

The Grange

Quality Report

The Grange Medical Centre
144 Mayor's Walk
Peterborough
PE3 6HA

Tel: 01733 310110

Website: www.thegrangemedicalcentre.net

Date of inspection visit: 6 June 2016

Date of publication: 13/09/2016

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	13
Background to The Grange	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Grange on 6 June 2016. Overall the practice is rated as inadequate

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

- The practice had been through a period of staff changes following the retirement of a GP partner and a change of practice manager. Staff were working hard to maintain a family centred service with long term locum GPs and a locum nurse practitioner.
- Staff worked with patients to provide a service they valued.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses and there was evidence of learning and communication with staff. Patients received an apology when things went wrong.
- Patient safety was not secure because several systems and processes were not robust. For example appropriate recruitment and induction checks had not been completed for locum staff, systems to monitor patients safeguarding needs were not sufficient and infection control procedures required strengthening. Clinical audits and checks of some administrative procedures such as issuing repeat prescriptions were not in place.
- Data showed patient outcomes were low compared to the national average. Although some clinical audits had been carried out, we saw no evidence that audits were driving improvements in patient outcomes.
- The majority of patients who completed CQC comments cards or gave feedback during the inspection said they were treated with compassion, dignity and respect. However, results from the last GP patient survey indicated that not all patients felt cared for, supported and listened to.

Summary of findings

- The appointment system was working well and patients told us they received timely care when they needed it.
- There was a leadership structure in place but there was insufficient leadership capacity and formal governance arrangements to monitor and support the service.

The areas where the provider must make improvements are:

- Ensure that procedures are in place to identify, support and review patients who may require protection due to safeguarding concerns.
- Review the systems in place for issuing repeat prescriptions particularly for patients receiving high risk medicines.
- Review emergency equipment to ensure that there is an accessible oxygen mask suitable for use in children and there is suitable equipment for measuring blood glucose levels. Regular checks of all emergency clinical items must be recorded.
- Minimum and maximum temperatures of the medicines fridges should be monitored and recorded.
- Assess the risks of legionella and fire in the building and ensure that adequate control measures are implemented.
- Implement a clear system to monitor the completion of staff training relevant to their roles and responsibilities. This should include assurance that appropriate staff have completed training in chaperoning, safeguarding adults and children and infection control.
- Establish systems to monitor infection control practice so that identified improvements can be made in a timely manner.
- Ensure that the recruitment policy is reviewed to checks for all staff (including locum staff) and evidence that induction procedures have been completed.
- Improve governance arrangements so that staff remain informed about changes in national

guidelines, performance against quality measures such as QOF, clinical and other internal service audits so that quality and safety improvements can be actioned.

In addition the provider should:

- Provide updated information in suitable formats for patients about the complaints process.
- Ensure that staff are familiar with the role of the controlled drugs accountable officer and when to report incidents.
- Ensure that all relevant safety alerts and the actions required are discussed with staff at practice meetings to maintain safe care and treatment.
- Review systems used to identify patients with caring responsibilities and ensure that relevant information about support systems are accessible to them.
- Consider providing key service information in alternative languages to suit the practice population.

As a result of the findings on the day of the inspection the practice was issued with warning notices for Regulation 17 (Good governance). We will return to ensure that the practice has complied with this warning notice as soon as it has expired.

I am placing this service in special measures.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into 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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong reviews and investigations were completed although we found one example of missing medication where the investigation and action had not been adequate.
- Patient safety was not secure because several systems and processes were not robust. For example appropriate recruitment and induction checks had not been completed for locum staff, systems to monitor patients safeguarding needs were not sufficient and infection control procedures required strengthening. Clinical audits and checks of some administrative procedures such as issuing repeat prescriptions and responding to incoming medical letters were not in place.
- Environmental risks, including fire and legionella had not been addressed to ensure safe practice for staff and patients.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were low compared to the national average. For example performance for patients with heart failure and those experiencing poor mental health were more than fifty percent below national average scores.
- Knowledge of and reference to national guidelines were inconsistent.
- There was no evidence that audit was driving improvement in patient outcomes.
- Multidisciplinary working was taking place but long term locum GPs were not involved with this and record keeping was limited.
- There was no system in place to monitor mandatory training completed by staff and staff working in the role of medical assistant did not have appropriate training and skills for the role.

