

# Werrington Health Centre

## 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		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Werrington Health Centre on 4 November 2015. The practice provides primary medical services to approximately 13,750 patients who live in the surrounding area. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report and follow through incidents and near misses. Opportunities for learning from incidents were shared with staff during meetings and action taken to prevent similar recurrences but these were not recorded. Staff had the knowledge and skills to enable them to take appropriate action if they had concerns about patients' safety.
- Practice staff utilised methods to improve patient outcomes by working with other local providers to

share best practice. Clinical staff used the National Institute for Health and Care Excellence (NICE) guidelines when assessing patients and for their care needs.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the services available to them. Patients we spoke with told us they received good standards of care.
- Practice staff worked closely with other organisations and external professionals in planning how services were provided to ensure that they meet people's needs. People with complex needs had care plans and risk assessments in place that were regularly reviewed.
- Practice staff relied on the NHS patient surveys to identify where improvements could be made. They

# Summary of findings

did not have a Patient Participation Group (PPG) but were encouraging patients to join. (PPGs work with practice staff in an effective way that may lead to improved services).

- Senior staff had a clear vision which had quality, safety and patient care as its priority. Plans for the future were in place to further extend the hours when patients could access the service at weekends. There was a clear leadership structure and staff felt supported by management. It was evident that there was a strongly motivated staff team.

We saw an area of outstanding practice:

- The dedicated carer's notice board provided information about support groups, guidance on what constitutes a carer and a request to inform staff if they were a carer. Last year practice staff in conjunction with the Carers Trust established the Cambridgeshire and Peterborough Carers Surgery. The meetings were held at the practice. These were regular coffee meetings offering support to patients/carers. They included advice, quizzes and networking opportunities. In January 2015 the practice was

awarded a Carers Surgery of the Month certificate. The practice manager told us they were organising the 2016 meetings and planned to increase the advertising to promote attendances. They said that attendances at the meetings had resulted in networking between carers. We were told that so far, the Carers Surgery had facilitated networking between carers as well as providing guidance and support for them.

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

In addition the provider should:

- Consider ways to engage with patients in order to develop a Patient Participation Group (PPG).
- Produce minutes of practice meetings to confirm that the outcomes and actions from significant events and complaints are shared with all relevant staff and lessons learnt are monitored.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to staff in supporting improvements but were not fully recorded. Information about safety was recorded, monitored, addressed and actions taken were monitored. Risks to patients were assessed, well managed and communicated widely enough to support improvement.

Good



### Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to and routinely used guidance from the National Institute for Health and Care Excellence. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Patients with long term conditions and those in high risk groups were offered regular reviews. Staff had received training appropriate to their roles. There was evidence of appraisals and personal development plans for all staff.

Good



### Are services caring?

The practice is rated good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw that staff treated patients with kindness and ensured their confidentiality was maintained. Personalised care was offered to meet the needs of patients who had long term conditions. Patients' care plans were regularly reviewed to ensure that patients received up to date care that reflected their preferences.

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 provide improvements to services where possible. Services were planned and delivered taking into account the needs of different patient groups. The practice was well equipped to assess and treat patients in meeting their needs. Information about how to complain was available in the practice leaflet. Records showed that senior staff responded appropriately and promptly to issues raised. Learning from the outcomes of complaints was shared with staff.

Good



# Summary of findings

## Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy and had proposals to provide weekend access for patients. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risks. Practice staff encouraged feedback from staff and patients. The practice used the NHS patient surveys results to make service improvements. Role specific inductions and training were provided to enable staff to carry out their roles effectively. Regular performance reviews were carried out and staff attended training courses, meetings and events to improve their skills.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated good for the care of older people. The practice offered personalised care to meet the needs of the older people in its population and offered home visits to those who were unable to access the practice. Rapid access appointments were provided for those with enhanced or complex needs. The practice had regular contact with district nurses and other professionals in monthly meetings to discuss any concerns or changes that were needed to patient care. Data informed us that all older patients had received annual health checks and where necessary, care, treatment and support arrangements were implemented.

