Victoria Park Health 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.

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Summary of findings

Overall summary

Victoria Park Health Centre is situated next to the campus of The University of Leicester. The practice is a purpose built health centre opened in August 2013. It is located adjacent to the main university campus. We visited the practice on 9 July 2014 as part of this inspection.

As part of the inspection we spoke to various groups this included patients, staff, Clinical Commissioning Group and the Local Area Team.

Patients received safe care. Learning from incidents took place to improve safety. Staff had received training in safeguarding and was aware of how to report any suspicion of abuse. Staff had been provided with training in medical emergencies. Patients were protected from avoidable harm.

The practice provided effective care and treatment that met patient needs. Clinical guidance was referred to and followed by staff.

The practice was caring; patients were treated with dignity, respect and compassion. Patients we spoke with told us that they felt very positively of their experiences and of the care and compassion offered by the staff, this was supported by items we read in the comment cards.

The practice was well led. There was strong and visible leadership with a good philosophy of care that was shared by all staff. There were effective governance procedures in place and a system of using information from patients and from records to monitor the effectiveness of the practice.

The practice was responsive to patient's needs. Complaints were investigated and responded to and lessons were learned to improve practice

We looked at different population groups. These were older people; people with long-term conditions; mothers, babies, children and young people; the working-age population and those recently retired; people in vulnerable circumstances; and people with mental health problems.

Although only a small number of patient were older people home visits took place if necessary for patients in this population group. The practice was accessible for all patients. There was parking for people with disabilities there was level access, adapted toilets and a vertical lift.

Due to the make-up of the patient list there were few patients with long term conditions. The practice manager said that less than 100 patients were identified as having diabetes out of a patient list of over 18,000.

The practice ran a midwifery clinic every Friday; this was in addition to the usual GP monitoring of mothers, babies, children and young people.

The vast majority of patients supported by the practice were of working age and recently retired. The practice offered online services including ordering repeat medication.

People in vulnerable circumstances; due to make up of the practice there were currently no persons in this category registered at the practice. The practice had identified that there were less than 10 patients registered at the practice who had a learning disability. The practice manager said that those patients had a mild learning disability and their social needs were met by other providers

There was considerable demand, by patients, for mental health services at examination times at the university.

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.

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 service was safe. The service was pro-active in identifying and responding to safety risks. Incidents were reviewed and action identified where the service could improve safety.

Members of staff had received training in safeguarding for both adults and children. They were able to answer questions and knew where relevant information was located including contact details for the local authority safeguarding team. We saw that the practice had a designated lead GP for both safeguarding adults and children and staff said they would speak with this GP if they had any doubts in a given situation. Recruitment procedures ensured staff were of good character, qualified and competent to carry out their roles and meet the needs of patients.

Are services effective?

The service was effective. Care and treatment met patients' needs. Appointments were bookable by phone, in person or online. We spoke with a trainee GP who told us that their training needs were being met and that their opinion was valued. The practice regularly surveyed its patients. They did this in a variety of ways including through the practice website, with paper questionnaires and also the use of social media (Twitter and Facebook). Results from the completed surveys showed that most patients said they had confidence in all aspects of the practice.

Are services caring?

The service was caring. Patients were treated with respect, dignity and courtesy by staff. Their privacy and confidentiality was respected. Staff provided choice and involved patients in decisions about their care and treatment.

Are services responsive to people's needs?

The practice was responsive to patient's needs. There was a thorough process for dealing with and responding to complaints from patients. The majority of the patients at the practice are university students and staff. This was because the practice is located on the university campus. As a result there are fewer older patients and those with long term conditions registered at the practice than might be the norm. The practice manager said that the practice was linked with a memory and dementia group. Patients who had these problems and conditions were supported to attend these other services to monitor their needs. At the practice we met

Summary of findings

with a mental health worker who worked for the Open mind service. This was part of the NHS Leicestershire partnership. There was clearly a close working relationship between the clinic and the GP practice aimed at meeting patients' needs.	
Are services well-led? The service was well led. The service had an open culture which encouraged staff and patient feedback. We found feedback provided by staff and patients was acted upon. There were meetings for all staff to communicate with each other. All staff had protected learning time one Wednesday afternoon every month. This had been used in the past for meetings, training and personal development.	

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 majority of the patients at the practice are university students and staff. This was because the practice is located on the university campus. As a result there were fewer older patients registered at the practice than might be the norm.

