

Hampton Health

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

This practice is rated as requires improvement

overall. The practice was previously inspected in April 2016, where the practice was rated as Good overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? - Inadequate

We carried out an announced comprehensive inspection at Hampton Health on 16 October 2018 as part of our inspection programme.

At this inspection we found:

- The practice did not have clear management oversight to ensure systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice did not always evidence that they had shared the learning and improved their processes.
- We found that the practice had not made all improvements to address the concerns identified in our two previous inspection reports. The process for recording and handling complaints was not effective, this had been raised on our most recent inspection visit to the practice.
- There was a lack of oversight to ensure that the systems and processes in place to mitigate risks to patients such as health and safety were reviewed and monitored appropriately.
- The system in place did not ensure all significant events were recorded, that learning was shared and changes made and monitored.
- Quality Outcomes Framework indicators for patients diagnosed with a mental health condition were significantly lower than the CCG and national averages.

- We reviewed a number of care plans for patients diagnosed with a mental health condition and found that were they had been completed, they did not contain adequate information and were not completed to a standard in line with relevant guidance.
- Patient feedback from the GP Patient Survey data 2018 and reviews of the practice on NHS Choices and Google Reviews showed the dissatisfaction of patients. The practice failed to show they had taken actions to improve this.
- The practice was not actively involved in quality improvement activity. The practice did not complete clinical audits to monitor and improve the quality of clinical care provided.
- Childhood immunisation uptake rates were above the target percentage of 90% or above with a range of 95% to 98%.
- Patients who were identified as being a carer were provided with immediate telephone access through the duty GP.
- Patients who had presented to A&E with self harm were proactively followed up by the GPs at the practice.
- The practice was involved in the implementation of evening and weekend appointments through a network of local GP practices.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review and improve the system for identifying patients with caring responsibilities.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Hampton Health

Hampton Health is a practice situated inside Serpentine Green Shopping Centre, Peterborough. The practice provides services for approximately 9,401 patients. It holds a Personal Medical Services contract with Cambridgeshire and Peterborough Clinical Commissioning Group.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged 0–14 and 25–34 years. It has a lower than average number of patients aged 49 and over in comparison to the practice average across England. The practice is situated in a developing township with a low level of deprivation.

The practice team consists of four GP (two male and two female) partners who hold overall financial and managerial responsibility for the practice, two salaried

GPs (one male and one female), a practice manager, an advanced nurse practitioner, two practice nurses and two health care assistants. It also has teams of reception, administration and secretarial staff.

The practice is open from Monday to Friday. It offers appointments from 8.45am to 11.30am and 2pm to 6pm daily. Extended hours clinics are also available between 7am and 8am on Tuesdays and Wednesdays. In addition to this, patients registered at the surgery are able to access evening and weekend appointments at another local surgery as part of a network of local GP practices. Out of hours care is provided by Herts Urgent Care via the NHS 111 service.

At the time of the inspection, the practice was in the process of merging with a group of other local practices. The practice had completed a merge of non-clinical aspects, such as recruitment and policies and procedures. A full clinical merge was expected to occur in 2019.

Are services safe?

We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- We found a lack of oversight of risk assessments to ensure the patients and staff would be kept safe; for example, health and safety.
- The system in place did not ensure all significant events however minor were recorded, that learning was shared and changes made and monitored.
- On the day of the inspection, we found clinical specimens, medicines and a spare cylinder of medical oxygen unsecured in a room which could be accessed by external parties. The practice advised us they had secured the room immediately following our inspection.
- The practice did not have oversight of the Hepatitis B status of all clinical staff
- Whilst there was a system for recalling patients for medicine monitoring, we found this could be improved to ensure all patients on high risk medicines were monitored in a timely manner.

Safety systems and processes

The practice did not always have systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had a clear safeguarding lead and staff were aware of who this was. The practice also operated a system whereby the duty doctor was the deputy lead for safeguarding; therefore, ensuring there was always a clinician on site responsible for safeguarding and available for staff to contact.

