

Ailsworth Medical 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 

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. At the previous Care Quality Commission (CQC) inspection in March 2016, the practice received a good overall rating.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Ailsworth Medical Practice on 21 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. The practice had a regular agenda item at meetings to discuss safety incidents.
- The practice had systems in place to safeguard patients from abuse. The practice regularly reviewed all documentation for children who were not brought for appointments.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided through clinical audit. It ensured that care and treatment was delivered according to evidence based guidelines.
- The practice had achieved 100% performance for the Quality and Outcomes Framework.
- Staff involved and treated patients with compassion, kindness, dignity, and respect. Results from the national GP Patient Survey reflected this; all the results were above the CCG and national averages.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice responded to complaints in a timely and open manner.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- There was a positive culture within the practice and staff reported the management team were supportive and approachable.
- The practice worked across three sites with the main site at Ailsworth which was limited in the clinical and office space available. The practice told us that this

Summary of findings

compromised some of the services including GPs and nursing sessions they were able to offer. The practice was in discussion with the local planners to extend the building.

- We found some inconsistencies in monitoring of quality and performance across the two sites we visited for example access to policies and procedures.
- The practice told us they monitored quality and performance such as referrals by locum staff and filing of electronic mail but did not always record these.
- The practice was in the process of recruiting additional staff; they had recognised that at times of staff absence some backlogs occurred.

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

- Review and strengthen the systems and processes to monitor quality and performance to ensure that performance of non-clinical tasks and the policies to support them are consistent across all three sites.
- Review and formalise the risk assessment in relation to accepting telephone requests for medicines from patients.
- Review the systems and process to ensure that all monitoring undertaken of quality and performance is formally recorded to enable trend analysis of any identified issues.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Ailsworth Medical 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 specialist adviser, a practice nurse specialist adviser, and a medicine teams specialist adviser.

Background to Ailsworth Medical Centre

Ailsworth Medical Centre has approximately 4,534 registered patients and provides general medical services to people who live in Peterborough and the surrounding villages. The practice has two branch sites and at the main site (Ailsworth) was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. We visited that main site, the branch surgery at Parnwell and the dispensary as part of our inspection.

It is a family run practice with four GP partners (two male and two female) and two salaried GPs. Three practice nurses, a phlebotomist and a small dispensary and administrative team, support them.

The practice opens from 9am to 1pm every morning, and from 3.30pm until 6.30 pm on Mondays,

Tuesdays, Thursdays, and Fridays. Extended hours appointments are available until 7.45pm on Mondays. A small branch surgery is based at Guntons Road, Newborough, Peterborough PE6 7QW. It opens from 8.30am until 12.30 pm on Tuesdays, Thursdays and Fridays, and additionally from 3pm to 5.30pm on a Thursday. The branch site is not open on a Wednesday. The branch site at nearby Parnwell is open 9am to 1pm Monday to Friday and on Wednesday 3pm to 7.15pm. The practice confirmed that patients can be seen at any of the three practices of which one is always open Monday to Friday.

Out of hours service is provided by Herts Urgent Care which patients access via 111. The practice is part of the Greater Peterborough Network; this network is made up of a number of practices across Peterborough and offers extended GP hours to patients.

