

Dogsthorpe Medical Centre

Inspection 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 location

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Requires improvement 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

Overall summary

This practice is rated as Inadequate overall.

This is the second inspection for Dogsthorpe Medical Centre under the current provider McLaren Perry Limited. The practice had been inspected previously under the provider First Health (Peterborough) Limited in May 2015, June 2016 and November 2016. At our June 2016 inspection the practice was rated as inadequate and placed into special measures. At our inspection in November 2016, the improvements required had not been made and the practice was rated as inadequate and the CQC registration of the provider First Health (Peterborough) was suspended.

On our first inspection under the current provider McLaren Perry Limited on 4 December 2017 improvements had been seen and the practice was rated as requires improvement and removed from special measures.

The full comprehensive report on the December 2017 inspection can be found by selecting the 'all reports' link for Dogsthorpe Medical Practice on our website at www.cqc.org.uk.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? - Inadequate

We carried out an announced comprehensive inspection at Dogsthorpe Medical Practice on 10 July 2018 to follow up on breaches of regulations identified in our inspection 4 December 2017.

At this inspection

- We found there was a lack of leadership and we were not assured that the systems and processes in place at the practice would keep patients and staff safe from harm.
- We found that the practice had not sustained improvements made and had not made further improvements to address the concerns identified in our inspection in December 2017 to ensure that patients were monitored effectively and kept safe from harm.
- Governance systems did not ensure that the quality and safety of services provided was managed effectively.

- The practice did not have clear management oversight to ensure systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice did not always evidence that they had shared the learning and improved their processes.
- There was a lack of oversight to ensure that the systems and processes in place to mitigate risks to patients such as fire safety and infection prevention and control were reviewed and monitored appropriately. We found out of date medicines in a refrigerator that was used to store medicines and there was no system in place to check the medicines stored in the refrigerator were safe to use.
- Generally, we found the systems and processes to ensure patients receiving repeat medicines were well managed. However, we found some patients on high risk medicines had not been reviewed appropriately.
- The practice did not evidence that the recall systems in place were effective in ensuring that patients received appropriate and timely care. The practice shared with us the new system of registers they had implemented to monitor and improve their performance.
- The practice shared data from the quality and outcome framework for 2017/2018. They had failed to make planned improvements on the low performance reported in our inspection in December 2017. However, the practice told us that they had reviewed all the patients who maybe experiencing poor mental health. We saw examples of comprehensive care plans for these patients. The practice had also reviewed all their patients who may have a learning disability and those with dementia.
- The practice did not evidence a consistent approach to complaints and feedback to ensure they were all recorded ensuring all learning was shared and changes monitored.
- Results from the national GP patient Survey published in July 2017 were generally below, and in some areas significantly below, the national averages. The practice had made changes to drive improvements in patient satisfaction but did not provide any evidence that showed if patient satisfaction had improved as a result.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- To help and support patients who maybe experiencing poor mental health or those who felt isolated the practice had with Insight health started a time to talk session. A knit and natter group was due to start in August 2018.

Overall summary

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure that safe care and treatment is provided in a safe way for service users.

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

- Continue to monitor the National Patient Survey data and continue to make changes to improve the experience of patients.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager adviser who was shadowing the inspection, and a second CQC inspector.

Background to Dogsthorpe Medical Centre

Dogsthorpe Medical Centre is in the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) area. The practice has been operated by McLaren Perry Limited since November 2016 and is overseen by two directors, who hold overall managerial and financial responsibility for the service. There is a GP clinical director, a GP clinical lead who works in the practice and a regional manager who is fulfilling the role of practice manager.

The practice had been inspected three times previously under the previous provider First Health (Peterborough) Limited in May 2015, June 2016 and November 2016. At our June 2016 inspection, the practice was rated as inadequate and placed into special measures. At our inspection in November 2016, the improvements required had not been made and the practice was rated as inadequate and the CQC registration of the provider First Health (Peterborough) was suspended.

On our first inspection under the current provider McLaren Perry Limited on 4 December 2017, improvements had been seen and the practice was rated as required improvement and removed from special measures.

The practice is situated to the north of Peterborough and is contracted to provide alternative primary medical

services to approximately 4,700 registered patients. There is also a branch surgery (Burghley Road); the two sites are operated as one practice, with patients being seen and staff working across both sites.