Inadequate



Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice similar to or below national average for several

Requires improvement



Summary of findings

aspects of care. For example patients rated their GP consultations lower than average scores overall and rated contacts with a nurse or receptionist as similar to national average scores.

- Patient feedback we received told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easily accessed on the website and could be translated into a range of languages. Other written information was available in English from the practice although information in key languages used by registered patients was not available.
- We saw that staff treated patients with kindness and respect and maintained confidentiality of patient information.

Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example they were part of a local GP federation working to improve local out of hour's services to patients.
- Patients said they found it easy to make an appointment with a GP and there was some continuity of care since the appointment of two part time locum GPs. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was not clearly accessible to patients and the practice website required updating. The practice responded quickly to complaints and concerns raised and patients received an apology. Learning from complaints was shared with staff.

Requires improvement



Are services well-led?

The practice is rated as inadequate for providing well-led services.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients but this had not been shared with staff.
- The management team had limited capacity to oversee the day to day running of the service and monitor the quality and improvement of the service.

Inadequate



Summary of findings

- There was a clear leadership structure and staff told us that the management team were accessible and would listen to them although some felt communication could be improved.
- The practice had a number of policies and procedures to govern activity many of which had been reviewed in the last nine months.
- The governance framework was not adequate because some systems and processes did not help to drive improvement.
- The practice sought feedback from staff and patients but this was not always acted on. The patient participation group was active.
- The leadership and support of staff was inadequate. There was limited evidence that staff received an induction and although staff had access to training there was no process to monitor the completion of training.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Health promotion services were available for example dementia assessment and screening services, flu vaccination clinics and general health checks.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Same day prescription deliveries could be provided to housebound patients from local pharmacies.
- The practice provided responsive support to older people living in a local care home.
- Older people could access support services to manage chronic conditions such as nurse led chronic disease clinics, incontinence services and there was easy access to complete blood pressure checks in the practice.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were mixed. For example heart failure indicators were below the national average scores at 31%. This was 65% lower than CCG average scores and 67% below national scores. However, performance for hypertension indicators scored 97% which was 1% below the CCG and national average score.

Inadequate



People with long term conditions

The practice is rated as inadequate for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- Performance for diabetes related indicators was below the national average scoring 71% overall which was 19% below CCG and national averages.
- Longer appointments and home visits were available when needed. All registered patients had the lead GP as their named GP and could attend specialist clinics or appointments with the practice nurse or locum advanced nurse practitioner based at the practice on a regular basis.

Inadequate



Summary of findings

- Patients could easily monitor their blood pressure through easy access to a machine based in the waiting room. Other assessments offered were spirometry tests, 24 hour ECG and 24 hour BP monitoring.
- Patients with a chronic condition did not always have their annual review to check that their health and care needs were being met. For example 40% of patients with rheumatoid arthritis received an annual review compared to 91% nationally. Although 96% of patients with chronic obstructive pulmonary disease received an annual review which was similar to national averages.

Families, children and young people

The practice is rated as inadequate for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- Immunisation rates were in line with all standard childhood immunisations.
- The practice worked jointly with the midwife, health visiting team (based at the practice) and school nurses.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 75%, which was comparable to the national average of 82%.
- Patients could access a range of family planning services.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- The needs of the working age population, those recently retired and students had been identified and the practice offered accessible and flexible care to meet these needs. For example telephone consultations were available and the practice provided same day appointments at the end of surgery where this was possible. As the practice could not open after 6.30pm in the evening or before 9am, if required, patients could be seen by a GP at the other practice led by this GP elsewhere in the city.

Inadequate



Summary of findings

- Patients were able to book appointments online although few patients had registered to use this service. There was no online process to request repeat prescriptions.
- Health promotion advice was offered although there was limited accessible health promotion material available. Access to health promotion advice and local/national organisations was available through the practice website.

People whose circumstances may make them vulnerable

The practice is rated as inadequate for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- The practice offered longer appointments for vulnerable patients that required additional time for example for patients with a learning disability
- Annual health checks for patients with a learning disability were completed.
- The practice worked jointly with an organisation supporting patients with substance misuse issues and a weekly clinic was held at the practice.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice held child protections meetings with other health care professionals but had not established meetings reviewing the needs of vulnerable adults.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. However, systems to identify and monitor children or vulnerable adults with safeguarding needs required strengthening.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is 13% lower than the CCG and national average scores.
- Performance for mental health related indicators was below the national average scoring 42% overall. This was 51% below CCG and national average scores.