The practice had recently included the site of Parnwell into their surgery; this has changed the demographics of the practice. The main site of Ailsworth and Newborough, according to information taken from Public Health England, has a higher than average number of patients aged 35-54 years, and a lower than average number of patients 15-34 years, compared to the practice average across England. It is located in an affluent area of Cambridgeshire. However the population around the branch site of Parnwell has a higher number of younger people and serves an area of relatively high deprivation.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse and could give multiple examples of where safeguarding concerns had been assessed and appropriately responded to. Policies were regularly reviewed and were accessible to all staff. Policies contained practice specific information, as well as the name of the local health visitor and safeguarding lead. They outlined clearly who to go to for further guidance within the practice and at locality level.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. The practice had regular meetings with the community staff such as the midwife and health visitor to discuss both adult and children's safeguarding concerns. Staff took steps to protect patients from abuse, neglect, harassment, discrimination, and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment, and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff including non-clinical staff. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. The GPs and nurses were trained to level three for child safeguarding. The practice regularly reviewed all documentation for children that were not brought for appointments.
- There was an effective system to manage infection prevention and control. There was an infection prevention and control audit in place.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Equipment had been appropriately calibrated and electrically tested. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. This included arrangements to manage winter pressures where more appointments were required.
- There was an effective induction system for temporary staff tailored to their role with information relating to the practice and its 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, for example, sepsis. There were clear guidelines for receptionists to follow and an on call GP was always available either on site or by telephone for receptionists to contact.
- Emergency medicines kept on site were appropriate and checks were made weekly on the expiry dates of medicines and equipment. Oxygen was available with children's and adult's masks and a defibrillator were on site. We noted at the branch site that the emergency medicines were stored in a nurse's treatment room. The practice recognised that this arrangement could be improved if they were kept in a specific bag. The practice took immediate actions and purchased an emergency grab bag.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. This included when patients moved between services.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This included the district nurses, health visitors, and social services.
- Referral letters that we viewed included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. There was a regular check of expiry dates on medicines and equipment. The practice kept prescription stationery securely and monitored its use in line with recognised guidance.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance, including patient safety alerts. The practice system and process involved the dispensary staff and the GPs actioning the alerts, the practice system to record and monitor the findings and results needed to be more comprehensive to ensure all alerts were received and actioned.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. The practice closely monitored patients on high risk medicines and arranged for appropriate blood testing prior to prescribing the medicines. There were processes in the dispensary to ensure the most recent blood test result was checked prior to dispensing.
- Arrangements for dispensing medicines at the practice kept patients safe. Prescriptions were always signed prior to dispensing by a GP. Regular stock checks were undertaken and the fridge temperatures were monitored daily. Staff knew what to do if fridges were out of the expected temperature range. All dispensed medicines were double checked prior to being dispensed. The dispensary held a range of standard operating procedures which were regularly reviewed and updated.
- Arrangements for dispensing medicines at the practice kept patients safe. Access to the dispensary was restricted to authorised staff only.
- There was a named GP responsible for the dispensary.
- Written procedures were in place and reviewed regularly to ensure safe practice. On the day of the inspection the practice told us that they accepted telephone requests from patients for their medicines. They were unable to share a formal risk assessment for this but we saw that the system was safe and effective. They explained that they served an elderly population within the Ailsworth area who found it more difficult to request their medicines in other ways but they were encouraging more patients to use the online service to request their medicines.
- Prescriptions were signed before medicines were dispensed and handed out to patients.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety risks. This included risk assessments for health and safety, fire and legionella. The practice held an overall risk register which outlined further risks to the practice for premises and staffing. . This helped the practice to monitor all actions taken and have an overall view of risks in the practice. Risks were managed according to the impact they would have.
- The practice monitored and reviewed activity on the risk register regularly at practice meetings. This helped it to understand risks and gave a clear, accurate, and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so and staff were confident about the procedure. There was a log of significant events to easily identify trends and meetings were held to specifically discuss significant events. Minutes were available for staff unable to attend these meetings.
- There were adequate systems for reviewing and investigating when things went wrong. The practice

Are services safe?

learned and shared lessons identified themes and took action to improve safety in the practice. For example, minutes of a full practice meeting held in March 2018 documented the event of a patient becoming very unwell; the team had dealt with the patient well but noted that it could have been improved by easy access to a wheelchair and blanket to cover the patient. The practice had sourced these.