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect. We saw evidence that the practice participated in a monthly multidisciplinary team meeting.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control. We saw evidence that an infection prevention and control audit had been completed in August 2018. However, it was not initially clear from the audit whether actions identified had been completed, were in the process of being completed or who was responsible for completing them. The practice provided evidence at the end of the inspection that the actions had been completed.
- At the time of the inspection, the practice did not have oversight of the Hepatitis B status of all clinical staff. We found the practice could not be assured that three clinicians were appropriately immunised against Hepatitis B. The practice provided evidence following the inspection regarding the immunisation status of these three members of staff.
- The practice had arrangements to ensure that equipment was safe and in good working order, we saw evidence of equipment servicing and calibration tests.
- An external company was employed to complete the health and safety risk assessment of the building. However, the practice could not provide evidence they had oversight of this risk assessment; including actions that were due to be completed or had been completed.
- On the day of the inspection, we found clinical specimens, medicines and a spare cylinder of medical oxygen unsecured in a room which could be accessed by external parties. The practice advised us they had secured the room immediately following our inspection.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.

Are services safe?

- There was an effective induction system for temporary staff tailored to their role, we saw evidence of an induction checklist and information packs for locum staff.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff that we spoke with understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- Not all of the care records we saw showed that information needed to deliver safe care and treatment was available to staff. For example, care plans for patients diagnosed with a mental health condition were not consistently completed and where they had been completed, they did not contain adequate information.
- The practice had systems for sharing information other agencies to enable them to deliver safe care and treatment. We saw evidence that the practice engaged in a local multidisciplinary team meeting to share relevant information.
- Clinicians made timely referrals in line with protocols. Referral letters that we viewed contained adequate information and were made in a timely manner.

Appropriate and safe use of medicines

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

- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- We saw evidence that most patients prescribed high risk medicines were appropriately monitored and clinically reviewed prior to prescribing. However, in a review of patients prescribed a specific high-risk medicine we

found that one patient had received a prescription despite the patient not having had a recent blood test. Whilst the practice had a recall system, we found the practice did not have a backup system to check for patients who were overdue monitoring. In addition to this, not all patients had an alert on their records to notify clinicians they were prescribed a high-risk medicine.

Track record on safety

The practice did not always have a good track record on safety.

- The practice held a number of risk assessments such as fire safety, COSHH and legionella.
- However, the practice could not provide evidence to show they had oversight of recent health and safety risk assessments and staff were not aware of any actions required.

Lessons learned and improvements made

The practice did not always learn and make improvements when things went wrong.

- The practice provided a list of significant events, including actions that had been taken. However, we found this was not a comprehensive list as we were informed during the inspection about significant events that were not included on the initial list provided.
- The systems for reviewing and investigating when things went wrong were not always effective. We saw some significant events were discussed during clinical meetings, however, the practice could not evidence that learning from all significant events was shared with all staff.
- We saw evidence from one specific significant event where the practice had taken actions which led to improvements in the clinical care provided.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as requires improvement for providing effective services, except for the mental health population group which was rated as inadequate.

The practice was rated as requires improvement for providing effective services because:

- Some of the practice's exception reporting rate was higher than the clinical commissioning group (CCG) and national averages and the practice did not evidence how they were engaging with the population to improve attendance at review appointments.
- There was not a programme of quality improvement to monitor and improve the quality of clinical care provided.
- Some staff appraisals were overdue, and the practice was not able to evidence they had undertaken reviews to ensure clinical staff were competent to undertake the roles they performed.
- Quality Outcomes Framework indicators for patients diagnosed with a mental health condition were significantly lower than the CCG and national averages. The practice were aware of this, but had not taken action to improve.
- We reviewed a number of care plans for patients diagnosed with a mental health condition and found that where they had been completed, they did not contain adequate information and were not completed to a standard in line with relevant guidance.

Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Clinicians had responsibility for keeping themselves up to date with current evidence based practice. Some

clinicians that we spoke to were signed up to receive regular updates, however, there was no evidence of discussion of new or updated guidelines during clinical meetings.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of their medicines
- All patients had a named GP, including those patients in a residential care home.
- The practice participated in fortnightly MDT meetings which was attended by representatives of social services, community matrons, mental health teams and district nurses.
- The practice followed up on older patients discharged from hospital.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was generally in line with local and national averages.
- The practice's exception reporting rate for long term conditions such as diabetes, asthma, COPD and atrial fibrillation was higher than the CCG and national

Are services effective?

averages. We reviewed some exception reporting and found patients had been contacted three times as per the practice policy, however the practice had not taken any additional action to encourage attendance.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% or above with a range of 95% to 98%. The practice felt the higher than average uptake rate was due to their proactive approach in contacting patients and the patient population being aware of the need for childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 74%, which was below the 80% coverage target for the national screening programme but above the CCG average of 71% and the national average of 72%.
- The practice's uptake for breast and bowel cancer screening was in line with the CCG and national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

- The practice offered annual health checks to patients with a learning disability.

People experiencing poor mental health (including people with dementia): The mental health population group was rated as inadequate because:

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. Patients who had presented to A&E with self harm were proactively followed up by the GPs at the practice.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- A mental health support worker held fortnightly clinics at the practice.
- The outcomes for patients with poor mental health were significantly lower than local and national averages; for example, only 34% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months compared to the local average of 92% and national average of 91%.
- We reviewed a number of care plans for patients diagnosed with a mental health condition and found that where they had been completed, they did not contain adequate information and were not completed to a standard in line with relevant guidance.
- QOF data from 2017/18 which was released following the inspection indicated an improvement to the data recorded above, with 85% of patients having a recorded care plan. This was 6% below the CCG average and 4% below the national average.
- QOF data from 2017/18 evidenced the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months had improved to 91% which was 1% above the CCG and national averages, however, exception reporting was 6% above the CCG average and 7% above the national average.

Are services effective?

- We were unable to verify the contents of the care plans as this was following the inspection, however care plans that we reviewed on the day did not contain adequate information and were not completed to a standard in line with relevant guidance.

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity and routinely did not review the effectiveness and appropriateness of the care provided.

- The most recent published Quality Outcome Framework (QOF) results were 95% of the total number of points available compared with the CCG and national average of 96%.
- The overall clinical exception reporting rate was 8% compared with the CCG average of 6% and national averages of 6%.

(QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- The practice was not proactively involved in quality improvement activity. Whilst the practice provided us with one, two cycle audit, there was no regular program of quality improvement in place.

Effective staffing

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and they told us that the practice provided protected time and training to meet them. However, the practice did not maintain oversight or up to date records of skills, qualifications and training. We found that some training, such as health and safety and fire safety was overdue a refresher or had not been completed for some members of staff.

- There was an induction programme for new staff. Some staff appraisals were overdue, and the practice was not able to evidence they had undertaken reviews to assure clinical staff were competent to undertake the roles they performed.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example stop smoking campaigns and tackling obesity.

Are services effective?

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. We saw evidence of a variety of leaflets and posters throughout the practice in relation to health eating and local exercise classes.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- From the records we viewed, we saw that consent had been obtained appropriately.

Please refer to the evidence tables for further information.

Are services caring?

The practice was rated as requires improvement for providing caring services because:

- The practice were aware of negative feedback on NHS Choices, Google Reviews and through the National GP Patient Survey 2018, however, they did not evidence that specific actions had been taken to improve patient experiences.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients we spoke with on the day of the inspection was positive about the way staff treat people.
- The majority of patient feedback received on the day of the inspection through comment cards was positive about how staff treat patients with kindness, respect and compassion. Two of the comment cards received were positive but contained specific references to occasions where they felt staff attitude fell below the standard expected
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were below the local and national averages for questions relating to kindness, respect and compassion. The practice were aware of this, however, they did not evidence that specific actions had been taken to improve patient experiences.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practices GP patient survey results were below local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

The practice was rated as requires improvement for providing responsive services because:

- The practice were aware of negative feedback on NHS Choices, Google Reviews and through the National GP Patient Survey 2018, however, they did not evidence that specific actions had been taken to improve patient experiences.
- The practice could not evidence that learned lessons from individual concerns and complaints were distributed amongst the entire staff team. This was highlighted in our inspection report from 2016, however, the practice had not taken action to improve this.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patients who were identified as being a carer were provided with immediate telephone access through the duty GP.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services such as home visits.
- The practice was involved in the implementation of evening and weekend appointments through a network of local GP practices. GPs could book appointments for patients at a practice in the city centre for evenings and weekends, reducing the need for patients to seek alternative treatment through A&E.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice completed weekly ward round visits to the two residential homes situated within their geographical area.
- The practice held monthly meetings including representatives from the residential care homes, Macmillan nurses and district nurses to discuss patient care and end of life plans.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice implemented a recall system to ensure that all patients diagnosed with a long-term condition were invited to their annual review. Each patient was invited on three occasions prior to being recorded as a non-responder.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- The practice held immunisation clinics up to three times per week to ensure that the uptake of childhood immunisations remained high.
- The practice offered contraception clinics for the fitting of coils and implants.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

Are services responsive to people's needs?