The practice was accessible for all patients with parking for people with disabilities; level access adapted toilets and a vertical lift.

Home visits have taken place if necessary for patients in this population group.

We spoke with the manager of one care home (for older people) whose patient was registered at the practice and they told us the practice staff were very responsive to their patients' needs. They told us the GPs would not hesitate to attend on the same day.

People with long-term conditions

The majority of the patients at the practice are university students and staff. This was because the practice is located on the university campus. As a result there are fewer patients registered at the practice with long term conditions than might be the norm. The practice did provided periodic reviews for patients with long term medical conditions.

Mothers, babies, children and young people

To meet the needs of mothers, babies and young children the practice ran a midwifery clinic every Friday. This was in addition to the usual GP monitoring of patients within this patient group. The practice operated a system that all children under six would be seen on the day whether it was an emergency or not. In addition there were separate baby changing facilities for nursing mothers or parents.

The working-age population and those recently retired

The majority of the patients at the practice are university students and staff. This was because the practice is located on the university campus. The practice offered online services including ordering repeat medication, booking routine appointments, access to medical records and updating contact details. The practice used the Electronic Prescription Service which allowed for repeat prescriptions and increased choice as medication can be collected from pharmacies if necessary.

Summary of findings

People in vulnerable circumstances who may have poor access to primary care

The service did provide an online translation service for patients who did not speak English.

We discussed patients who were in vulnerable circumstances. This included travellers, migrant workers and people with a learning disability. The practice manager said that due to the location of the practice on the university campus there were no travellers or migrant workers registered at the practice. Should any person in this category reside in the practice area and presented themselves at the surgery they would register them as a patient. The practice had identified that there were less than 10 patients registered at the practice who had a learning disability. Those patients had a mild learning disability and their social needs were met by other providers.

People experiencing poor mental health

We were told that the practice had identified that there was considerable demand for mental health services. This was particularly at academic examination time when stress levels and pressure on many of the patients increased.

Summary of findings

What people who use the service say

Patients we spoke with told us that they were happy with the service. They stated that there was no problem accessing appointments and that they were treated with dignity and respect at all times.

Areas for improvement

Outstanding practice

Our inspection team highlighted the following areas of good practice:

The practice had been responsive to specific patient needs and had developed a working relationship with the 'Open Mind' service of the NHS Leicestershire partnership. This provided mental health support for specific patients who received individual support. There was considerable demand for mental health services at the practice at academic examination time. The practice has developed services to meet specific needs of students and university staff.

The practice is a member of SHACC (Sexual Health and Contraceptive Clinics). These are a group of GP surgeries in Leicester that provided contraception and early pregnancy advice as well as investigation and treatment for sexually transmitted infections. Patients did not need to be registered at the practice to get an appointment therefore helping to preserve a patients' confidentiality.

Victoria Park Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector, another CQC Inspector, a GP specialist advisor and a Practice Manager specialist advisor.

Background to Victoria Park Health Centre

Victoria Park Health Centre has a patient population of approximately 18,652 patients the vast majority of which are students at The University of Leicester. The practice is a purpose built health centre opened in August 2013. It is located adjacent to the main university campus at 203 Victoria Park Road, Leicester, LE2 1XD. Patients are supported by a three clinical GP partners, six salaried GP's, a Nurse Practitioner, two nurses, a health care assistant, a practice manager and administration staff. The practice is a training practice and has a number of trainee doctors attached. It is also a member of the Leicester City Clinical Commissioning Group (CCG).

The practice has opted out of providing out-of-hours services to their own patients. This is provided by The Central Notts Clinical Services Ltd on behalf of the practice. In the event of a medical emergency outside normal surgery hours patients are advised to call the NHS 111 system.

Why we carried out this inspection

We inspected this GP service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health.

Before visiting, we reviewed a range of information we had received from the out-of-hours service and asked other organisations to share their information about the service.

We carried out an announced visit on 9 July 2014 between 8.30am and 5.30pm

Detailed findings

During our visit we spoke with a range of staff, including the registered manager, the practice manager, practice nurse, administrators, trainee doctors and receptionists.

We also spoke with patients who used the service. We observed how people were being cared for and reviewed personal care or treatment records of patients.

Are services safe?