- There was a system for receiving, and acting on, safety alerts and these were discussed at practice meetings. The alerts were received by the practice manager and

dispensary lead, lead GP for review, and were disseminated to all staff, if relevant to the practice. We looked at three alerts, found that all patients had been reviewed, and appropriate actions taken. The documentation for two alerts was available but the third was missing. Immediately following the inspection the practice shared evidence of a new logging system they had introduced to avoid this happening in the future. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

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. Guidance and safety alerts were discussed at meetings. Clinicians had access to recent guidance on the computer system for instant access if required during a consultation.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice prescribed hypnotics in line with local and national averages.
- The practice prescribed antibacterial prescription items in line with local and national averages.
- The practice prescribed antibiotic items, including Cephalosporins and Quinolones, in line with local and national averages. The practice had audited the prescribing of these antibiotic medicines, and medicines used for pain management.
- We saw no evidence of discrimination when making care and treatment decisions in the records we reviewed.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. We spoke to non-clinical staff regarding triage procedures; there was a system in place to ensure patients were directed to the most appropriate clinician. Two members of the practice team had undertaken formal training using computer software to care navigate patients. Further staff had planned training for this. Staff we spoke with told us that they found this training and software useful and helpful to ensure patients received the right care from the right person.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported with an appropriate care plan.
- 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.
- The practice held regular meetings with the community staff to discuss medicines management, reduce unplanned admissions and any appropriate referrals.

People with long-term conditions:

- 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 and practice nurse 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. For example, some of the practice nurses had completed courses on diabetes, COPD and complex wound care.
- The practice achieved above local and national averages for all Quality and Outcomes Framework indicators for long term conditions including diabetes, asthma, COPD, hypertension and atrial fibrillation. The overall exception reporting rate for 2016/17 for COPD to be 18%, compared to the CCG and national averages of 14%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to children up to 12 months and over five years were above the target percentage of 90%; however, for children aged up to 24 months the percentages ranged from 71% to 95%. The practice had recognised that since the practice area of Parnwell had been merged, the demographic of children had significantly changed. The practice was reviewing the data and systems in place to ensure all children were monitored and contacted to discuss their immunisation programme. Following the inspection the practice confirmed that they had not updated the public health information from the practice system and had achieved a higher percentage for children aged up to 24 months. They took action to send through the updated

Are services effective?

(for example, treatment is effective)

information to the public health team. The practice identified that undertaking baby immunisation clinics could be a stressful time for both patients and staff and therefore all their immunisations clinic were run by two nurses working together. Staff we spoke with told us they valued this, felt safer, and were able to offer a better service.

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. The clinicians showed awareness of the need to follow up patients that had diabetes in pregnancy.

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

- The practice's uptake for cervical screening was 83%, which was above the CCG average of 71% and the national average of 72% and above the national target of 80%.
- 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 were appropriate follow-ups on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 regular meetings to discuss these patients and supplied medicines that may be required at the end of life. This enabled the practice to keep many patients in their preferred place of care. The practice identified that from April 2016 to March 2018 the number of patients that had died in their preferred place was 56%. Of the remaining 44%, the majority of these had complications which had led to admission.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They recognised that they served a population from the travelling community and were aware of the needs of this vulnerable group.

- The practice had 24 patients registered with a learning disability; this included some younger patients who lived in a care home. Twenty two of these patients had been offered and received health checks.

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

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the CCG average of 86% and national average of 84%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the CCG average of 92% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health had received discussion and advice about alcohol consumption was 100% which was above the CCG average of 92% and the national average of 91%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The most recent published Quality and Outcomes Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average and national average of 96%. The overall exception reporting rate was 9% compared with the CCG average of 11% and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Performance for diabetes related indicators was 100%; this was above the CCG average of 90% and the national average of 91%. The exception reporting rate for diabetes was 9% which was comparable to the CCG of 13% and national averages of 11%. The prevalence of diabetes was 5% which was in line with the CCG and national average.

Are services effective?