The male GP clinical lead is supported by two male and one female GPs who provide regular sessions each week to enhance the continuity of care offered to patients. The practice also has a Nurse Practitioner and a two practice nurses (one currently on maternity leave) and a healthcare assistant. A number of administrative staff support them including a deputy practice manager, receptionists and a medical secretary.

The main practice is open between 8am and 6.30pm Monday to Friday, the branch site is open between 8.30am to 6.30pm on Mondays and Tuesday and 8am to 12.30pm Wednesdays, Thursdays and Fridays. The practice is able to book appointments for patients who wish to be seen at the Peterborough GP Network extended hours Hub which is held nearby. This hub offers routine appointments which are pre-bookable each evening and weekend.

Outside of practice opening hours, patients are directed to the local out of hours service through NHS 111.



According to Public Health England information, the practice population has a higher than average number of



patients aged 0 to 39 years, and a lower than average number of patients aged 40 and over compared to the national average. There are high levels of deprivation in the local area, and high levels of co-morbidity.

Are services safe?

At our previous inspection on 4 December 2017, we rated the practice as good for providing safe services.

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- We found out of date medicines stored in a refrigerator which were accessible for use. The practice did not have a system in place to regularly check that medicines stored in the refrigerator were safe to use.
- We found a lack of oversight to ensure that actions from risk assessments were completed and monitored.
- The system in place did not ensure all significant events however minor were recorded, that learning was shared and changes made and monitored.
- The system in place did not ensure that safety alerts were actioned and monitored to ensure patients were kept safe.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for their role and had received a DBS 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control but actions identified were not monitored to ensure they were completed and monitored.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, did not minimise risks. We found out of date vaccines in a refrigerator used for storing medicines. The practice did not have a system in place to ensure stock was regularly checked and safe to use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

Are services safe?

- Not all patients' health was monitored in relation to the use of medicines and followed up on appropriately. We found some patients taking high risk medicines had not been reviewed appropriately; however most patients were involved in regular reviews of their medicines.

Track record on safety

- There were risk assessments in relation to safety issues but the practice did not have oversight of all of these to ensure actions were taken and changes monitored to ensure patients and staff were kept safe from harm.

Lessons learned and improvements made

The practice systems for identifying, investigating and learning from incidents were not always effective.

- Staff understood their duty to raise concerns and report incidents, however, staff we spoke with told us they did not raise all issues or near misses.

- Systems for reviewing and investigating when things went wrong were not effective in ensuring actions were followed through and changes monitored.
- The practice demonstrated they had learned and shared some lessons, but there was not a consistent approach to sharing learning or a system to identify themes and actions to improve safety in the practice.
- The practice had acted on and learned from an external safety events, including an information governance breach that had happened elsewhere.
- The practice system and processes in place did not ensure that all patient and medicine safety alerts were reviewed, actioned and monitored.

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous inspection on 4 December 2017, we rated the practice and all the population groups as requires improvement for providing effective services.

Quality and Outcomes Framework (QOF) data for 2016/2017 showed the practice was performing significantly lower than the local clinical commission group (CCG) and national averages. Unverified data the practice shared with us for 2017/2018 showed a small improvement but this did not provide sufficient assurance that patients would receive appropriate follow up in a timely manner.

We rated the practice as inadequate for providing effective services overall and across all population groups except for people whose circumstances make them vulnerable and for people experiencing poor mental health (including people with dementia) which we rated as requires improvement.

The practice was rated as inadequate for providing effective services because:

- The practice had not shown improvements on the low quality and outcome framework performance as reported in our December 2017 inspection.
- The practice did not evidence that they had regularly assessed clinical staff as competent to undertake their role.
- Practice screening rates for cancer prevention were low, practice staff we spoke with were aware of this but did not have plans in place to encourage uptake of the programme.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated inadequate for effective because the practice had not shown that the recall systems in place for quality and outcome framework data had improved from their performance in 2016/2017 and not all patients had received reviews in a timely manner.

- The practice had not shown that recall systems planned in relation to the quality and outcome framework (QOF) 2017/2018 had driven improvement. We were not assured that all older patients had received appropriate follow up in a timely manner.
- The practice had introduced a birthday card to be sent to all patients on their 75 birthday inviting them to a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated inadequate for effective because the practice had not shown that the recall systems in place for quality and outcome framework data had improved from their performance in 2016/2017 and not all patients had received reviews in a timely manner.