- 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.
- The practice offered cervical screening testing during their extended opening hours to encourage uptake for those who are unable to attend during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. The practice used their own address as a contact point for patients with no fixed abode.
- Patients registered at the practice with a learning disability who reside in a residential home were able to get immediate telephone access to the practice via their care workers and the duty GP.
- A drug and alcohol support worker provided monthly clinics at the surgery.
- The practice had identified a number of patients who required assistance with their prescriptions and therefore the practice had implemented a system of staged prescribing, where the patient was required to attend the practice on a more regular basis to collect prescriptions to ensure the patient does not have a high stock of medicines at any one time.

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

- Staff that we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia whilst they were utilising the services within the practice.
- A mental health support worker held fortnightly clinics at the practice.
- Patients who failed to attend appointments were proactively followed up.

- Patients who had presented to A&E with self harm were proactively followed up by the GPs at the practice.

Timely access to care and treatment

- The practice was involved in a pilot of an e-Consult initiative, where patients were able to obtain access to care and treatment through an online portal on the website.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients that we spoke with reported that the appointment system was easy to use.
- Data from the GP patient survey July 2018 showed the practice achieved lower percentages than both CCG and England averages for all indicators in relation to accessing the practice. The practice were aware of this feedback, however, they did not evidence that specific actions had been taken to improve patient experiences. Following our inspection, we were informed of plans to update the telephone system to provide a single point of contact.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately; however learning was not shared with all staff.

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance.
- The practice could not evidence that learned lessons from individual concerns and complaints were distributed amongst the entire staff team. This was highlighted in our inspection report from 2016, however, the practice had not taken action to improve this.

Please refer to the evidence tables for further information.

Are services well-led?

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

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

- We found that the practice had not maintained improvements to address the concerns identified in our two previous inspection reports and during this inspection we identified new concerns.
- The practice could not evidence that risks, issues and performance were managed and could not demonstrate actions taken in response to poor performance such as outcomes for patients with poor mental health. The practice did not proactively implement quality improvement methods to improve performance.
- The practice had failed to act upon a variety of patient feedback, including the national GP Patient Survey 2018, NHS Choices and Google Reviews.
- We found the governance systems and the oversight of the management did not ensure that all staff learned from incidents, significant events and complaints.

Leadership capacity and capability

- The leaders had failed to ensure that the improvements required and identified in our previous inspections had been implemented, monitored and sustained.
- Staff told us that the leaders were visible and approachable and worked with them and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a clear mission statement and credible strategy to deliver high quality, sustainable care.

- There was a clear mission statement, 'to ensure long term viable patient care across Peterborough and surrounding district communities' and 'providing a safe and caring health environment, ensuring we consider the changing demands of the healthcare system, work at scale and provide an efficient and cost-effective service'.
- Staff we spoke with were aware of and understood the mission statement and their role in achieving them.

Culture

- Staff that we spoke with stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the mission statement.
- There were not processes in place for providing all staff with the development they need. Most of the staff were overdue an annual appraisal and the practice could not produce any evidence that nurses and health care assistants were provided with any clinical supervision from the GPs.
- There was an emphasis on the safety and well-being of all staff.
- Staff that we spoke with advised they felt they were treated equally.
- We noted during the inspection there were positive relationships between the staff teams.

Governance arrangements

There were not clear responsibilities, roles and systems of accountability to support good governance and management.

