vaccines that were only available privately.
- In response to having a higher than average number of children under the age of 16 years, the practice ensured that a sufficient number of appointments were available after school.
- Young people were able to access a free condom service as part of a local initiative to reduce teenage pregnancy. They also offered a discreet Chlamydia and Gonorrhoea screening service.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided support to mothers and babies at the local prison and had negotiated a convenient time for them to attend the practice.
- The practice employed multilingual staff to help communicate with patients with limited English language skills. This helped to improve the patient's understanding of the health care system and enables them to ask questions in relation to their health needs. The practice website could be translated into a range of alternative languages.

- The practice have introduced a duty nurse practitioner to address the needs of patients with minor illnesses or injuries to improve access to appointments.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available with GPs from 9am to 12pm every morning and 3pm to 6pm daily. Extended surgery hours were offered on Tuesdays until 8pm and on Saturday mornings. In addition to pre-bookable appointments that could be booked in advance and urgent appointments were also available for people that needed them. Telephone consultations with GPs were also available on a daily basis. Patients told us they always received a call back from the GP on the day they had requested this.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.9% and national average of 74.9%.
- 53.9% patients said they could get through easily to the surgery by phone compared to the CCG average 75.9% and a national average of 73.3%.
- 78.6% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average 88.2% and the national average of 85.2%.

People told us on the day of the inspection that they were able to get urgent appointments when they needed the although some patients told us they couldn't always get a convenient appointment for non-urgent visits or if booking online.

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. There was a detailed complaints procedure available in the practice and on the website.

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, staff had received training that focused on customer care to improve the way that patient queries were handled.

However the learning identified as a result of complaints was not shared with staff so that staff understood, and engaged with new processes to improve the quality of the service.

There were 13 written complaints received by the local NHS area team during 2014/2015. None of these were upheld.

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 practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice described their values were to provide traditional general practice while embracing innovation and change. They aimed to provide a service that worked with patients, not just for patients, while embracing the needs of the community. Staff we spoke with displayed these values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework to support the delivery of good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and were supported to develop their knowledge and skills.
- Overall practice specific policies were implemented and were available to all staff to promote the consistency of approach. However, we found that improvement was required in relation to incoming letters and clinical equipment checks.
- An understanding of the performance of the practice was maintained through the monitoring of QOF performance,
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- The arrangements for identifying, recording and managing risks required some improvement.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care that met the needs of the local population. The partners were visible in the practice and staff told us they were approachable, listened to them and involved them in improvement plans.

The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty to promote a safety and learning. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents the practice provided support, truthful information and a verbal and written apology. Written records were maintained to support this.

There was a clear leadership structure in place and staff felt supported by management.

- The practice held regular team meetings and staff confirmed they had opportunities to attend them.
- Staff told us there was an open culture within the practice and they were able to raise any issues at team meetings or on a one to one basis. They told us they were supported by the management team when they raised practice issues.
- Staff said they felt respected, valued and supported by their managers and the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, took turns to chair meetings and were encouraged to identify opportunities to improve the service delivered by the practice. For example staff had attended a meeting to review issues relating to patient access to appointments.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through complaints received. There was an active PPG which met regularly with the management team and felt able to submit suggestions for improvement which were always considered and acted upon if appropriate to do so. For example, the PPG had been involved with the development of the telephone system and were aware of the difficulties patients have had getting through. Although this had improved it was still a problem and the PPG made a suggestion that while on hold, patients were informed of where they were in the queue.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. When required, ad hoc meetings were arranged to discuss improvement of current issues such as the appointments system. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

We asked the practice about the feedback they had received through the friends and families test which could be accessed by patients through the practice website or forms available in the waiting room. The practice had received very little feedback to date and were considering how they could best use the information.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example they were due to commence a trial for using e-consultations where patients complete an ailments template which is forwarded to a GP to action.

The practice was a training practice and took trainee GPs. The senior partner was also a Director for the Peterborough GP Speciality Training Programme and was a member of the CCG board. A practice nurse was also a CCG board member. This ensured the practice were aware of, and involved with innovation and improvements in service provision.

The practice were involved with local university research studies into long term conditions such as Psoriasis and Chronic Obstructive Pulmonary Disease (COPD).

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to ensure the premises were safe and used in a safe way. There were no health and safety risk assessments of the environment to identify and manage risks to the health and safety of staff and service users.</p> <p>The registered person did not ensure that the risks to the on-going care of patients who had received care or treatment from another health provider were always appropriately assessed. There was no clear protocol in place, followed by staff who checked incoming health information records to ensure that relevant information was checked and actioned by a GP.</p> <p>Patients at risk of an unplanned hospital admission did not have a documented care plan that was accessible to other health care providers to help prevent admission.</p> <p>Infection control audits in the clinical areas had not been established so that risks were identified and actions taken to control and prevent the spread of infection.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(d)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>