- The practice performance for areas within QOF 2016/2017 relating to long term conditions were low, the practice did not show that planned improvements had been achieved for the 2017/2018 year. For example, the practice performance for managing patients with diabetes, asthma and COPD were all below the CCG and national averages.
- Some patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People

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with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

Families, children and young people:

This population group was rated inadequate for effective because the practice had not shown that the recall systems in place for quality and outcome framework data had improved from their performance in 2016/2017 and not all patients had received reviews in a timely manner.

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had implemented comprehensive appointments for women and their babies to enable the post-natal check, baby check and first immunisations to be given at one appointment. A GP and health visitor were also doing clinics at the same time which enabled any concerns to be addressed at the time without the patient booking a further appointment.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care.

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

This population group was rated inadequate for effective because the practice had not shown that the recall systems in place for quality and outcome framework data had improved from their performance in 2016/2017 and not all patients had received reviews in a timely manner. The practice performance for the percentage of women who were screened for cervical cancer was lower than the CCG and national average. The percentage of patients who had received screening for breast and bowel cancer was lower than the CCG and national average and the practice did not have plans to educate and encourage patients to attend their appointments.

- The practice's uptake for cervical screening was 61%, which was below the CCG average of 71% and the national average of 72% and below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was below the national average. Practice staff we spoke with were aware of these low results but did not have plans in place to encourage uptake of the programmes.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for effective because the practice had not shown that the recall systems in place for quality and outcome framework data had improved from their performance in 2016/2017 and not all patients had received reviews in a timely manner.

- Not all patients taking high risk medicines had been monitored appropriately.
- The Practice had undertaken an audit Stopping Over Prescribing of people with learning disabilities. (STOMP). The results showed the practice was prescribing safely to these patients.
- The practice had undertaken full reviews for patients with a learning disability since April 2018.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated requires improvement for effective because the practice had not shown that the recall systems in place for quality and outcome framework data had improved from their performance in 2016/2017 and not all patients had received reviews in a timely manner.

- The practice performance for areas within QOF 2016/2017 relating to people experiencing poor mental health including dementia conditions were low, the practice did not show that planned improvements had been

Are services effective?

achieved for the year 2017/2018. Since April 2018 the practice told us they had reviewed the patients on their mental health register and those suffering with dementia.

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a programme of quality improvement activity but did not fully review the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The data for the year 2016/2017 is the most up to date verified data available in the public domain and is the data used in our December 2017 inspection. We asked the practice to share their unverified data for the quality and outcome framework year 2017/2018. We saw from this that the practice had not improved on their performance from 2016/2017. For example, the total achievement for the year was still 70%.
- The practice had employed an additional nurse and a new member of staff to manage the quality and outcome framework systems and new patient registers had been implemented.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice worked with the CCG medicines team to ensure effective prescribing of medicines was undertaken in line with local guidelines.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. The practice had introduced a new electronic training system and staff were working towards completing all the modules set by the practice. Staff were encouraged and given opportunities to develop. For example, one staff member had been supported to become a healthcare assistant.

The practice provided some staff with ongoing support however, some clinical staff had not had a formal review since starting at the practice. There was an induction programme for new staff. The practice told us all staff had received an appraisal in October 2017. However, the practice was not able to evidence that they had undertaken reviews to give assurance that clinical staff were competent to undertake the roles they performed

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver Care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when

Are services effective?

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

- The practice cancer screening rates were below the CCG and national averages, staff were aware of these but the practice did not have plans in place to encourage uptake of the programmes.
- The practice had formed a Time to Talk group session to help patients experiencing poor mental health to obtain support. Patients from local practices could attend these sessions.
- An additional support group, Knit and Natter, was advertised and due to start in August 2018.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

At our previous inspection on 4 December 2017, we rated the practice as requires improvement for providing caring services.

Patient satisfaction, as shown in the National patient survey data published July 2017, was in most areas significantly below the local and national averages.

We rated the practice as requires improvement for caring.