Inadequate



Summary of findings

- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. They were also able to access a befriender group run by the practice and a counsellor provided weekly clinics.
- Same day telephone triage was offered and practice staff told us that, where clinically indicated, an appointment with a GP was offered to ensure that any health needs were quickly assessed for this group of patients.
- The practice told patients experiencing poor mental health how to access various support groups and voluntary organisations. Staff had knowledge on how to care for patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed a mixed picture for the practice performance. 321 survey forms were distributed and 103 were returned. This represented a 32% response rate.

- 65% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and a national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and a national average of 85%.
- 71% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and a national average of 85%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

- 63% of patients said they found the receptionists at the practice helpful compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which gave positive comments about the standard of care received. The majority of patients said they felt the practice were helpful, caring and treated them with dignity and respect. One patient said they had attended the triage clinic held on Mondays, on more than one occasion and they had felt that staff did not have enough time for them.

We spoke with patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure that procedures are in place to identify, support and review patients who may require protection due to safeguarding concerns.
- Review the systems in place for issuing repeat prescriptions particularly for patients receiving high risk medicines.
- Review emergency and clinical equipment to ensure there is an oxygen mask suitable for use in children, suitable equipment for measuring blood glucose levels and that regular checks of all essential clinical items are recorded.
- Minimum and maximum temperatures of the medicines fridges should be monitored and recorded.
- Assess the risks of legionella and fire in the building and ensure that adequate control measures are implemented.
- Implement a clear system to monitor the completion of staff training relevant to their roles and responsibilities. This should include assurance that appropriate staff have completed training in chaperoning, safeguarding adults and children and infection control.
- Establish systems to monitor infection control practice so that identified improvements can be made in a timely manner.
- Ensure that the recruitment policy is reviewed to checks for all staff (including locum staff) and evidence that induction procedures have been completed.
- Improve governance arrangements so that staff remain informed about changes in national

Summary of findings

guidelines, performance against quality measures such as QOF, clinical and other internal service audits so that quality and safety improvements can be actioned.

Action the service SHOULD take to improve

- Provide updated information in suitable formats for patients about the complaints process.
- Ensure that staff are familiar with the role of the controlled drugs accountable officer and when to report incidents.
- Ensure that all relevant safety alerts and the actions required are discussed with staff at practice meetings to maintain safe care and treatment.
- Review systems used to identify patients with caring responsibilities and ensure that relevant information about support systems are accessible to them.
- Consider providing key service information in alternative languages to suit the practice population.

The Grange

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to The Grange

The Grange is an established GP practice that has operated in the area for many years. It serves approximately 2,900 registered patients and has a general medical services contract with NHS Cambridgeshire and Peterborough CCG. It is located close to the centre of Peterborough in a private residential area and is close to local bus routes. There is very limited designated parking for patients although patients and visitors can park on the nearby roads. The service is close to a small pharmacy.

According to information taken from Public Health England, the patient population has a slightly higher than average number of patients aged 0 to 39 years. When compared to practice average rates across England the practice has a lower than average number of patients aged 45-59 years and over the age of 70. The practice informed us that they have a population group from diverse backgrounds and approximately 40% of their population are from a Pakistani background.

The practice is led by a GP who is supported by two part time locum GPs (one male one female) who have been based at the practice for approximately nine months. The practice has not been successful in recruiting a second GP partner or salaried GP and at times other locums GPs are used. The team includes two practice nurses, one of whom is trained to provide a minor injuries service. A locum nurse practitioner also works at the practice on a regular part time basis. There are two reception staff, a medical

secretary, a practice manager and assistant practice manager. The GP also leads another larger practice based in the city. A number of staff (including the lead GP, practice manager, assistant practice manager and a lead receptionist) are based at the other practice most of the time. Staff work at both practice locations at times to share resources.

The opening times for the main surgery are Monday to Fridays from 9am to 6.30pm. Appointments are available with a GP or an advanced nurse practitioner from 9-11.30am and 3-5pm daily. Extended hours appointments could be provided by arrangement or arrangements could be made for patients to attend the other practice in the city run by the provider. When the practice is closed patients receive care and support through the out of hour's service. Patients can access this by dialling the NHS 111 service or by calling the practice where an answerphone message will advise them.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 June 2016. During the inspection we:

- Spoke with a range of staff including the practice manager, assistant practice manager, nursing staff, GPs and reception staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised search of patient records on the database.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting incidents and significant events and staff were all able to describe how such incidents were reported. There was an incident recording form available to staff and the practice maintained a log of the incidents. We viewed the practice's significant events and found there had been eight reported events since May 2015. Each one had been considered, discussed with staff where relevant and actions taken. However, we found the practice had not taken appropriate action when they had identified that a box of controlled drugs was missing from the practice. The incident had not been reported to the area team controlled drugs accountable officer. This role aims to ensure governance and management of controlled drugs in the area to minimise harm to patients, misuse of medicines and criminality. Once we had shared our findings with the practice they took immediate action to rectify this.

