

Green and Green (also known as Central 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?

Requires improvement 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

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	8
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Green and Green (also known as Central Medical Centre)	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Central Medical Centre on 5 October 2017. Overall the practice is rated as good.

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

- There was a clear leadership structure and staff felt supported by management.
- There was an open and transparent approach to safety. There was an effective system in place for reporting and recording significant events. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were discussed in recorded practice meetings where minutes were taken but not on a consistent basis. Clinicians explained that significant events were also discussed on an ad-hoc basis. We

saw evidence that improvements were made as a result of significant events. The practice did not actively monitor trends in significant events to mitigate any risks and encourage improvements.

- Prescription stationary in the practice was kept safe but was not tracked throughout the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. Staff told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments and there were sufficient stocks of equipment and single-use items required for a variety of interventions.
- We observed the premises to be tidy and clean.
- Staff had received training on safeguarding children and vulnerable adults relevant to their role.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Summary of findings

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
 - Results from the national GP patient survey showed patients did not always rate the service highly in comparison with local and national averages.
 - Cancer and cervical screening rates were below local and national averages.
 - Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. But there was no system in place to ensure that lessons learnt from individual concerns and complaints were shared with other staff or stakeholders.
 - The leadership team had accounted for necessary changes in the practice's future. The practice had endured considerable recent challenges in the structure and leadership
 - The practice had in depth knowledge of their population and diversities and subsequent challenges.
- There were several areas where the provider should make improvements:
- Monitor trends in significant events and ensure significant event discussions are recorded effectively.
 - Share learning from complaints and their outcomes.
 - Explore further opportunities to support an increase in cervical screening rates as well as breast and bowel cancer screening rates.
 - Review the processes for identification of patients who are carers.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Significant events were discussed in recorded practice meetings but not on a consistent basis. We saw evidence that improvements were made as a result of significant events but the practice did not actively monitor trends in significant events.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- We observed the premises to be tidy and clean.
- Risks to patients were assessed and generally well-managed; prescription stationary was not tracked throughout the practice to monitor its use. The practice took immediate action and addressed this. Emergency medicines were easily accessible to staff in a secure area of the practice at each site and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 result (2016/17) was 96% of the total number of points available which was in line with the local average of 96% and the national average of 95%. The overall exception reporting was 14%, which was slightly higher than the local average of 11% and the national average of 10%. (Exception reporting is the

Summary of findings

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). Data showed the practice performed below local and national averages for cervical screening and breast and cancer screening rates.

- Staff were aware of current evidence based guidance and reported training was encouraged.
- The practice had an audit programme that reflected current evidence based guidelines to review performance and make improvements.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, including health visitors.

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 in line with, or below, local and national averages for several aspects of care.
- The practice had identified less than 1% of the practice population as carers. Staff were able to signpost carers to relevant services.
- As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards, of which 14 were positive and two were neutral about the standard of care received, none were negative.
- Information for patients about the services available was accessible. The waiting room had leaflets on local support organisations and national groups on display. An electronic screen in the waiting room provided additional information for patients.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group.
- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice hosted services including a midwife, and health visitors on site so patients could access these services close to home, reducing the need for excess travel. The practice also employed a phlebotomist enabling patients to have blood tests done without the need to travel elsewhere.
- Results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was mixed compared with local and national averages.
- Patients said there was continuity of care, with urgent appointments available the same day. Two comment cards indicated that access to appointments could be problematic.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples we reviewed showed the practice responded quickly to issues raised. There was no system in place that lessons learnt from individual concerns and complaints were shared with other staff or stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings. The practice had been dealing with significant staffing issues but had successfully recruited and re-established the organisational structure.
- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care however learning outcomes and trends relating to significant events and complaints were not consistently identified or shared.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, including long term condition management.

Good



Summary of findings

- Staff were supported through a system of appraisals and continued professional development.
- The provider was aware of the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged actively with the patient participation group.
- The practice had in depth knowledge of their population and diversities and subsequent challenges.

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 good for the care of older people.