Our findings

The service was safe. The service was pro-active in identifying and responding to safety risks. Incidents were reviewed and action identified where the service could improve safety.

Members of staff had received training in safeguarding for both adults and children. They were able to answer questions and knew where relevant information was located including contact details for the local authority safeguarding team. We saw that the practice had a designated lead GP for both safeguarding adults and children, and staff said they would speak to this GP if they had any doubts in a given situation. Recruitment procedures ensured staff were of good character, qualified and competent to carry out their roles and meet the needs of patients.

Safe patient care

Staff we spoke with were aware of how to report incidents and events which could put patient safety at risk. This enabled staff to be proactive in identifying, reporting and taking action to reduce the risk to patient safety. We read the significant event log and saw there was a satisfactory record on patient safety over the previous 12 months. Staff told us they were alerted to any significant issues regarding patient welfare via alerts on the patient record system. This allowed staff to ensure they considered what safety issues may affect the care they provided to patients. For example, patients with a cancer diagnosis would have an alert for staff on the system so that staff could consider this when the patient was seen.

Learning from incidents

We saw that the practice held a mid-morning meeting every day it was open. At this meeting any significant events, accidents or safeguarding issues were discussed. We saw the set agenda for this meeting, and also copies of minutes of previous meetings. These demonstrated that the practice had learnt from incidents and reviewed its systems and procedures to improve services in the future. We talked with two members of staff who said that they had received support following an incident, and had been given the opportunity to discuss what had happened. This allowed both the staff members to learn from the incidents and deal with any stress that the incidents produced.

The practice had processes for ensuring that any incidents which could affect patient safety were acted on and any learning required by staff was communicated to reduce the risk of similar incidents reoccurring.

Safeguarding

The practice had policies relating to safeguarding vulnerable adults and children. We saw that all policies were available on the staff intranet and also in hard paper copies. This showed that staff had access to the relevant information to keep themselves and others safe. We spoke with two staff members and they were aware of the policies and their location. Both staff members were able to describe the steps in the safeguarding policy for both children and vulnerable adults. We saw that the practice had a designated lead GP for both safeguarding adults and children, and staff said they would speak with this GP if they had any doubts in a given situation. We asked one of the GPs about 'looked after children' at the medical practice. 'Looked after children' are those children who are in receipt of care by the state, usually through the local authority. They include children who are subject to a care order and children receiving a short break or respite care. We identified that the small number of looked after children were known to the GPs and there were monthly multi-disciplinary meetings with other agencies involved to discuss and ensure the children's welfare.

Emergency medicines and equipment were stored on site. We saw an oxygen cylinder and this was within its expiry date. We saw records of staff training in dealing with medical emergencies which showed this was undertaken annually.

We saw that there were risk assessments and safety record sheets for all of the chemicals used in the practice such as cleaning fluids and bleach. This information was recorded in line with COSHH (Control of Substances Hazardous to Health) regulations, and was available in the event of an emergency.

Monitoring safety and responding to risk

We saw that the practice had procedures in place to deal with potential medical emergencies. All staff had received training in basic life support and in the use of an automated external defibrillator (AED). The AED and emergency oxygen were readily available and checked weekly. The practice carried a small stock of medicines for

Are services safe?

use in the event of a medical emergency. We saw that emergency medicines were kept in an accessible box with information about their use. These were checked weekly to ensure they were within their expiry dates.

Medicines management

We found all medical equipment and drugs were within expiry dates. We saw emergency medicines were within expiry dates. The practice had three small fridges for the storing of vaccines. These fridges were all full to capacity. The practice was aware that when storing vaccines, sufficient space should be allowed in the refrigerator so that air can circulate freely. The lead nurse told us that as a result the practice had a large vaccine fridge on order. Fridges were monitored to ensure they remained within the correct temperature ranges (2 to 8°C) for the drugs stored in them. Records were kept to indicate the fridge temperatures were checked daily. The nurse explained how the process worked to ensure the cold chain for such drugs was maintained. (This is the process used to maintain optimal conditions during the transport, storage, and handling of vaccines, starting at the manufacturer and ending with the administration of the vaccine to the patient). Medicines were managed safely by staff to ensure their effective and safe use.

There were also regular checks on oxygen and there was clear signage indicating where oxygen was stored so the fire and rescue service could take all necessary precautions in the event of a fire.