The minutes of the practice's meetings demonstrated that significant events were discussed with staff so that action and learning was shared. However the practice did not have a process to review the significant events periodically to identify any emerging themes and to ensure that actions taken were embedded into practice. Complaints were managed separately and a thorough review was completed for each one.

There was a clear system in place for receiving and sharing any patient safety alerts with staff. The alerts were logged and a named member of staff was identified to take action within a set date. Action was taken in response to alerts to review patients' needs and ensure they continued to receive safe care and treatment. For example an electronic search of the patient database had been completed to check whether diabetic patients were using a particular insulin pump where the manufacturer had identified a fault. We found that safety alerts were not discussed at practice meetings to keep staff informed of any actions that had been taken.

Overview of safety systems and processes

The systems, processes and practices used to keep patients safe and safeguarded from abuse were not robust. Our findings included:

- Safeguarding policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff told us that safeguarding children's meetings were held at the practice and records of these meetings were available. There was no specific process in place to review the safeguarding needs of vulnerable adults. The practice informed us that the multidisciplinary meetings were aimed at patients who are vulnerable. There was no system to highlight the patients with safeguarding needs at the practice to ensure that all relevant staff were aware of these needs. Staff we spoke with demonstrated they understood their responsibilities in relation to safeguarding children and vulnerable adults. The practice expected all clinical staff to be trained in child safeguarding at level 3 but they were unable to evidence that this had been completed by staff.
- A notice at the reception desk advised patients that chaperones were available if required and a chaperone policy was in place. We were informed that nurses acted as chaperones but the practice was unable to evidence that health care assistants had received chaperone training.
- The premises were visibly clean and tidy. We were informed that the minor injuries nurse had responsibility for infection control at the practice but this had not been made clear to them or other members of staff. An infection control audit of the clinical areas had been completed in April 2016. Although staff were unable to provide evidence that the identified actions had been taken forward, they told us that one issue had been raised with NHS England. There was no evidence that previous audits had been completed. Infection control meetings were held jointly with the other surgery run by the provider. Three meetings had taken place since September 2015 and although a member of staff had attended two meetings, there were few actions identified in the minutes specifically for the infection control lead at The Grange. When we looked around areas of the practice, we noted that in one clinical treatment room a floor standing fan was very dusty. In another, the sharps bin had not been labelled at the time of the inspection. The staff did not complete regular checks of the clinical rooms to monitor health and safety and infection control issues. There was an infection control policy in place to guide staff and online

Are services safe?

training updates were available for them to access. Although we saw evidence that several staff had completed infection control training the records were not stored in one place and the training spread sheet had not been kept up to date. The practice informed us that some staff had been given access to this training through an online training programme. Completion of the training was still in progress at the time of the inspection.

The arrangements for managing medicines, including emergency medicines and vaccines required a review to ensure that patients were kept safe.

- Although there was a process in place for managing repeat prescription requests in a safe way, there was no process to check that the policy was being adhered to. We completed a random check for a patient on a high risk medicine. We found that prescriptions for the medicine had been issued above the safe prescribing range without reviewing the patient. We reported this to the practice and asked them to complete a significant event report.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The practice used a locum nurse practitioner on a regular basis who had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. The practice did not provide any formal supervision to review her prescribing practice to ensure it was in line with best practice guidelines and the local prescribing formulary. The nurse practitioner confirmed she received this support from another employer and that informal advice was available from the locum GPs in the practice. The practice also told us they employed a pharmacist to review patient records and provide relevant staff with some feedback about their prescribing decisions.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation such as immunisations and vaccines. These are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- The practice completed twice daily temperature checks of fridges used to store medicines to ensure they were

stored at safe temperatures. However the minimum and maximum temperatures reached were not being monitored to ensure that medicines were being stored at a constant and safe temperature.