Good



### People with long term conditions

The practice is rated good for the care of people with long-term conditions. These patients had regular health reviews with either the GP and/or a nurse to check their health and medication. Longer appointments were available and patients received comprehensive reviews. Where necessary these patients had a personalised care plan in place and these were regularly monitored to check that their health and care needs were being met. Clinical staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. A health visitor was invited to the regular multidisciplinary meetings to discuss any safeguarding issues as well as those children who had long term conditions. There were extended opening hours and patients could hold a telephone conversation with a GP to receive advice. All children were given same day appointments and there was emphasis on children receiving their required vaccinations.

Good



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

The practice is rated good for the care of working-age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. Online appointments and requests for repeat prescriptions were available. There was a full range of health promotion and screening that reflected the needs of this age group. Extended hours were available

Good



# Summary of findings

between 6.30pm and 8pm every Thursday and at the branch practice on Mondays. Both sites provided telephone consultations from 6.30pm until 8pm every Tuesday. Telephone consultations were also available during normal opening hours.

## People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for all patients with a learning disability. Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding the actions they should take if they had concerns and how to contact relevant agencies who were responsible for carrying out investigations.

The dedicated carer's notice board provided information about support groups, guidance on what constitutes a carer and a request to inform staff if they were a carer. The practice staff had established the Cambridgeshire and Peterborough Carers Surgery.

Good



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

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice held a register for patients who experienced poor mental health and dementia. Staff were trained to recognise mental health presentations and carry out comprehensive assessments. Practice staff regularly worked with multidisciplinary teams in the case management of patients who experienced poor mental health. Patients who had dementia were included in these meetings. Clinical staff carried out care planning for patients with dementia and those experiencing mental health illness. Referral mechanisms were in place for when staff identified deterioration in patient's mental health.

Good



# 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 and in some areas below local and national averages. There were 104 responses, this equated to 31%.

- 90% found the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 52% 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%.
- 47% feel they did not normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.
- 72% 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%.

- 72% found it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 73%.
- 94% 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 11 patients. All patients told us they were satisfied with the service they received. Ten patients told us they could get an appointment when they needed one and they did not have to wait too long before they were seen. One patient said they did not always get an appointment when they needed one. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards, most were positive about the standard of care they received. Two negative comments were made regarding how staff talked with them.

## Areas for improvement

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

- Consider ways to engage with patients in order to develop a Patient Participation Group (PPG).
- Produce minutes of practice meetings to confirm that the outcomes and actions from significant events and complaints are shared with all relevant staff and lessons learnt are monitored.

## Outstanding practice

- The dedicated carer's notice board provided information about support groups, guidance on what constitutes a carer and a request to inform staff if they were a carer. Last year practice staff in conjunction with the Carers Trust established the Cambridgeshire and Peterborough Carers Surgery. The meetings were held at the practice. These were regular coffee meetings offering support to patients/carers. They included advice, quizzes and networking opportunities. In January 2015 the practice was

awarded a Carers Surgery of the Month certificate. The practice manager told us they were organising the 2016 meetings and planned to increase the advertising to promote attendances. They said that attendances at the meetings had resulted in networking between carers. We were told that so far, the Carers Surgery had facilitated networking between carers as well as providing guidance and support for them.



# Werrington Health Centre

## 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 and a practice manager specialist advisor.

## Background to Werrington Health Centre

Werrington Health Centre serves approximately 7,100 patients. The branch practice, Paston Health Centre serves approximately 6,650 patients. We inspected both sites. There are a total of 13,750 patients and patients could access either health centre. Paston Health Centre is located at Chadburn, Paston, Peterborough, PE4 7DG. Both branches cover Werrington, Walton, Dogsthorpe, Central Peterborough, Gunthorpe, Paston and Eastfield boundaries. The practice holds a Primary Medical Services and is in the process of converting to a General Medical Services contract and provides GP services.