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above, or in line with, local and national averages.
- The practice worked with multi-disciplinary teams when providing care for older people, if required.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in long-term disease management, such as diabetes. Patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. Performance for diabetes related indicators was 86%; this was 5% below the CCG and England averages. The exception reporting rate for diabetes indicators was 15%, which was in line with the CCG (15%) and national (13%) averages. The prevalence of diabetes was 5% which was 1% lower than the CCG average and 2% below the national average. The overall performance of 86% was an improvement on 2015/16 performance of 67%. The practice explained that they referred all patients (where possible) to the structured education programme but this service was only available for patients who spoke English.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Summary of findings

- The practice provided in-house D-Dimer testing (a blood test that measures a substance that is released when a blood clot breaks up) and use of a Doppler machine (used to check for deep vein thrombosis) at both sites.
- Longer appointments and home visits were available when needed.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- 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.
- Immunisation rates were in line with national averages for standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 66%, which was below the CCG average of 82% and the England average of 81%. Patients who did not attend for their cervical screening test were contacted to encourage attendance.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors on a regular basis. These were based at the practice's premises.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



- 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, extended opening hours' appointments were provided.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations where appropriate for those who could not make it to the surgery.

Summary of findings

- The practice offered travel immunisations available on the NHS and NHS health checks were encouraged.
- When we reviewed breast and bowel cancer screening rates we found these to be considerably below local and national averages.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

- The practice had 35 registered patients with learning disabilities, of whom 23 had received a review in 2016/17; five were too young for a review at the practice (below 14 years of age; these patients were reviewed by secondary care services).
- The practice maintained detailed records on each of these patients with information recorded for those that did not attend, for example contact with next of kin, patients having left the area or having deceased.
- The practice offered longer appointments for patients with a learning disability where required.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients such as district nurses and maintained communication with the commissioners on the status of these patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations including carers groups.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- The practice had 34 registered patients with dementia, of whom 12 required a review; nine patients had received a review in 2016/17.

Good



Summary of findings

- The practice had 102 registered patients with mental health conditions, of whom 72 required and had received a review in 2016/17.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations, including local wellbeing services.
- Staff interviewed had a good understanding of how to support patients with mental health needs and had all received training in dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 388 survey forms were distributed and 93 were returned. This represented a 24% completion rate.

- 80% of patients described the overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) average of 86% and the national average of 85%.
- 79% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 59% 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 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards, of which 14 were positive and two were neutral about the standard of care received, none were negative. Patients commented on the caring nature of the staff and the cleanliness of the premises. Two comment cards reported further positivity of patient experiences but contained negative comments about obtaining appointments. One comment card reported extended waiting times.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also spoke with three representatives of the patient participation group who reported collaborative working with the practice and approachable staff. Patients spoke of positive experiences in their personal care and they felt involved in the decision making processes. They felt the clinicians provided sufficient time during consultations and that waiting times were acceptable.

We also spoke with a local councillor who spoke highly of the practice and described the practice as a pillar of the community. The councillor described the local challenges with the wide variety of nationalities in the area (the practice had approximately 130 different nationalities on the patient list) and the challenges with non-English speakers. They explained the practice was extremely proactive in engaging with patients, and that they had referred patients to a local exercise group set up by the council. They explained they had a very good professional relationship with the practice and also felt valued as a patient. The councillor also held sessions at the practice to reach out to constituents to answer their queries and speak with them on council matters.

Areas for improvement

Action the service **SHOULD** take to improve

- Monitor trends in significant events and ensure significant event discussions are recorded effectively.
- Share learning from complaints and their outcomes.

- Explore further opportunities to support an increase in cervical screening rates as well as breast and bowel cancer screening rates.
- Review the processes for identification of patients who are carers.

Green and Green (also known as Central 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 second CQC inspector and a practice manager specialist adviser.

Background to Green and Green (also known as Central Medical Centre)

Central Medical Centre provides services to approximately 12,000 patients in Peterborough, Cambridgeshire. The practice has two GP partners, one female and one male. There are two salaried GPs and one long term local GP, all female. There is a practice manager, an assistant practice manager, two secretaries, two members of staff responsible for data and finance management and a team of seven receptionists. There are two practice nurses, three nurse practitioners, one healthcare assistant and one phlebotomist. The practice holds a General Medical Services contract with Peterborough and Cambridgeshire Clinical Commissioning Group (CCG).

Appointments can be booked up to four weeks in advance with GPs and nurses. Urgent appointments are available for people that need them, as well as telephone appointments. Online appointments are available to book up to one month in advance.

The practice was open between 8am and 6pm Monday and Friday. The practice did not offer extended appointments

and signposted patients to the local walk in centre which was open from 8am to 8pm seven days a week. Out of hours' services in the area were provided by Herts Urgent Care through NHS 111.