- We reviewed two personnel files for permanent staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. The disclosure and barring service check for two members of staff had been completed by other employer's. The recruitment policy did not include detail of the risk assessment process that should be considered in relation to requesting DBS checks or accepting checks undertaken by previous employers. The practice had employed two long term locum GPs the previous year and a locum nurse practitioner. Other GP locums were employed as short term cover as required. Information packs were supplied to them and the practice had an induction process in place. However records to demonstrate each locum's training, qualifications and the checks completed on induction were not fully completed. For example there were no clinical references or evidence that they were on the primary care medical performers list. There was no evidence of a DBS check for one locum member of staff.

Monitoring risks to patients

There were some procedures in place for monitoring and managing risks to patient and staff safety although some areas required a review.

- There was a detailed health and safety policy available with a poster in the reception office which identified local health and safety representatives. All electrical equipment was checked to ensure the equipment was safe to use and most clinical equipment was checked to ensure it was working properly. However, we found a device used for checking patients' blood sugar levels had not been calibrated since November 2015. This item should be checked on a monthly basis by staff to ensure it produces accurate measurements of blood sugar levels. The practice manager had completed a basic legionella risk assessment but had not received any training to do so. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. The assessment was not robust enough to identify any risks and the associated actions that were

Are services safe?

required to monitor them. Since the inspection, further training for the practice manager has been completed. Although requested, the practice did not supply us with an up to date fire risk assessment and regular fire drills had not taken place. No other environmental risk assessments were in place.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had struggled to recruit GPs and had secured part time support from two long term locum GPs and a locum advanced nurse practitioner. This enabled some continuity of patient care in the short term. The management team told us they constantly reviewed their resources so that patient needs could be met. For example one nurse had completed training in the management of minor injuries and a musculoskeletal service had recently commenced.
- Administrative staff dealt with incoming letters regarding the care and assessment of patients by other clinical staff for example following hospital admission or outpatient appointments. The information was coded, attached to the patient's electronic record and the GP was notified if further action or assessment was required. However, we found no evidence of any quality checks to ensure that letters were being managed appropriately. The practice told us this was done from time to time on an informal basis. Test results were checked by a member of staff based at the other GP practice and shared with the GP or advanced nurse practitioner if deemed necessary. Similarly there was no formal system in place to check that the decisions made

were appropriate. This meant the practice had no assurance that patients always received appropriate ongoing care and treatment. Records we saw indicated the test results were checked in a timely way.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents although improvement was required.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff attended annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with an adult mask was available. A mask suitable for use with children, was not available with the emergency equipment and could not therefore be accessed as quickly. The emergency equipment was checked each day but no records were completed.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff and these were held by the practice manager.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The staff we spoke with were able to demonstrate their knowledge of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Training meetings were held each month and guidelines were reviewed here as needed. The locum GPs attended the meeting on an occasional basis only. We spoke with locum staff who had been employed at the practice for several months. They told us they were unable to attend meetings as they were held on days they did not work there.

The practice nurse supports the GPs in helping to monitor the health of patients with long term conditions and seeks advice from the GPs when it is needed. One nurse had been trained to provide a minor injuries service and this helped to ensure that GPs saw patients with more complex needs. Within the last few months, the practice had implemented a new musculoskeletal service whereby once a week, a physiotherapist was available to assess relevant patients.

Dr Bankart was the lead for all clinical issues at this practice as well as one other practice in Peterborough. The team worked very closely together and frequently provided support and advice to one another on an informal basis. However, we found there was no system in place to check that clinical assessment guidelines were being followed through either audits or random sampling of patient records. This peer support occurred informally, at clinical meetings or when they approached the lead GP for advice and support.

The practice reviewed data from the CCG on a regular basis to compare themselves with other practices for issues such as the prescribing of antibiotics, referral rates and attendance at the accident and emergency department. This information was fed back to staff at the training meeting.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality

of general practice and reward good practice). The most recent published results were 72.7% of the total number of points available. The practice had an overall exception reporting rate that was similar to CCG and National averages at 9.4%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The data for QOF from 2014/15 showed this practice under performed in several areas. For example:

- Performance for diabetes related indicators was below the national average scoring 71% overall. The practice scored 19% points below CCG and England averages which was 90%.
- Performance for mental health related indicators was below the national average scoring 42% overall. This was 52% below CCG and national average scores of 94%.
- Performance for heart failure indicators was below the national average scores at 31%. This was 65% below CCG average and 67% below National average scores at 96%.
- Performance for hypertension indicators scored 97% which was similar to CCG and national average scores at 97%

We raised these concerns with the practice who told us that a recall system for inviting patients to attend their health reviews had not been established until January 2016. Since that time, a process of sending up to three reminder letters to patients to attend their health reviews had been introduced. Staff felt this was improving performance although it was too soon to see the impact on the data.