(for example, treatment is effective)

- Performance for mental health related indicators was 100%. This was above the CCG average of 95% and the national average of 94%. The exception reporting rate was 6% which was below the CCG average of 13% and national average of 11%. The prevalence of patients with recorded mental health conditions in the practice was in with the CCG and national averages.
- Performance for dementia related indicators was 100%, which higher than the CCG average of 98% and the national average of 97%. The exception reporting rate was 0% which was below the CCG average of 11% and national average of 10%. The prevalence of dementia was equal to the CCG and national averages.
- The performance for depression was 100%. This was above the CCG and the national average of 93%. The exception reporting rate was 27% which was in line with the CCG average of 25% and national average of 23%. The prevalence of patients recorded as having depression was 12%, which was above the CCG and the national prevalence of 9%.

The practice was actively involved in quality improvement activity and regularly completed both clinical and non-clinical audits. Changes and improvements to practice were implemented as a result. For example:

- The practice had run an audit on patients taking a medicine used for pain relief which could become additive. The first cycle of the audit showed that 18 patients were taking the medicine and had repeat prescriptions. A further cycle showed this had reduced to fourteen and with only one new patient started. Further reviews planned to review the effects of further interventions that were planned.

Effective staffing

- Staff had the skills, knowledge, and experience to carry out their roles. For example, 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. Up to date records of skills, qualifications, and training were maintained. Staff were encouraged and given opportunities to develop. For example, a non clinical member of staff was undergoing their training to

become a health care assistant and the practices nurses were undertaking minor illness training. All staff we spoke with told us that they were well supported in their development.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice could evidence that all staff had received an appraisal within the last year. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. This included meeting with teams such as district nurses, the health visitor, and social services.
- Patients received coordinated and person-centred care. This included when they moved between services, when 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.
- The practice held regular meetings to discuss patients at the end of their lives with multidisciplinary teams.

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.

Are services effective?

(for example, treatment is effective)

- We found that 100% of patients with cancer, diagnosed within the preceding 15 months, had a patient review recorded as occurring within 6 months of the date of diagnoses. However, the exception reporting rate for this indicator was 50% compared to the CCG average of 33% and national average of 25%. We discussed this with the practice and found that some of this was automatic exclusion from the computer system, from our discussion and review of records we were assured that patients were well managed.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. Patients we spoke with on the day of inspection reported this was the case.
- 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.

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. The practice had a high number of elderly patients and all clinical staff had completed training on the mental capacity act.
- 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.
- The practice gained written consent for minor operations including contraceptive fitting and skin lesions.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

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.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All 47 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented on the kind and caring nature of staff. These results were above the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 national GP patient survey showed patients responded in a positive manner when answering questions relating to being treated with compassion, dignity, and respect. 215 surveys were sent out and 102 were returned. This represented 47% completion rate. These results report patient satisfaction prior to the merger of the Parnwell branch site. For example:

- 95% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) and the national average of 89%.
- 96% of patients who responded said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; compared to the CCG and the national average of 95%.
- 94% of patients who responded said the last GP they spoke to was good at treating them with care and concern; compared to the CCG and the national average of 86%.
- 96% of patients who responded said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.

- 100% of patients who responded said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw compared to the CCG and the national average of 97%.
- 98% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared to the CCG and the national average of 91%.
- 94% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice was aware of these results and proud of the achievements they had made with patient communications. The practice had a suggestion box in the waiting room to gain further feedback from patients.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. A hearing loop was available in reception.
- Staff helped patients and their carers find further information and access community and advocacy services. They supported them in asking questions about their care and treatment.

The practice proactively identified patients who were carers. Carers were identified through the new patient registration form and during some consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 45 patients as carers (1% of the practice list). The practice told us that staff were aware of their older patients who cared for each other and were able to ensure that individual care was offered.

Are services caring?