The most recent data available from Public Health England showed the practice has a considerably smaller number of patients aged 39 and over, compared with the national average. There are a significant high number of patients aged 0 to 14 and 25 to 39. The number of males aged 25-39 is approximately twice as much as the national practice average. Income deprivation affecting children is 29%, which is higher than the CCG average of 16% and the national average of 20%. Income deprivation affecting older people is 32%, which is also higher than the CCG average of 13% and national average of 16%. Life expectancy for patients at the practice is 76 years for males and 81 years for females; this is below the national expectancy of 79 years and 83 years respectively.

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 including the Clinical Commissioning Group to share what they knew. We carried out an announced visit on 5 October 2017.

During our visit we:

- Spoke with a range of staff including GPs, nurses, administration and reception staff, and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Significant events were discussed in recorded practice meetings but not on a consistent basis. GPs informed us that significant events were regularly discussed on an ad hoc basis but the practice did not actively monitor trends in significant events. We saw evidence that improvements were made as a result of significant events.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under 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 safety records, incident reports and patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS). A folder was kept with in which all updates and alerts were detailed. When we reviewed relevant alerts and updates on the practice's computer system we saw that actions were taken as a result.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding, who was also the mental health lead for the CCG. The GPs attended safeguarding meetings with health visitors and always provided reports where

necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs were trained to child safeguarding level three.

- Chaperones were available if required. Nurses acted as chaperones and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications and the appropriate checks through the DBS.

The practice maintained appropriate standards of cleanliness and hygiene:

- We observed the premises to be tidy and clean throughout. The practice made use of an external cleaning company. There were cleaning schedules and monitoring systems in place. Clinicians were responsible for the daily cleaning of their area; we saw schedules in place for this.
- A nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. We saw evidence that a premises' audit had been undertaken in September 2017. We saw evidence of improvements from the last audit. For example, some waste bins had been replaced.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and disposal). Stores of blank prescription stationary were stored securely but there was no system to track prescription stationary through the practice. The practice addressed this immediately after the inspection. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice directly employed a pharmacist and carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe

Are services safe?

prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer medicines against a patient specific direction from a prescriber.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety across all sites.

- There was a health and safety policy and risk assessment available.
- The practice had up to date fire risk assessments and carried out regular fire drills. There were 12 designated fire marshals within the practice. There was a fire evacuation plan which identified how staff and patients were to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. Staff told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments and there were sufficient stocks of equipment and single-use items required for a variety of interventions.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents across all sites.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were appropriate emergency medicines available in the treatment room.
- The practice had a defibrillator available and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice at each site 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 for major incidents such as power failure. The plan included emergency contact numbers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through regular discussion at meetings.

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 result (2016/17) was 96% of the total number of points available which was in line with the local average of 96% and the national average of 95%.

The overall exception reporting was 14%, which was slightly higher than the local average of 11% and the national average of 10%. (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).

- Performance for diabetes related indicators was 86%; this was 5% below the CCG and England averages. The exception reporting rate for diabetes indicators was 15%, which was in line with the CCG (15%) and national (13%) averages. The prevalence of diabetes was 5% which was 1% lower than the CCG average and 2% below the national average. The overall performance of 86% was an improvement on 2015/16 performance of 67%. The practice explained that they referred all patients (where possible) to the structured education programme but this service was only available for patients who spoke English.
- Performance for mental health related indicators was 100%. This was 6% above the CCG average and 7%

above the England average. The exception reporting rate for mental health indicators was 22%, which was higher than the CCG (11%) and national (11%) averages. The prevalence of patients with recorded mental health conditions in the practice was less than 1%, which was equal to the CCG and national averages. The practice's patient turnover was approximately 19% per annum, compared to the local and national average of 9%, which meant that nationally applied exception coding had a larger impact on performance without any control by the practice. There were also two key questions within this indicator that were considerably above average (50%) due to a low number of patients within the indicator, affecting the average exception performance considerably. The practice also informed us that they were in the process of implementing an improvement plan led by the mental health lead with the aim to reduce exception reporting.

- Performance for dementia related indicators was 100%, which was 2% above the CCG average and 3% above the England average. The exception reporting rate for dementia indicators was 57%, which was higher than the CCG (12%) and national averages (15%). The prevalence of dementia was less than 1% which was equal to the CCG and national averages. The two key questions within this indicator had considerably above average exception reporting but applied to a relative small number of patients (34). Patient turnover also impacted in this set of indicators; for example, for one indicator 7 out of 34 patients had been automatically excluded for registration reasons, which was reflective of 21% of exceptions for that question alone. In addition the practice had identified a training need on improving coding for these patients.
- The performance for depression was 100%. This was 7% above the CCG and England averages. The exception reporting rate for depression indicators was 37%, which was higher than the CCG (12%) and national averages (11%). The prevalence of patients recorded as having depression was 5%, which was 3% lower than the CCG and national prevalence. Again, patient turnover impacted on the practice performance and meant that of the 37% exception reporting, 21% had been automatically excluded for registration reasons.