Emergency medicines and equipment were stored on site. We saw an oxygen cylinder and this was within its expiry date. We saw records of staff training in dealing with medical emergencies which showed this was undertaken annually.

Cleanliness and infection control

We found the practice was clean and hygienic. We saw regular cleaning checks took place and were recorded. Clinical rooms were free from dust and dirt on all surfaces. Treatment rooms and toilets had appropriate hand washing facilities and were well stocked with paper towels and liquid soap. Separate cleaning equipment was used in different areas of the practice to reduce the risk of cross-infection. We saw that there was a cleaning rota and this was carried out daily by an outside contract firm. There was a communication book in which the cleaners could leave comments for the practice staff and also the staff could highlight matters of concern to the cleaners. There was a room cleaning guide on display for the cleaning staff. The cleaning was regularly audited. There were also appropriate arrangements for the management, storage and collection of clinical waste. A full Legionella risk assessment of all the water systems had been carried out.

Staffing and recruitment

We looked at the staff records for two members of staff who had started working for the practice within the last year. We saw they had Criminal Record Bureau (CRB) or Disclosure and Barring Service (DBS) checks, references from previous employers in health or social care and employment histories. We saw GP's certificates for registration on the Medical Performers List (required for all doctors to practice) for permanently employed GPs and regular locums. This proved GPs were adequately trained and had background checks performed in order to ensure they were safe to deliver care to patients. The manager ensured appropriate checks were undertaken on staff to ensure they were safe to work alone with patients and this information was stored by the practice to evidence the checks were undertaken.

Dealing with Emergencies

The practice had a business continuity plan which had been reviewed and updated in June 2014. The business continuity plan is the practices' plan for when there is a major problem such as a power cut or severe weather making it difficult for staff or patients to attend the practice. This document was an in depth analysis of how the practice would operate in difficult circumstances, and contributed to the practices' safety regime.

Equipment

We saw equipment was in good working order. Maintenance records were available for safety equipment such as fire extinguishers and the fire alarm system. Patients were protected from the risk of unsafe equipment.

Are services effective?

(for example, treatment is effective)

Our findings

The practice was effective. There were procedures in place to ensure that care and treatment was delivered in line with best practice standards and guidelines. Care and treatment met patients' needs. The practice referred to and used national best practice in providing care and treatment. Some patients with complex needs were discussed with external professionals to ensure they had adequate and consistent support from different services. Patients were supported to live healthy lives and manage their health and wellbeing independently.

Promoting best practice

The practice undertook clinical audits regularly. Some were part of a cycle of audit, some in response to concerns or issues identified and some in response to GPs annual appraisals. We saw audits reflected national best practice and guidance such as national institute for health and clinical excellence (NICE) guidance in their findings. Events were discussed daily at GP meetings and if after the meeting any are deemed 'significant' they were then discussed at the practice clinical meeting. These meant clinicians could change processes to patient care to ensure they reflected up to date clinical guidance.

We were told that they are all learning as a team as the move from a student practice to a more balanced demographic in the future.

Management, monitoring and improving outcomes for people

The practice carried out reviews as part of the Quality and Outcomes Framework (QOF). The QOF is the annual reward and incentive programme which awards surgeries achievement points for managing some of the most common chronic diseases, for example asthma and diabetes. Data that we reviewed showed that in some areas the practice was performing lower than average in comparison to other practices in the local Clinical Commissioning Group (CCG). This was due in part to the general makeup of the practice population. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Staffing

Staff told us they received an induction when they began working at the practice. We saw evidence of inductions.

The practice employed staff who were appropriately skilled and qualified for their role and supported them with an effective training regime. They were monitored in staff training on safeguarding, emergency medicine, fire safety and information governance to ensure staff awareness on these areas of expertise was current. We saw a training log recorded what training staff received. Staff told us they received appraisals which were supportive. Staff were able to provide effective care because they received the training and support they needed.

The practice had designated staff to fulfil specific roles. For example the nursing team delegated certain clinics and patient care to different nursing staff. This enabled the practice to organise patient care effectively and ensure care was delivered by skilled staff.

Working with other services

There was good co-operation between the GP's at the practice and other health professionals.

The practice had been responsive to specific patient needs and had developed a working relationship with the 'Open Mind' service of the NHS Leicestershire partnership. This provided mental health support for specific patients who received individual support. There was considerable demand for mental health services at the practice at academic examination time. The practice has developed services to meet specific needs of students and university staff. A GP told us that the practice prescribed a maximum of two months medication to patients experiencing poor mental health. This enforced a regular review of those patients.