- The practice had leaflets and signs in the waiting room to offer avenues of support to carers. In consultations, clinicians would ask patients who received care who their carer was in order to keep the register up to date. The practice also took the opportunity to offer help and support to carers when they had brought a patient in for a consultation. The practice also offered flu injections to carers and advertised this openly at the practice.
- Staff told us that if families had experienced bereavement, their usual GP contacted them by telephone. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice ensured that all staff within the practice was alerted to any deaths within the practice population so that staff could offer support to families at all opportunities.
- 94% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 94% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national average of 85%.

Results from the national GP patient survey showed patients responded in a positive manner to questions about their involvement in planning and making decisions about their care and treatment. These results report patient satisfaction prior to the merger of the Parnwell branch site. Results were above the local and national averages:

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- There were curtains in all consultation rooms to offer privacy. The practice also ensured patients could be seen by either male or female clinicians.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

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. For example, the practice recognised they had an older population and therefore met regularly with the community geriatrician. The practice was involved with local initiatives such as the appointment of a community matron to assist those patients with the most complex needs.
- In house phlebotomy was available at all sites saving patients from travelling to Peterborough to attend the community clinics.
- The practice improved services where possible in response to unmet needs. For example, the practice often gave clinician's phone numbers to patients who were at the end of their lives so they had direct access to treatment.
- The facilities and premises were appropriate for the services delivered. However, the practice told us that they were compromised on offering some additional services due to the constraints of the small premises at the main site of Ailsworth. The practice was in discussion to build an extension.
- The practice made reasonable adjustments when patients found it hard to access services. For example, where appropriate the practice offered telephone appointments for patients that found it difficult to attend the practice during working hours.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of their life was coordinated with other services, such as the district nurses.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home, in a care home or a 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 also accommodated home visits for those who had difficulties getting to the practice.
- The GPs carried out regular visits at local care homes to reduce unplanned admissions and increase continuity of care.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs. The practice nurses were trained to carry out these checks.
- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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, the practice offered text message reminders of appointments.
- Telephone GP consultations were available for patients who were unable to attend the practice during normal working hours.
- Patients could be seen at any of the three practice sites allowing patients to choose the one most convenient to them.
- The practice was part of the Greater Peterborough Network and was able to offer routine appointments at the GP extended hours service which operated in Peterborough.

Are services responsive to people's needs?

(for example, to feedback?)

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those from the travelling community.
- The practice provided care at a local care home for patients with a learning disability. The practice ensured continuity of care for these patients and the patients had a named GP.

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 staff had completed training in dementia awareness.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis, and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. There was some flexibility in the appointment system to allow for higher times of demand.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly above local and national averages in many areas. These results related to the practice before the merge of the branch surgery at Parnwell. 215 surveys were sent out and 102 were returned. This represented 47% completion rate. For example:

- 79% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and the national average of 76%.

- 89% of patients who responded said they could get through easily to the practice by phone; compared to the CCG average of 75% and the national average of 71%.
- 91% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; compared to the CCG average of 86% and the national average of 84%.
- 90% of patients who responded said their last appointment was convenient compared to the CCG average of 85% and the national average of 81%.
- 90% of patients who responded described their experience of making an appointment as good; compared to the CCG average of 76% and the national average of 73%.
- 80% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 60% and the national average of 58%.

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.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately. The practice recorded both verbal and written complaints.
- The complaint policy and procedures were in line with recognised guidance. Seven complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a patient reported concerns regarding their medicines; the practice investigated and responded in person to the patient. The practice team discussed the complaint and agreed that clearer information sharing between staff and patients would have prevented this complaint. All staff were made aware of the learning outcomes.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity, and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services in their local area and neighbouring villages. They understood the challenges and were addressing them. For example, they were aware of the difficulties of another local practice and were working to support the patients in that area. They were proactive in progressing plans to extend their premises to ensure they were able to meet the needs of the population keeping care closer to home.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff we spoke with reported the leadership was inclusive and that they felt a part of the planning in the practice.
- The practice had effective processes to develop leadership capacity and skills, including upskilling staff within the practice.