There was limited evidence of quality improvement through clinical audit. There had been two clinical audits completed in the last two years where the results seen had led to improvements which were implemented. These were both medicines management related audits (for benzodiazepines and antibiotic prescribing) in line with local guidelines. No other clinical audits had been initiated by the practice.

Effective staffing

Some improvement was needed to ensure that staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff and this included locum staff. However there was very limited evidence that it was used. Three staff we spoke with did not recall having a formal induction when they commenced employment.
- The practice demonstrated that the minor injuries nurse had completed appropriate training for the role and had attended advanced asthma training.
- Subsequent to the inspection, we found the practice employed medical assistants on one day a week at the practice. Through evidence gathered at a responsive inspection at the Botolph Bridge practice, we found that the medical assistants had not received appropriate training and we were concerned that this put patients at risk of unsafe care. We have since received confirmation from the practice manager that the medical assistant role has been withdrawn. We have already shared this information with NHS England who are taking action.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff we spoke with told us that they had received appropriate levels of training for their roles and said they received an annual appraisal. The staff files we reviewed showed that staff were not all up to date with mandatory training. The practice informed us that mandatory training had only become available from the CCG in April 2016.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. We found that information was shared with other services in a timely way. All patient referrals were reviewed by the lead GP before being sent, this happened in a timely way.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

ongoing care and treatment. This included other health care professionals who often attended the monthly clinical meeting to review patients with complex needs. Health visitors and nursery nurses were also based in the building which enabled better communication. The lead GP told us they were reviewing the meeting system to introduce meetings that focused on specific needs such as patients requiring end of life care. The practice had recently implemented the use of the Gold Standards Framework (GSF) when co-ordinating end of life care for patients although the process was yet to be embedded. Two GSF meetings had taken place and a register of patients had been developed although this did not include all of the relevant information to be fully effective.

Patient's electronic health records were held securely and the system enabled the practice to share relevant notes with the out of hour's service to help ensure that patients' needs could be effectively met. Summary records were provided to patients who were referred to the accident and emergency department by the practice.

The practice also provided support to a local care home. Staff who worked at the care home told us they always provided a GP visit when requested and that the practice provided appropriate support to patients who were vulnerable for example, those receiving end of life care.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Training was available for them to complete online. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. A number of registered patients had a limited understanding of English and were accompanied by an adult relative who could translate for them. If this was not appropriate, interpreting services could be accessed.

Are services effective?

(for example, treatment is effective)

Consent forms for patients having minor procedures were in place and we saw evidence of their use. There was no evidence to show the practice had checked that staff followed appropriate consent procedures.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and counselling services. Patients were signposted to the relevant service.
- Smoking cessation and weight management advice was available from the practice nurse.

The practice's uptake for the cervical screening programme was 72%, which was comparable to the CCG average of 74% and the national average of 74%. The practice encouraged uptake of the screening programme by using information in different languages and for those with a

learning disability and they ensured a female sample taker was available. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening when the opportunity arose and could provide patients with relevant information. Attendance was broadly in line with CCG average rates at 77% for breast cancer screening and 53% for bowel cancer screening. Invitations to attend for this health screening were managed by the public health team.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 91% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations so that conversations taking place in these rooms could not be overheard.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 20 patient Care Quality Commission comment cards about the service they experienced. Most of these were very positive and patients said they felt the practice were helpful, caring and treated them with dignity and respect. One patient said they had experienced attending the triage clinic, held on Mondays, on more than one occasion and they had felt that staff did not have enough time for them.

We spoke with three members of the patient participation group (PPG). They also told us that patients valued being part of a small personalised service and staff were working hard to maintain this. They were satisfied with the care provided by the practice although they felt that patients wanted continuity from their GP rather than locum GP cover. Comment cards also highlighted that some patients missed having continuity of care from the GP but told us they were satisfied overall.