The practice was aware of their QOF performance and some outlying exception reporting. They invited patients regularly using an invitation multiple letter process and

Are services effective?

(for example, treatment is effective)

also followed these up with phone calls. When we reviewed historic QOF data we noticed a trend of similar challenges over the last three years, with an improvement in 2016/17. The practice population contained approximately 79% from a non-English background; with a large proportion of these people considered non-English speakers. This had resulted in varying challenges, for example patients not understanding the requirements of the annual review processes or patients travelling to other countries for particular clinical interventions and not keeping the practice informed. The practice had various translation services available and had members of staff that spoke some of the locally spoken languages. They proactively contacted patients in their own language to try and improve attendances. We also saw evidence that GPs reviewed QOF performance and associated exception reporting on a monthly basis. Clinicians attempted to contact patients where appropriate and long term conditions were managed by a joint administration/clinical team.

The practice had introduced its own Annual Review Clinic (ARC) in addition to their contracted services. This was for all patients not already seen in chronic respiratory and diabetes clinics and involved annual blood tests, medication reviews and further signposting to any relevant services by a senior health care assistant. This was in addition to the NHS health check service which ran simultaneously.

The practice promoted referral for structured education regarding diabetes for all diabetics. The practice explained that they referred patients to the national pre-diabetes programme for intervention in pre-diabetic patients. The practice hosted this service at the practice to improve access for patients.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of four audits that the practice had undertaken and three that were in progress at the time of our inspection. When we reviewed the audits we saw evidence of various multiple completed and ongoing audits where the improvements found were monitored.

For example, we saw evidence of a two cycle audit from 2016 looking at appropriate prescribing of antibiotics, where improved clinical practice was established and shared.

We saw three further audits that had been undertaken over the last two years.

There were also three ongoing audits at the time of our inspection. These included:

- Appropriateness of antipsychotic prescribing in patients with a learning disability.
- Appropriate coding and review of patients with chronic kidney disease.
- Audit of appropriateness of chronic pain medication prescribing.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff had received an appraisal within the last 18 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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 when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals, including district nurses and health visitors on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 and smoking cessation.

- The practice hosted services including a midwife, district nurses and (private) physiotherapy services so patients could access these services close to home, reducing the need for excess travel.

The practice's uptake for the cervical screening programme was 66%, which was below the CCG average of 82% and the England average of 81%. Patients who did not attend for their cervical screening test were contacted to encourage attendance. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results; the practice coded all attenders and non-attenders using computer recall and alert systems. The practice had educated themselves through research evidence of the challenges with screening within their population and had implemented a number of strategies to increase the screening uptake. The practice informed us they always tried to contact patients and they explained the screening programmes in other languages. The practice also proactively sent sms reminders.

The practice also encouraged their patients to attend national screening programmes for breast and bowel cancer screening:

- 34% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months which was below the CCG and the England average of 58%.
- 54% of females aged 50 to 70 had been screened for breast cancer in the last 36 months which was below the CCG average of 75% and an England average of 73%.

The practice explained that the main reason for the below average performance in cancer and cervical screening was down to the practice population profile in combination with the programmes being run nationally. With a large proportion of patients (79%) considered non-English speakers this had resulted in varying challenges, for example patients not understanding the requirements of the annual review processes or patients travelling to other countries for particular clinical interventions and not keeping the practice informed. The practice informed us they always tried to contact patients by phone, via sms or through other community forums if there was no response to their reminders. Several members of staff were multilingual and spoke some of the locally spoken foreign languages; they explained the screening programmes in other languages to patients.

Are services effective?

(for example, treatment is effective)

For both breast and bowel cancer screening programmes the practice coded all attenders and non-attenders using computer recall and alert systems.

Childhood immunisation rates for the vaccinations given to under 12 month olds (192 eligible patients) during 2015/16 was 95% (excluding meningitis Hep B immunisation); vaccinations given to under 24 month olds (191 eligible patients) during 2015/16 ranged from 90% to 95% (excluding Hep B immunisation); and for five year olds (219 eligible patients) immunisation rates ranged from 85% to 94% (excluding meningitis C and PCV immunisation).