The practice is managed by three full time GP partners, three salaried GPs and one sessional GP who between them provide 51 clinical sessions per week over both sites. They are supported by three nurse practitioners who are able to prescribe for minor ailments and three practice nurses. The nurses lead on reviews such as; diabetes, other long term conditions and cervical screening. A health care assistant has been recruited to commence working in January 2016. Each site has a practice manager and both are trained phlebotomists. There are 14 receptionists/administrators employed who work varying hours.

The practice is open from 8.00am to 6.30pm each weekday and until 8pm every Thursday at Werrington Health Centre

and Mondays at Paston Health Centre. The phone lines open at 8.30am for patients to make appointments. Urgent appointments are available on the day. 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 Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). When the practice is closed, there is a recorded message giving out of hours details. Details of the out of hours are also provided in the waiting area and the practice leaflet.

## 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.

# Detailed findings

## 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?
- 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 4 November 2015. During our inspection we spoke with a range of staff including two GPs, a nurse practitioner and two practice nurses. We also spoke with the two practice managers, a receptionist/administrator and three receptionists. We spoke with 11 patients who used the service. We observed how people were being cared for and talked with family members and reviewed the personal care or treatment and relevant documents. 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 a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and record the details on the appropriate form that was readily accessible to them. Practice staff carried out an analysis of significant events and we were shown recordings of them.

We reviewed safety records and incident reports. Lessons were shared with practice staff to make sure appropriate action was taken to improve safety in the practice. For example, a concern was identified about an incorrect prescription. This error was quickly picked up and rectified. The patient was also monitored for any adverse effects. Four learning points were identified and shared with staff. Staff confirmed that significant events were discussed and monitored via practice meetings. A GP we spoke with acknowledged that practice meetings should be recorded to confirm the audit trail.

Safety was monitored using information from a range of sources, including National Institute for Health and Clinical Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had clearly defined systems and processes in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies for safeguarding children and adults were accessible to all staff and included contact details of external professionals. Staff knew who was the lead member of staff for safeguarding. The lead GP attended safeguarding meetings when possible and provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Staff we spoke with demonstrated they would take appropriate action if they had concerns and if

necessary they would take the initiative by contacting relevant agencies. We were shown recordings that confirmed staff had informed the investigating agency when they found concerns.

- Posters were also on display advising patients of their right to request a chaperone. Some patients we spoke with were aware of this and one patient told us the GP usually asked them if they wanted a chaperone. All staff who acted as chaperones were trained for the role and had undergone 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 for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and procedures in place. The essential supply of services to the premises had been checked for safety. All electrical equipment had been regularly checked to ensure it was fit for purpose. Clinical equipment had been calibrated to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, clinical waste and legionella. Legionella is a term used for particular bacteria which can contaminate water systems in buildings.
- Appropriate standards of cleanliness and hygiene were followed. We observed that both premises were visibly clean and tidy. There was a practice nurse allocated as the infection control clinical lead for each site. They told us they carried out a range of audits and we were shown these. For example, cleanliness of clinical rooms, waste management, handling of specimens and hand hygiene for all newly appointed staff. Where necessary actions had been recorded and we saw that these had been addressed. The equipment used for minor surgery was disposable. There were ample supplies of personal protective equipment (PPE). The practice nurse we spoke with told us they had attended in-depth infection control training to equip them with the knowledge and skills for the role. There was an infection control protocol in place and staff had received up to date training. All staff had received annual training and checks in hand hygiene from the lead practice nurses.

## Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the GPs were prescribing within the recommended parameters of best practice.
- Recruitment checks were carried out and we were shown a range of staff personnel files. We looked at a six of them for various grades of staff. They showed that 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. The staff induction programmes were informal. We spoke with one recently recruited member of staff and asked another to describe the induction their colleague was receiving. It was comprehensive and at a pace that gave the member of staff time to build their confidence before moving onto the next topic. We were shown a new induction programme by the practice manager who told us they had not yet had opportunity to implement it.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We were told that the number of patients registered at the practice had risen in the last year. Annual leave was structured so that only one

member of staff with similar grades were absent at one time. Nurses provided cover for each other and the patient appointments were rearranged to accommodate this. Reception staff used a similar system. Staff worked across both sites to promote continuity of care for patients. We were told the practice did not use locum GPs and that the partners took restricted leave.

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

All staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator available at both premises and oxygen with adult and children's masks. These were checked daily and recordings made to confirm this. There were medicines available to treat patients who went into anaphylactic (severe allergic reaction) shock. The expiry dates of these were checked regularly to ensure they were safe for administration.

There was a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of this were held off site to ensure that appropriate response would be instigated in the event of eventualities such as loss of computer and essential utilities.

Regular fire drills were carried out so that staff could respond promptly and appropriately in the event of a fire.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to NICE guidelines and used this information to develop how care and treatment was delivered to meet patient's needs. For example, NICE guidance for patients with atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate).

NICE guidelines were followed during assessment, diagnosis, referral to other services and the

management of long-term conditions, including for patients in the late stages of their life. Processes were monitored through risk assessments.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. QOF data for the year 2014-15;

- The diabetes review rate of 88.4% was 1.1% points below the CCG and 0.8% points below the national average.
- The dementia review rate of 100% was 5.0% points above the CCG average and 5.5% points above the national average.
- Performance for asthma related indicators was 77.8% which was 19.8% points below the CCG average and 19.6% points below the national average.
- Performance for patients with a learning disability was 100% which was the same as the CCG average and 0.2% points above the national average.
- Performance for cancer related indicators was 100% which was 1.4% points above the CCG average and 2.1% points above the national average.

- Performance for chronic obstructive pulmonary disease (COPD) related indicators were 100% which was 3.7% points above the CCG average and 4.0% points above the national average.
- The percentage for palliative (end of life) care was 100% which was the same as the CCG average and 2.4% points above the national average.
- Performance for strokes was 100% which was 3.4% points above the CCG and national averages.

Clinical audits were carried out to demonstrate improvements were made to care and treatment and patient's outcomes. One clinical audit concerned diabetes and the medicines prescribed for this condition. Changes were made to medicines for some patients that resulted in improved care. We saw written information that told us the audit would be repeated to check that the improvements made from it had been sustained. We saw two more audits where changes had been made to patient care and treatment.

Prescribing was in line with the CCG recommendations and audits had been carried out to confirm this.

Clinical staff held weekly meetings to discuss their referrals, patient treatments and risks, to share their knowledge and identify where improvements could be made.

Patients were invited to contact the practice to receive their test results. If a test result required follow up or was abnormal, patients would be invited to make an appointment to discuss the results with a GP.

### Effective staffing

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

- The practice had a new induction programme they intended to use for newly appointed staff that covered such topics as safeguarding, fire safety, health and safety, and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, appraisals, coaching and

# Are services effective?

## (for example, treatment is effective)

mentoring. There was clinical supervision, facilitation, and support for the revalidation of doctors. All staff had received an appraisal of their performance within the previous 12 months.

- Staff received periodic refresher training that included: fire procedures, basic life support and safeguarding. Staff had access to, and made use of, e-learning training modules and in-house training such as, hand hygiene practices.
- The nurse practitioners acted as mentors for the practice nurses. The practice nurse who was the latest clinical staff recruited told us that nurse practitioners and other practice nurses were keen to offer advice when requested.

### Coordinating patient care and information sharing

Staff were able to access all the information they needed to plan and deliver care and treatment 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, hospital information and test results. We saw that practice staff used this information to put in place a system to capture medication review dates.

We saw evidence that multi-disciplinary team meetings took place every month and that care plans and risk assessments were routinely reviewed and updated. Practice staff and external professionals shared relevant information about patients who had complex needs or were receiving palliative (end of life) care to ensure they delivered seamless patient care. This included when people moved between services, when they were referred, or after they were discharged from hospital.