Results from the national GP patient survey showed that patient satisfaction with their consultations with GPs rated similar to or below national average scores. The practice achieved a 32% response rate to the survey compared to a national response rate of 38%. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%. Ten out of 40 patients who responded to this question did not feel the GP was good at listening to them.

- 77% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%. 5 out of 37 patients had no confidence or trust in the GP they saw.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%. 11 out of 40 patients who responded to this question did not think the last GP they spoke with was good at treating them with care and concern.

Feedback from patients in the GP patient survey about other staff was similar to average scores. For example:

- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 93% of patients said the last nurse they saw was good at giving them enough time, this compared to the CCG average of 93% and the national average of 92%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

We found no evidence to indicate the practice considered the results of the GP patient survey to help inform improvements.

The practice told us they had completed their own survey which reflected the questions contained within the GP survey. However it did not include specific detail about the quality of the consultations patients said they had experienced. Patients were asked to comment on issues they would change and raised issues relating to access to appointments and information about when female GPs were available. These appeared to have been discussed at the PPG meeting but there was no evidence that actions had been taken.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of the inspection told us they felt listened to and supported by staff and had

Are services caring?

sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed that patient responses to questions about their involvement in planning and making decisions about their care were similar to or below average scores in some areas. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

The practice was aware that Pakistani patients formed the biggest cultural group within the practice. The PPG had recently developed a link to help them develop communication and translate written information. This work had not yet been taken forward.

Double appointments were given to any patient who required additional time to communicate clearly. Staff were able to describe examples of alternative ways to support patients communications needs such as through an interpretor using sign language.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. For example The Carer's Trust, mental health wellbeing service and Alzheimer's society leaflets about support for patients with dementia and their carer's. Information about support groups was also available on the practice website and this included local contact numbers for Cruse bereavement care and the family mediation service. We did not see any information in alternative languages on display although following the inspection the practice told us there was a folder in the waiting room that contained some information relevant to the local population.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 15 patients as carers (this was 0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. There was no specific information available to carers on the website.

Staff told us that if families had suffered bereavement, their usual GP contacted them and arranged a consultation at a flexible time and location to meet the family's needs. They were also able to signpost them to bereavement support services and this information was also on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example, a mental health support worker and a midwife both held a regular clinic at the practice.

The practice offered a variety of services to patients in addition to chronic disease management. This included contraceptive advice, chlamydia screening, a musculoskeletal assessment service, and phlebotomy and travel advice. It also offered an influenza vaccination service.

There were longer appointments available for people with a learning disability or for those with complex needs. Home visits were available for older patients / patients who would benefit from these. The practice offered an urgent on the day appointments with a GP each day. Appointments could also be made with the minor injuries nurse or the locum advanced nurse practitioner on the days they were available. The practice had identified that some women wanted to know when a female GP was available. They had planned to place this advice in a poster that was also translated into Urdu to meet the needs of their patients. However, this was not in place at the time of the inspection. An electronic check-in screen had been installed in recent months. This was available in a range of languages to meet patient needs.

The practice worked closely with Aspire a service supporting adults with substance misuse issues. Clinics were held at the practice on a regular basis.

Access to the service

The practice was open between 9am and 6.30pm Monday to Friday. Appointments were available with a GP or advanced nurse practitioner from 9-11.30am and 3-5pm daily. Extended hours appointments could be made up until the practice closed or arrangements could be made for patients to attend the Botolph Bridge practice which opened for early and evening appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also

available for people that needed them. Telephone consultations were also available. Patients could book their appointment online if they had registered to do so. Online repeat prescription requests could also be made.

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

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 65% and the national average of 75%. This equated to 6 out of 39 patients who said they were dissatisfied to some degree.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

Feedback from patients received during the inspection did not support this view indicating that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The assistant practice manager had designated responsibility for handling all complaints in the practice.

We looked for information displayed in the practice to help patients understand the complaints process that was in place. There were no complaints posters or leaflets in the waiting room. The practice website contained information on how to raise concerns either verbally or in writing. This needed to be updated as the named practice manager had changed.

We looked at 5 complaints received in the last 12 months and found these were handled in a timely way. When the investigation by the practice was delayed, patients received written communication to inform them of this. Complaint outcome letters produced by locum GPs showed that a thorough and considered response was provided to the patient and an apology given. Lessons were learnt from individual concerns and complaints and we saw that where relevant, they were discussed at the practice meeting. For example one complaint was from a patient who was unable to get through on the telephone. The supplier was called in to review the needs of the practice and advised

Are services responsive to people's needs?