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.

The practice undertook smoking cessation services in a variety of languages.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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; conversations taking place in these rooms could not be overheard.
- 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards, of which 14 were positive and two were neutral about the standard of care received, none were negative. Patients commented on the caring nature of the staff and the cleanliness of the premises. Two comment cards reported further positivity of patient experiences but contained negative comments about obtaining appointments. One comment card reported extended waiting times.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also spoke with three representatives of the patient participation group who reported collaborative working with the practice and approachable staff. Patients spoke of positive experiences in their personal care and they felt involved in the decision making processes. They felt the clinicians provided sufficient time during consultations and that waiting times were acceptable.

We also spoke with a local councillor who spoke highly of the practice and described the practice as a pillar of the community. The councillor described the local challenges with the wide variety of nationalities in the area (the practice had approximately 130 different nationalities on the patient list) and the challenges with non-English speakers. They explained that the practice were extremely proactive in engaging with patients, and that they had referred patients to a local exercise group set up by the council. They explained they had a very good professional

relationship with the practice and also felt valued as a patient. The councillor also held sessions at the practice to reach out to constituents to answer their queries and speak with them on council matters.

Results from the national GP patient survey, published in July 2017, showed patients felt mixed about whether they were treated with compassion, dignity and respect. The practice was generally in line with, or below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 89% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 84% 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%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 86%.
- 87% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 85% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 86% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 82% 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%.
- 85% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had

Are services caring?

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

Results from the national GP patient survey, published in July 2017, showed patients responded with mixed views to questions about their involvement in planning and making decisions about their care and treatment. Results were just below local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 68% 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%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 80% 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 were aware of their below average performance on the survey. The practice explained that this was partly due to challenges and consequent changes in leadership over the last year.

The practice explained that a large proportion of their population did not read or speak English and felt that standard surveys were not necessarily entirely representative, this was reflected in the low return rate of 24% for the patient survey. To support this the practice made reference to the 2015 patient survey that centred on face to face survey questions, with interpreters

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. A hearing loop was not available but the practice made use of other translation services if required, for example sign language in different languages.
- Information leaflets were available in easy read format.
- Leaflets included information on well-being, local voluntary groups and health promotion.
- All sites were accessible for those with disabilities. The practice had two lifts on the premises but would generally ensure patients that couldn't manage the stairs were seen on ground level.
- The practice population list contained approximately 79% non-English speakers. Some staff in the practice spoke different languages which were spoken by the local population, which had improved communication with patients and supported further engagement.

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. Information about support groups was also available on the practice website and on the electronic information screen in the waiting room.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 88 patients as carers (approximately 0.7% of the practice list at the time of our inspection). Information for carers was available in the practice. Written information was available in the waiting room to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered online services for appointment booking and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- Family planning services were available at the practice.
- There were accessible facilities, which included translation and interpretation services. The practice operated on the ground and first floor and two lifts were available for patients. Patients could be seen on ground level if required. Several members of staff were multilingual and spoke some of the locally spoken foreign languages.
- The practice hosted services including a midwife, district nurses and physiotherapy services so patients could access these services close to home, reducing the need for excess travel.
- The practice employed a phlebotomist enabling patients to have blood tests done without the need to travel elsewhere.
- The practice provided in-house D-Dimer testing (a blood test that measures a substance that is released when a blood clot breaks up) and use of a Doppler machine (used to check for deep vein thrombosis).
- The practice offered support to refugees. They participated in the Syrian Refugee Program and other local initiatives. This had resulted in one local family receiving support through this scheme. The practice explained that they delivered similar services to many other refugee families locally that were not as a result of a government scheme.
- The practice was one of few practices in Peterborough to take part in the Latent TB (tuberculosis) project which

involved screening of patients from high-risk TB areas and then follow-up by the local specialist TB clinic to discuss management. At the end of the initial period of screening there were 109 patients screened with 16 that tested positive who were referred on to a specialist.

Access to the service

Central Medical Centre was open between 8am and 6pm Monday and Friday. The practice did not offer extended appointments and signposted patient to the local walk in centre which was open from 8am to 8pm seven days a week. Out of hours' services in the area were provided through the local GP hub until 8.30pm on weekdays, between 8am and 5.30pm on Saturdays and between 8am and 12.30pm on Sundays. Outside of these hours NHS111 services were provided by Herts Urgent Care.