Specialist diabetes nurses held monthly clinics at the practice. The specialist nurses had access to a consultant for occasions when they needed advice about patients' care needs.

The practice had recently commenced dedicated clinics for patients who had dementia and clinical staff had received training from a psychiatrist beforehand.

Letters sent out to patients who had a learning disability were in pictorial format to assist patients in understanding the importance of their health checks.

Patients who lived in two established travellers sites were registered with the practice. One GP we spoke with told us they had worked on educating patients about the importance of having their vaccinations. The GP said that the vaccination rate had improved for this patient group.

As part of the hospital avoidance scheme the practice had an arrangement with Joint Emergency Team (JET) for when they were called out to a patient's home. After assessment of the patient in non-urgent situations JET staff contacted the practice and spoke with a GP. They obtained advice about whether the patient should be admitted to hospital or could be treated conservatively.

### Consent to care and treatment

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. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. When consent was obtained it was recorded in the patient's medical records in line with legislation and relevant national guidance.

All clinical staff knew how to assess the competency of children and young people about their capability to make decisions about their own treatments. Clinical staff 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). We spoke with two patients who confirmed they had been informed and given opportunities in decision making.

### Health promotion and prevention

The uptake for cervical screening for the year 2014-15 was 90%; this was 8.3% below the CCG average and 7.6% below the national average. The uptake for contraception was 100%; this was 2.9% above the CCG average and 3.9% above the national average.

Those patients who were overweight and who had presented themselves to the practice had received advice and guidance from clinical staff regarding healthy lifestyles. This was in line with CCG and national averages.

The practice was organising flu vaccinations for patients. To accommodate demand the practice was holding dedicated

## Are services effective?

(for example, treatment is effective)

clinical sessions. Patients were sent reminders about their need to attend for their vaccination. GPs carried out flu vaccinations in the community. For example, all patients with a learning disability who lived in a home had been vaccinated.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities were identified or suspected.

Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that all grades of staff were courteous and very helpful to patients both in person or on the telephone and that people were treated with dignity and respect. We observed a relaxed and friendly atmosphere between staff and patients. Curtains were used in consulting rooms to protect patient's privacy and dignity during examinations. We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard outside of them. Reception staff told us that they would invite patients in an unoccupied room when patients needed to discuss sensitive issues or confidential issues.

Results from the national GP patient survey showed that some results were below the CCG and national averages for satisfaction. For example:

- 79% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 72% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 84% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 69% 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%.
- 90% 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%.
- 96% of 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

From the comment cards we received 32 out of 34 informed us they were positive about the standards of care they received. All patients spoken with described their care as good or excellent.

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

Data from the national GP patient survey July 2015 information we reviewed about patients' involvement in planning and making decisions about their care and treatment were below the local CCG and national averages. For example;

- 76% 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%.
- 86% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 67% 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%.

The practice managers had analysed the results and shared them with clinical staff and where possible improvements made. For example, emphasizing the need to give patients options about their care and treatment.

Staff told us that translation services were available for patients who did not have English as a first language. Some staff employed at the practice spoke a range of languages to assist with patients understanding of their health needs.

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. Practice staff provided guidance and support to carers by offering health checks and flu vaccinations and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The waiting area included a dedicated notice board that included contact details of support agencies.



## Are services caring?

The dedicated carer's notice board provided information about support groups, guidance on what constitutes a carer and a request to inform staff if they were a carer. Last year practice staff in conjunction with the Carers Trust established the Cambridgeshire and Peterborough Carers Surgery. The meetings were held at the practice. These

were regular coffee meetings offering support to patients/carers. They included advice, quizzes and networking opportunities. In January 2015 the practice was awarded a Carers Surgery of the Month certificate.