- The leadership team could not demonstrate a clear set of responsibilities, roles and systems to support good governance and management. There was a lack of oversight and structure from the leadership team in relation to management roles and responsibilities.
- The GP patient survey data published July 2018 showed that patients consistently rated the practice lower than local or national averages. Although the practice was aware, they were not able to evidence any specific actions that had been taken to improve patients' experiences.
- We did not see clear evidence that the system to ensure all complaints and significant events were actioned and monitored effectively ensuring learning was shared and changes made.
- Staff reported to us that only clinical staff were involved in team meetings and members of the administration team could not recall the most recent all staff meeting that was held. This was further evidenced by a lack of meeting minutes for all staff meetings.

Are services well-led?

- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

- The practice failed to have oversight of a health and safety risk assessment completed by an external provider. The practice was unaware of any actions arising from the risk assessment and the progress taken to achieve any actions.
- Practice leaders did not have full oversight of incidents and complaints to ensure that they were well managed, learning shared and improvements made.
- There was a lack of clinical audit to improve the quality of care and outcomes for patients.
- The practice did not have oversight of staff training to ensure that staff were up-to-date with training relevant to their role. For example, we found one nurse and receptionist had not completed infection control and health and safety training. In addition to this, the receptionist had not completed fire safety training.
- The practice had plans in place and had trained staff for major incidents and staff we spoke with displayed an awareness of these plans.

Appropriate and accurate information

- The practice used information technology systems to monitor and improve the quality of care such as trialling the e-Consult web based initiative.
- The practice submitted data or notifications to external organisations as required.
- We observed that medical records were stored in an unlocked area that was accessed by the cleaning staff out of hours. The practice had failed to conduct a risk assessment to ensure the integrity of those medical records.

Engagement with patients, the public, staff and external partners

- We spoke with a member of the Patient Participation Group (PPG) who was complimentary in relation to the work undertaken with the practice. They told us that the practice were always willing to listen to feedback from the PPG and implement their ideas.
- The practice had failed to act upon a variety of patient feedback, including both NHS Choices and Google Reviews. We saw evidence that, despite a large number of negative reviews that the practice were aware of, the practice had not responded to or put actions in place to remedy the concerns. This was in line with the GP National Patient Survey 2018 data, which the practice was aware of, but had not taken any actions to improve patient experiences.

Continuous improvement and innovation

There was a lack of evidence of systems and processes for learning, continuous improvement and innovation.

- The practice was not actively involved in quality improvement activity. The practice did not complete a program of clinical audits to monitor and improve the quality of clinical care provided.
- There was a lack of evidence to show that learning was identified from complaints, feedback and incidents and that learning was shared with the whole practice team and used to make improvements.
- Not all staff had received their appraisal and the practice did not evidence that regular reviews were undertaken to ensure that clinical staff were competent to undertake the work they were employed to perform.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There was a lack of oversight to ensure systems or processes that to enable the registered person to assess, monitor, and improve the quality and safety of the services being provided. In particular:

- There were no systems in place to ensure the practice had oversight of risk assessments relating to the health and safety of the premises to ensure patients and staff were kept safe from harm.
- The practice failed to evidence they had oversight of staff training to ensure all staff were appropriately trained for the role they undertook.
- The practice did not evidence that they held regular all staff meetings and the minutes of meetings did not contain sufficient detail to ensure that all actions and learning identified were recorded, completed and monitored.
- Not all staff had received their annual appraisal and the practice did not evidence there was an effective system in place for the monitoring of staff to ensure they were competent.
- The National GP Patient Survey evidenced low results in comparison to CCG and national averages. Negative feedback on both NHS Choices and Google reviews. The practice was unable to evidence any actions taken in response to the negative feedback.
- The process for recording and handling significant events and complaints was not effective. We found that not all events and complaints were recorded and where they were, they were not always appropriately managed.
- The practice could not evidence they had oversight of all clinician's Hepatitis B status. We found that three clinicians did not have their status recorded.

This section is primarily information for the provider

Enforcement actions

- Outcomes for patients diagnosed with a mental health condition were significantly lower than the CCG and national averages, the practice were aware of this but had not taken action to improve.
- Mental health care plans did not contain adequate information and were not completed to a standard in line with relevant guidance.
- There was no process for NICE guidelines being shared and discussed amongst the clinical team.
- The practice could not evidence that a program of clinical audits were completed to improve the quality of care and patient outcomes.