The practice was rated as requires improvement for caring because:

- The patient satisfaction as shown in the National patient survey data published July 2017 was in most areas significantly below the local and national averages. The practice had not undertaken their own surveys to monitor patient satisfaction.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the July 2017 annual national GP patient survey showed patients reported mixed feelings when asked if they were treated with compassion, dignity, and respect. We noted that these results were collated whilst the practice was under the management of the previous provider. The practice was in line or lower when compared with the average for its satisfaction scores. The practice had not undertaken their own surveys to monitor any improvements that had been made to ensure they were effective and had improved the patient experience.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Many of the practice population did not have English as their first language. To ensure patients received practice team clinical and non-clinical spoke many of the languages of their diverse population. This included Polish, Urdu, Russian, Punjabi, Ukrainian and Hindi and in addition interpretation services were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. The practice had identified 46 patients as carers, representing 1% of the practice population.
- Results from the national GP patient survey July 2017 showed patients generally responded below the CCG and national averages to questions about their involvement in planning and making decisions about their care and treatment. We noted that these results were collated whilst the practice was under the management of the previous provider. The practice had not undertaken their own surveys to monitor any improvements made to ensure they were effective.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

At our previous inspection on 4 December 2017, we rated the practice as requires improvement for providing responsive services.

The practice was rated as requires improvement for providing responsive services because: patient feedback from the GP Patient Survey data 2017 showed the satisfaction of patients was below the CCG and national averages.

We rated the practice, and all the population groups, as requires improvement for providing responsive services .

The practice and the population groups were rated requires improvement because:

- The practice was rated as requires improvement for providing responsive services because: patient feedback from the GP Patient Survey data 2017 showed the satisfaction of patients was below the CCG and national averages.
- The practice did not record all feedback including verbal complaints to ensure that all learning was shared to make improvements and monitor trends.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. Practice staff spoke other languages to help to reduce the barriers for patients to access their services.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Patients could choose to be seen at the location most convenient to them. However, patients reflected these were more difficult to book in advance and were not always with the GP of their choice.

People with long-term conditions:

- Not all patients with a long-term condition had received an annual review to check their health and medicines needs were being appropriately met. When reviews were undertaken multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice held a post-natal register to ensure that new mothers and babies were followed up appropriately.

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, flexible and offered continuity of care. For example, telephone consultations were responded to within one hour of the request being received.

Are services responsive to people's needs?

- The practice offered patients appointments at the Greater Peterborough Network GP hub. Routine appointments were available during the evenings and weekends.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had been working with the Insight service who provided counselling and cognitive behaviour therapy in Peterborough. Group Time to talk sessions had been held. The practice told us that after the time to talk session some of the patients were now having one to one sessions with the mental health trust IAPT services to gain extra support.

Timely access to care and treatment

Patients reported that they were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- The practice had recognised that patients had not been able to have timely access to initial assessment, test results, diagnosis, and treatment. In May 2018 they had introduced a new telephone system to manage calls and they had implemented a new appointment system using telephone triage to ensure all patients requesting appointments were contacted by a member of the clinical team within one hour of the request.

- Results from the July 2017 annual National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was below the local and national averages. We noted that these results were collated whilst the practice was under the management of the previous provider. The new systems had only been recently introduced and the provider had not undertaken any surveys to monitor improvements made to ensure they had been effective but told us these were planned.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. However, we noted that staff told us that they did not record all feedback from patients.

- Information about how to make a complaint or raise concerns was available but the practice leaflet did not contain all the information required should the patient not be satisfied with the practices' response. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and but there was a lack of oversight to analyse trends and prevent issues happening. Meeting of minutes lacked detail to be assured that actions were completed and improvements made and monitored.
- The practice had introduced a new system to log the complaints to ensure trends and risks were identified and action taken to encourage improvement.

Please refer to the evidence tables for further information.

Are services well-led?

At our previous inspection on 4 December 2017, we rated the practice as requires improvement for providing well led services.

The practice was rated as requires improvement for providing well-led services because there were areas where the practice systems and processes to ensure good governance and quality improvements need to be further improved and embedded.

We rated the practice as inadequate for providing well-led services.

The practice was rated as inadequate for providing well-led services because:

- We found that the practice had not sustained improvements made since our last inspection and had not made further improvements to address the concerns identified in our December 2017 inspection. The practice had not ensured that patients were monitored effectively or kept safe from harm.
- During this inspection we identified new concerns such as out of date medicines.
- We found the governance systems and the oversight of the management did not ensure that services were safe and that the quality of those services was effectively managed.

Leadership capacity and capability

- During our July 2018 inspection we found there was a lack of leadership and we were not assured that the systems and processes in place at the practice would keep patients and staff safe from harm.
- The leaders had failed to ensure that the improvements required and identified in our previous inspections had been implemented, monitored and sustained.
- The practice manager had introduced some new systems since their appointment in February 2018, however these systems and processes were not embedded in the organisation and had not had their effectiveness assessed.
- Leaders were aware of issues and priorities relating to the quality and future of services, however the improvements required to address concerns were not always identified, planned or implemented effectively.
- Staff told us that the leaders were visible and approachable and worked with them and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a vision to deliver high quality, sustainable care however this vision was not effectively delivered.