Following bereavement a GP contacted the family and visited them at home. If necessary referral to a counselling could be made service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the GPs were reviewing all patients who had unplanned admissions to hospital. The objective was to avoid unnecessary admissions.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Telephone advice was provided and also for patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and others with complex needs.
- Home visits were available for elderly and infirm patients.
- Urgent access appointments were available for all children and those with serious or complex medical conditions.
- There was level access to the practice to accommodate wheelchairs and prams/pushchairs to manoeuvre. All clinical rooms were located on the ground floor and there were disabled facilities.
- The practice had recruited a health care assistant who was due to commence employment in January 2016. This would release nurse time for an introduction of triage assessments to improve the use of appointments available for patients.

### Access to the service

The practice was open from 8am until 6.30pm each weekday and until 8pm every Thursday at Werrington Health Centre and Mondays at Paston Health Centre. The phone lines opened at 8.30am for patients to make appointments. Urgent appointments were available on the day. Routine appointments could be pre-booked in advance in person, by telephone or online. Telephone consultations and home visits were available daily as required.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were mixed compared with local CCG and national averages. For example:

- 72% of patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 72% of patients described their experience of making an appointment as positive compared to the CCG average of 77% and national average of 73%.
- 70% reported they were satisfied with the opening hours compared to the CCG average of 76% and national average of 75%.

In response to the results the number of face to face consultations had been increased through further introduction of extended hours. Patients we spoke with and the information from the comment cards did not express dissatisfaction with the opening hours. All but one patient we spoke with during our inspection told us they were able to get appointments when they needed them. One patient felt they sometimes had to wait to get an appointment.

### Listening and learning from concerns and complaints

The practice had a 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. The practice manager was the designated responsible person for the handling of all complaints in the practice and for ensuring they were fully investigated.

The practice leaflet included information about how to make a complaint. Reception staff told us they would refer patients who wished to make a complaint to a practice manager.

We looked at two complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way, with openness and transparency and in line with the practice's own complaints policy. If necessary an apology had been given to the complainant. We also looked at a summary of all complaints for the last 12 months. Staff told us these had been discussed during practice meetings but they had not been recorded. A GP we spoke with was aware of the need to record practice meetings and gave assurances that they would commence development of minutes.

# Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken and shared with staff to improve the

quality of care. For example, staff had not updated the computer system upon arrival of a patient. An apology was given to the patient and the system changed to prevent similar occurrences.

# 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

Senior staff had a clear vision to deliver high quality care and promote good outcomes for patients. There was no written business plan however; GPs told us about the changes they planned to make to improve patient access. For example, the recruitment of a health care assistant, introduction on a triage system for effective use of appointments and plans to introduce weekend access to GPs.

### Governance arrangements

There was a governance framework in place, which supported the delivery of the strategy and good quality care. This included:

- A clear staffing structure and staff were aware of their own roles and responsibilities.
- Staff worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Using the NHS patient survey to identify and make improvements.
- Practice specific policies were implemented, were available to all staff and were subject to review.
- Understanding of the performance of the practice by clinical staff and an action plan implemented to improve performance.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Arrangements were in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The partners and the practice managers prioritised safety and the quality of patient care was monitored and improvements were made where possible. The partners

and practice managers were visible in the practice and all grades of staff we spoke with told us that they were approachable. Staff said they felt well supported and an integral part of the team. The senior staff encouraged a culture of openness and encouraged staff to discuss any issues or concerns with them.

Staff told us that team meetings were held every three months and all staff were invited to attend. They also told us that there was an open culture within the practice and they had the opportunity to raise any issues and report concerns. Staff said they felt respected and valued by senior staff. All staff were involved in discussions about how to run and develop the practice, and senior staff encouraged all members of staff to identify opportunities to improve the service delivered by 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 NHS surveys and complaints received.

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 appointments system. Ten of the 11 patients we spoke with told us there was a significant improvement. One patient did not comment.

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 results submitted monthly to the local CCG. We looked at the results for October 2015. There were nine 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.

### Innovation

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area for example, proposed weekend access for patients.