The practice was a member of SHACC (Sexual Health and Contraceptive Clinics). The aim is to help tackle some of the local issues in sexual health such as a high teenage pregnancy rate, increasing demand for sexual health services and poor access to long acting reversible contraceptive methods. SHACC is a group of GP surgeries in Leicester that provide contraception and early pregnancy advice as well as investigation and treatment for sexually transmitted infections. Appointments take place at ordinary surgeries like Victoria Park Health Centre, this helps to preserve a patients' confidentiality. Patients do not need to be registered at the practice to get an appointment.

Are services effective?

(for example, treatment is effective)

Health, promotion and prevention

We saw the practice provided health and lifestyle information in reception. There was information for carers and patients with medical conditions such as drug and alcohol abuse, arthritis and dementia.

Health promotion and prevention information is also available on the practice website at www.victoriaparkhealthcentre.co.uk.

Are services caring?

Our findings

The practice was caring. Patients were treated with respect, dignity and courtesy by staff. Their privacy and confidentiality was respected. Staff provided choice and involved patients in decisions about their care and treatment.

Respect, dignity, compassion and empathy

Patients told us staff were considerate, respectful and courteous. They told us they received excellent care and that the staff were friendly. The practice patient survey from 2014 indicated patients were satisfied with the way they were treated by staff. We saw clinical staff closed doors when consulting with or treating patients.

The practice website contained practical advice for patients an carers on what to do in case of bereavement. This contained links to NHS Choices that included on how to cope with bereavement.

We sent comment cards to the service before our inspection so that patients could provide feedback about the practice. We received 14 comment cards back filled in by patients who reported that the staff were considerate, kind they were treated with dignity and respect. We were told that the staff on reception were polite, friendly and helpful and we observed the same.

Involvement in decisions and consent

Patients told us they were involved in decisions about their care and treatment. They said clinical staff gave them the time they needed during consultations and listened to their concerns.

The practice abided by the rule that children under 16 can consent to medical treatment if they fully understand what is being proposed. It is up to the treating clinician to decide, after assessment, whether the child has the maturity and intelligence to fully understand the nature of the treatment, the options available, any risks involved and any potential benefits. A child who has such understanding is considered 'Gillick competent' (a standard which is based upon UK case law).

The parents cannot overrule the child's consent when the child is judged to be Gillick competent. Children under 16 who are not Gillick competent and very young children cannot either give or withhold consent. Those with parental responsibility need to make the decisions on their behalf.

We discussed the Mental Capacity Act (2005) (MCA) and how this would impact on the practice with two members of staff. The MCA is relevant because it focusses on vulnerable people who might not be able to consent to care and treatment. So it is important that staff working in the practice understand this and how to support those people and meet their needs. Both said that the learning package had just come through, and they were due to start an e learning package about the MCA shortly. We saw the training module on the computer to evidence that training in the MCA was available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice operates an 'Advanced Access' appointment system for the GP's. The system is based upon meeting patient's needs. Some patients needed to see a GP because they have a problem that they are concerned about. This may have be a minor problem that they have had for a while that has now become concerning or a 'Medical Emergency' situation. These patients usually prefer to be seen today or quite soon.

Other patients needed to pre-book their appointment because of other commitments (usually attendance at lectures or work), or just because they liked to book in advance. Because of this 50% of the GP appointments can be pre-booked, the rest were available on the day and could be booked from 8.30 either at the reception desk or over the telephone.

Complaints were investigated and responded to and lessons were learned to improve practice

Responding to and meeting people's needs

The building consists of two floors with surgeries and treatment rooms on both; however the ground floor is currently the only one in use for patients at present. The practice was accessible for all patients with parking for people with disabilities; level access adapted toilets and a vertical lift.

The majority of the patients at the practice are university students and staff. This is because the practice is located on the university campus. As a result there were fewer older patients registered at the practice than might be the norm. The practice manager said that the practice had links with a memory and dementia group. Patients with these problems and conditions were supported to attend these other services to monitor their needs.