(for example, to feedback?)

that there were insufficient phone lines to meet needs. The practice is considering taking action. The practice did not review complaints on an annual basis to identify any themes or trends to improve the quality of care.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The management team had a clear vision to deliver high quality care and promote good outcomes for patients. They were committed to providing a service that followed the expectations of their population which was to receive care and support from a small family friendly service.

We found that staff were not aware of the vision and development plans for the practice and did not feel engaged with the process.

Governance arrangements

The leadership team had not ensured that appropriate governance arrangements were in place to give staff direction and hold them to account. The systems in place did not ensure that risks were identified and addressed in a timely way.

The performance of the practice was not adequately monitored to identify weaknesses and plan service improvements that would benefit patient outcomes. For example through performance of the quality outcomes framework. A clinical and internal audit process was not established to help identify and drive service improvements and secure safe care and treatment.

The arrangements for identifying, recording and managing environmental risks such as fire and legionella were not sufficient to ensure that identified risks and mitigating actions were implemented.

The practice had a number of policies and procedures to govern activity many of which had been reviewed in the last nine months. However we found they were not always followed by staff. New staff did not always receive an appropriate induction and there was no system in place to monitor progress with mandatory training on an ongoing basis.

Leadership and culture

There was a leadership structure in place although not all staff were aware of lead roles within the practice such as the lead responsibility for infection control. Staff told us the practice held regular team meetings and records of these were made available.

The GP and practice manager struggled to provide leadership of two separate GP practices. The lead GP was based at The Grange one day each week and was available for telephone support at other times. The practice manager and their assistant visited the service during the week. We found that some members of staff did not receive supervision; felt isolated and said that team communication could be improved. However they told us that the management team were approachable and listened to them.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We reviewed complaints and found that when things had gone wrong, patients received an apology.

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

The practice welcomed feedback from patients but did not always make use of feedback. There had been one action taken in response to the results of the national GP patient survey but there was no evidence of other actions.

The practice had gathered feedback from patients through a survey run by the patient participation group (PPG) in November 2015. There was no action plan in response to the survey although the PPG had designed an information leaflet to promote their role and encourage further membership from anyone within the local community. They had also responded to feedback from patients who said there were too many posters displayed in the waiting room. A small survey to target the needs of patients from Pakistani backgrounds had also been completed. This had identified that female patients were not aware of when they could access appointments with a female GP. The group had arranged to devise some posters to promote this. The PPG meetings were held every two months and members we met told us they had a good relationship with the management team.

The practice gathered feedback from staff through staff meetings and general discussion. However, not all staff felt there were established systems for providing feedback or being involved in developments as a wider team to improve how the practice was run.

Continuous improvement

Are services well-led?

Inadequate 

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

Although the management team were keen to implement innovative practice the systems to monitor quality and maintain ongoing improvements were inadequate. The practice did not use all opportunities for continuous learning to improve and strengthen the service.

There was some evidence that the practice engaged with local pilot schemes to improve outcomes for patients in the area. For example the practice was part of a local group working to improve out of hour's health care in the area through funding from the Prime Ministers Challenge Fund.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There was no easy access to an oxygen mask suitable for use with children in an emergency situation.</p> <p>Equipment used for measuring blood glucose levels was not maintained to ensure it was suitable for use.</p> <p>The temperature of medicine fridges was not adequately monitored to ensure that medicines were stored at safe temperatures and were fit for use.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider did not have systems in place to ensure that employed staff had appropriate qualifications, skills and experience to fulfil their role because;</p> <ul style="list-style-type: none">Records of the recruitment checks for locum staff and checks to assess their competence before working unsupervised were not recorded. Regulation 19 (1) <p>This was in breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have appropriate systems in place to assess, monitor, mitigate risks and improve the quality of the service because;</p> <ul style="list-style-type: none">• There were no established procedures in place to identify, support and review patients with safeguarding needs. Regulation 17 (2) (b)• There was no system in place to check that repeat prescriptions were being issued to promote the safe management of medicines. Regulation 17 (2) (b)(f)• There was no system in place to assess environmental risks. The risks of legionella and fire in the building had not been assessed to ensure that adequate control measures were implemented. Regulation 17(2) (b)• Governance procedures did not help to identify risks and drive improvement. Regulation 17 (2) (a) (f)• There was no system to ensure that staff had completed training essential to the role. Regulation 17 (2)(a)(f) <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>