Results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was mixed compared with local and national averages.

- 76% 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 71%.
- 84% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 84%.
- 85% of patients said their last appointment was convenient compared with the CCG average of 85% and the national average of 81%.
- 79% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 50% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

The practice were aware of their mixed performance on the survey. The practice explained that this was partly due to challenges and consequent changes in leadership over the last year.

Patients and comment cards informed us on the day of the inspection that they were able to get urgent and routine appointments when they needed them. For those patients calling for an appointment the practice had a duty doctor system to assess:

Are services responsive to people's needs?

(for example, to feedback?)

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The nursing team worked alongside a doctor to triage the calls. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

- We saw that information was available to help patients understand the complaints system and there was information available on the practice's website.

The practice had received 14 complaints in 2016/17. An analysis of trends and actions was undertaken and shared with the local commissioners. However, there was no consistent system in place that lessons learnt from individual concerns and complaints were discussed with staff unless they were directly involved; we saw minutes of meetings where they were discussed but this was not on a consistent basis. The complaints we reviewed were satisfactorily handled with openness and transparency and actions were taken as a result. For example, waiting times were aimed to be reduced by introduction of a buddy system for clinicians.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a vision to 'to provide a comprehensive range of primary care services in a caring environment responsive to the needs of their local population'.
- The leadership team had accounted for necessary changes in the practice's future. The practice had endured considerable recent challenges in the structure and leadership of the team which had resulted in governance concerns. In summary, the practice leadership team had been reduced from a three GP partnership to a sole GP for a six month duration due to retirement, formal removal of another GP and subsequent departure of the practice manager. The practice had successfully recruited new GPs and a new practice manager, but the latter had only commenced in post during the week of our inspection. Internal promotions had also provided a foundation for a strengthened management team to provide further improvement. The practice had also sought input from an independent management consultant to help improve the management structure, and the processes and systems of accountability to be able to deliver their strategy of services.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care but this required improvement. There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, including long term condition management.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The practice had in depth knowledge of their population and diversities and subsequent challenges.
- Performance data was regularly reviewed and practice meetings were held, which provided an opportunity for management to discuss performance and other

matters. Meetings took place for the various teams in the practice, for example, nursing and reception teams met quarterly. Although we noted that meetings between GPs were not always recorded.

- Staff were supported through a system of appraisals and continued professional development.
- The practice had an audit programme that reflected current evidence based guidelines to review performance and make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice maintained appropriate standards of cleanliness and hygiene.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs were approachable and always took the time to listen to all members of staff. Many staff commented that they were a close knit team that, despite high work pressures, worked well together and felt supported by the leadership team. Staff felt informed of any changes and involved in the development of the practices.

Of the practice population approximately 79% were from a non-English background with a large proportion of these people considered non-English speakers. This had resulted in varying challenges, one of them being the fluidity of the practice population list. Although the list size had remained stable in recent years at approximately 12,000 patients, the practice explained that any a considerable number of patients each year would leave/join the practice, thus affecting the ability to ensure continuity of care and review systems. 2016/17 practice data showed that 1,040 new patients (just under 9% of the population list) joined the practice and 1,099 (just over 9% of the population list) left the practice.

The provider was aware of and had systems 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

Are services well-led?

Good 

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

wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The leadership team encouraged a culture of openness and honesty.

- The practice gave affected people reasonable support, detailed information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and recorded a range of multi-disciplinary meetings including meetings to monitor vulnerable patients. GPs met regularly with health visitors to monitor vulnerable families and safeguarding concerns. The safeguarding lead ensured us they continued to monitor and discuss vulnerable patients.
- Staff told us the practice held regular team meetings for the various teams in the practice. The practice had introduced 'working group' meetings during recent times of unexpected, considerable leadership challenges. These were held bi-monthly regularly and used to discuss various topics of relevance, including business and clinical matters as well as general updates of progress.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff reported an open door policy.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG consisted of a reflective representation of the local population. There was also a comment box available for patients to leave comments and suggestions. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, input into the use and design of recent building work and changes to the telephone system. The meetings were always attended by a representative of the practice. The PPG had cooperated with the practice when setting up awareness campaigns on diabetes locally. Any significant outcomes of cooperation between the practice and PPG were published in a local community magazine.
- Staff through ad hoc conversations and team meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and that the leadership team operated an open door policy.
- Data from the Friends and Family Test indicated that from 25 responses, 92% patients recommended this practice.