Few patients had long term conditions. Less than 100 patients were identified as having diabetes out of a patient list of over 18,000. The younger age of the patient group also meant that there were fewer patients with COPD (Chronic obstructive pulmonary disease). COPD was often a result of long term smoking or exposure to a hazardous working environment such as mining. The practice manager identified that there were less than 10 patients with this condition. As with the diabetes the practice felt it was easier to identify and therefore meet the needs of these patients. The practice nurses who are qualified and registered nurses ran clinics for patients who had those conditions. Staff we spoke with told us that patients with long term conditions were monitored by means of a yearly review with the practice nurse and blood tests every six or 12 months dependent upon their condition. A medication review was also carried out by a GP every six months or sooner if required.

To meet the needs of mothers, babies and young children the practice ran a midwifery clinic every Friday, this was in addition to the usual GP monitoring of patients within this group. There was a large child immunisation programme taking place within the practice. Tied to this immunisation programme was a health promotion initiative with information given to new mothers about the importance of protecting their babies through immunisation. There were several health promotion leaflets on display in the waiting room. We also noted that the waiting room was not very child friendly, in that there were no toys, or play equipment to occupy younger children. We discussed this with the practice manager and senior GP partner. The problem had been identified within the practice and plans had been put place to redesign the main waiting room with children in mind.

We discussed patients who were in vulnerable circumstances. This included travellers, migrant workers and people with a learning disability. Due to the location of the practice on the university campus there were no travellers or migrant workers currently registered at the practice. Should any person in this category have resided in the practice area and presented themselves at the surgery they would have registered them as a patient. There was however a service in the city centre which had been set up specifically to meet the needs of those patients. The practice had identified that there were less than 10 patients registered at the practice who had a learning disability. The practice manager said that those patients had a mild learning disability and their social needs were met by other providers. Patients physical health was monitored by means of a review with the GP every 12 months dependent upon their condition or sooner if required.

The practice regularly surveyed its patients. They did this in a variety of ways including through the practice website, with paper questionnaires and also the use of social media (Twitter and Facebook). Many of the patients at the practice are students at the university and the practice manager said that it was difficult getting students to share their

Are services responsive to people's needs?

(for example, to feedback?)

views and experiences. This was demonstrated by the last survey the practice conducted where 454 surveys were sent out but only 44 were returned. To address this issue the practice manager said that they had targeted patients within the surgeries and asked for instant feedback. Results from the completed surveys showed that most patients said they had confidence in their GP, their last appointment was at a convenient time and their GP was a good listener.

We met with a mental health worker who worked for the Open mind service. This was part of the NHS Leicestershire partnership. There was mental health support sessions' running most days of the week. They worked with specific patients receiving individual support. It was identified that there was considerable demand for mental health services at the practice. This was particularly at academic examination time when stress levels and pressure on many of the patients increased. There was a close working relationship between the clinic and the GP practice aimed at meeting patients' needs. The practice prescribed a maximum of two months medication to patients experiencing poor mental health. This enforced a regular review of those patients where their physical and mental health was reviewed.

Access to the service

The practice offered online services including ordering repeat medication, booking routine appointments, access to medical records and updating contact details. The practice also participated in the Electronic Prescription Service which allows for repeat prescriptions and increased choice as medication can be collected from pharmacies if necessary.

The practice operated an 'Advanced Access' appointment system for the GP's. Other patients needed to pre-book their appointment because of other commitments (usually attendance at lectures or work), or just because they liked to book in advance. Because of this 50% of the GP appointments could be pre-booked, the rest were available on the day and could be booked from 8.30am either at the reception desk or over the telephone.

The practice offered patients a routine appointment with the doctor of their choice, normally within three working days, provided the doctor was not absent.

The opening hours were displayed in the practice and on the web-site as were the contact details in the event of an emergency.

GPs were available for home visits for patients who could not come to the surgery and telephone consultations were also offered on a ring-back basis. Repeat prescriptions could be ordered online, in person or through the local pharmacy.

The practice has opted out of providing out-of-hours services to their own patients. This is provided by The Central Notts Clinical Services Ltd on behalf of the practice. In the event of a medical emergency outside normal surgery hours patients are advised to call the NHS 111 system.