Vision and strategy

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

- There was a clear vision and set of values to provide high quality care to all patients registered at the practice. The practice had a realistic strategy and supporting business plans to achieve priorities and these were regularly reviewed and risk assessed.
- The practice developed its vision, values, and strategy jointly with patients, staff, and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Staff were confident that they had the skills and training opportunities to further develop.

- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population although they told us these were somewhat compromised by the size of the main practice at Ailsworth.
- The practice monitored progress against delivery of the strategy closely and reviewed it regularly in practice meetings.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and many staff had worked there long term.
- The practice focused on the needs of patients and understood the population groups they served.
- 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. For example, a delay in the clinical oversight of one correspondence was identified. The team discussed this with us and they shared their plan to review their system to ensure there were no delays in clinical oversight of those letters that required a GP to be made aware of.
- The provider was aware of, and had systems to ensure, compliance 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 and were able to give examples of incidents they had raised and the learning from these events.
- There were processes for providing all staff with the development they need. This included regular appraisal and career development conversations. All staff received regular annual appraisals in the last year and there were clear goals and outcomes documented. Staff were supported to meet the requirements of professional revalidation where necessary, for example for nurses and GPs revalidation.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.

Are services well-led?

Good 

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

- There was a strong emphasis on the safety and well-being of all staff. The practice operated a zero tolerance policy on abusive behaviour which protected staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally. Staff were provided with training for equality and diversity.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes, and systems to support good governance and management were clearly set out, understood and effective. The management team had implemented an overall risk management tool to give them effective oversight of ongoing issues and a clear view of mitigated risks.
- The governance and management of partnerships, joint working arrangements, and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures, and activities to ensure safety, and assure themselves that they were operating as intended. These were regularly reviewed and specific to the practice. For example, the safeguarding children policy had the name and contact details of the lead GP, local leads, the health visitor, and midwife attached to the practice.
- However we found that some of these systems needed to be reviewed to ensure there was a consistent approach to monitoring policies and procedures, performance and risk across all three sites.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues, and performance.

- There was an effective process to identify, understand, monitor, and address current and future risks including

risks to patient safety. The practice held an overall risk management register to closely monitor the practice performance. This was reviewed regularly to ensure action plans were carried out.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. However we noted these were not always formally recorded. Practice leaders had oversight of safety alerts, incidents, and complaints and discussed these regularly in meetings.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality, for example by improving antibiotic prescribing.
- The practice had plans in place, and had trained staff, for major incidents. A business continuity plan was in place which detailed the numbers for external contractors in the event of an emergency.
- The practice implemented service developments and where efficiency changes were made; input from clinicians was included to understand the impact on the quality of care. The practice monitored their performance against the relevant regulations to ensure they were meeting them.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information, including audits, which was reported and monitored; management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice submitted data or notifications to external organisations as required, including to the Care Quality Commission. The practice was in the process of ensuring their registration details were amended and updated.

Are services well-led?

Good 

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

- There were effective 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 high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard, and acted on to shape services and culture. The practice gathered patients' views via surveys, complaints and a comments box in the waiting area.
- There was an active patient participation group. We spoke with a member of the PPG who told us they found the practice listened to the views of the patients. The PPG were active in giving their support of the practice plans to extend their premises.
- The service was transparent, collaborative, and open with stakeholders about performance and regularly communicated with the clinical commissioning group regarding local initiatives.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice actively tried to promote and develop staff within the practice where possible. The practice had a clear contingency plan in place for the retirement of partners, which was sustainable.
- The practice recognised that there were some shortfalls in non-clinical staff capacity because of a recent merger of the branch site at Parnwell and the takeover of another local GP practice. This fourth site is under a separate registration and not part of this inspection. They are actively recruiting additional staff.
- The practice was active in their joint working with the CCG and was involved in pilots such as the care navigation and along with ten other practices was a testbed practice. A testbed practice has received funding to lead on improvements in primary care.