- The practice strategy was unclear as we noted that the practice had a short fixed-term contract with the CCG and discussions were being held regarding the long-term provision of health care at the practice.
- Staff were aware of and understood the practice vision and values.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice told us they focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints we reviewed. However, the systems to ensure that all incidents and complaints were well managed and all learning shared needed to be improved. The practice complied with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. They told us they did not always record all complaints and incidents.
- There were processes for providing all staff with the development they need including appraisal and career development conversations. The practice told us all staff had received their annual appraisals in October 2017. However, the practice did not evidence that the competency of staff was routinely reviewed and monitored. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice promoted equality and diversity. Staff had received or were in the process of undertaking equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

- The governance structure, systems, and processes were inadequate and did not ensure that patients and staff would be kept safe from harm.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control (IPC). However, we found that the lead for IPC had not received additional training to undertake this role and that the practice tool kit to manage IPC was not practice specific.
- Practice leaders had established policies and procedures however, we found that the practice had failed to ensure these were all practice specific to ensure safety.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- The evidence to show that arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions was insufficient to keep patients and staff safe.
- The practice had processes to manage performance. However, these had failed to ensure all patients had received appropriate follow up in a timely manner.
- The practice had implemented a new system of registers to ensure patients did receive appropriate follow up in a timely manner. These had been recently introduced and it was too soon to measure the effectiveness of them.
- The practice had been successful in appointing an extra practice nurse and a non-clinical member of staff who was undertaking the role of QOF lead.
- Practice leaders did not have full oversight of safety alerts, incidents, and complaints.
- The practice had undertaken some clinical audit and had evidenced one two cycle audit which had an impact on quality of care and outcomes for patients. The practice plan for clinical audits 2018/2019 was in place but it did not include a re-audit of those performed 2017/2018 to assess effectiveness and monitor improvements.
- The practice had undertaken a full review of the information governance systems and processes to ensure they were safe and effective for example ensuring patients information was kept safe.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice system and processes to act on appropriate and accurate information were not always effective.

- The information used to monitor performance and the delivery of quality care was accurate and useful. However, there was little evidence that robust plans were in place to address areas where quality or performance was identified as poor.
- The practice used information technology systems to monitor the quality of care provided.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, and heard but there was no clarity that these were always acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.
- Following feedback from patients the practice had installed a new telephone and appointment system to ensure patients could access appointments or clinical advice in a timely manner.

Continuous improvement and innovation

The practice did not demonstrate that the systems and processes for learning, continuous improvement and innovation were wholly effective.

- There was a lack of evidence to show that learning was identified from complaints, feedback and incidents and that learning was shared with the whole practice team and used to make improvements.
- The practice did not evidence that regular reviews were undertaken to ensure that clinical staff were competent to undertake the work they were employed to perform.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met...We found out of date vaccines in a refrigerator used to store medicines. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	How the regulation was not being met...
Maternity and midwifery services	There was a lack of oversight to ensure systems or processes that to enable the registered person to assess, monitor, and improve the quality and safety of the services being provided. In particular:
Surgical procedures	There were no systems in place to ensure actions identified in the fire risk assessment, management of Legionella and infection prevention and control were completed and monitoring.
Treatment of disease, disorder or injury	There was no system in place to ensure medicines stored in the refrigerator were regularly checked to ensure they were safe to use.
	The practice had failed to improve their recall systems to ensure patients received appropriate and timely follow up and reviews.
	We found the practice system did not ensure that all patients who were taking a high-risk medicine were appropriately monitored.
	The policies and procedures in place for safeguarding children and infection prevention and control had not been reviewed to ensure they were practice specific.
	There was not an effective process in place for the management, actioning and monitoring of patient safety alerts.
	The practice did not evidence there was an effective system in place for the monitoring of all clinical staff to ensure they were competent.
	The minutes of meetings did not contain sufficient detail to ensure that all actions and learning identified were recorded, completed and monitored.

This section is primarily information for the provider

Enforcement actions

The system to record complaints and significant events lacked oversight to ensure all complaints/events were recorded, investigated, action taken and learning shared.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.