Concerns and complaints

Complaints were investigated and responded to and lessons were learned to improve practice. We looked at a complaints log and saw all complaints were acknowledged, investigated and responded to. We saw from meeting minutes that complaints were discussed by staff as part of investigations where necessary. We saw responses to patients were polite, informative and recognised where mistakes had been made. In clinical complaints the practice used a third party organisation that specialised in these matters to assist the practice in making a response. Where similar complaints were made we found that staff identified themes and took action to improve the service. Patient concerns were considered and responded to professionally to ensure issues were addressed and where possible improvements to the service were made.

We saw that there was a whistleblowing policy in place and staff told us they were aware of its purpose.

Are services well-led?

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

Our findings

The service was well-led. The service had an open culture which encouraged staff and patient feedback. We found feedback provided by staff and patients was acted on. There were meetings for all staff to communicate with each other. All staff had protected learning time one Wednesday afternoon every month. This had been used in the past for meetings, training and personal development.

The practice manager provided strong leadership, the roles and responsibilities of different staff members were clear and ensured the systems in place at the practice were effective and minimised the risks to patients, staff and others.

Leadership and culture

Staff we spoke with told us they felt able to discuss any matters with senior members of staff within the practice. They told us the practice manager was approachable and responded to staff feedback. We saw from patient complaints that concerns were responded to in a responsive and pro-active way. The leadership at the service ensured learning and changes to the service were implemented effectively, this ensured staff knew of their responsibilities therefore the service improved.

The practice held regular meetings with staff and students at the University of Leicester. They offered counselling service to both students and staff. The practice had liaised with the university over a variety of issues including accessibility, welfare and the issue of sick notes for students at exam time. The practice actively registered students at Fresher's week when up to 3,500 new students arrive at the university for the first time.

The practice participated in the NHS Quality and Outcomes Framework (QOF) system used to monitor the quality of services in GP practices. QOF consisted of groups of indicators against which practices score points according to their level of achievement. Clinical indicators which related to the management of patients, for example, heart failure, hypertension, diabetes, asthma and stroke. We saw that this included reviews of such areas as A&E and outpatient attendance. We reviewed data on QOF information and found that the Practice achieved 971.45 points out of maximum of 1000. The Clinical Commissioning Group (CCG) average for the locality was 946. The computerised administration system used by the practice incorporated the QOF information. The system ensured that the staff in the practice were made aware if a patient required an additional test or appointment to help improve their treatment outcomes.

Governance arrangements

We found that there were effective governance arrangements in place and that staff were aware of their own roles and responsibilities. For example, we saw that some staff members had designated lead roles for different aspects of the practice's business. This included roles such as safeguarding lead, nurse lead and infection control lead.

We found evidence that demonstrated that the systems of management and clinical governance of the practice was effective and protected patients, staff and others against the risk of inappropriate or unsafe care or treatment. The policies and procedures which reinforced all areas of the service provided at the practice were up to date and clear. These documents provided guidance for staff. The staff confirmed the policy documents were accessible to them.

We also saw that there were risk assessments and safety record sheets for all of the chemicals used in the practice such as cleaning fluids and bleach. This information was recorded in line with COSHH (Control Of Substances Hazardous to Health) regulations and was available in the event of an emergency.

Systems to monitor and improve quality and improvement

The practice used the Quality Outcome Framework (QOF) to assess its performance against key indicators of care in General Practice such as clinical outcomes for patients. The QOF is a voluntary assessment tool which is used to allocate funding to GP services based on their local population and performance. We saw evidence which showed the practice responded to areas where performance on clinical outcomes could be improved. The practice had a system in place for completing clinical audit cycles. Examples of clinical audits included antibiotic prescribing, international normalisation ratios (INR - a test to measure how fast a patient's blood clots), and non-steroidal anti-inflammatory drugs (NSAID). The practice identified actions as a result of those audit findings.

Patient experience and involvement

The practice regularly surveyed its patients. This was done in a variety of ways including through the practice website,

Are services well-led?

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

with paper questionnaires and also the use of social media (Twitter and Facebook). Many of the patients at the practice are students at the university and the practice manager said that it was difficult getting students to share their views and experiences. This was demonstrated by the last survey the practice conducted where 454 surveys were sent out but only 44 were returned. To address this issue the practice manager said that they had targeted patients within the surgeries and asked for instant feedback. Results from the completed surveys showed that most patients said they had confidence in their GP, their last appointment was at a convenient time and their GP was a good listener.

Staff engagement and involvement

The practice held regular meetings. GP meetings were held daily where referrals visits and any safeguarding matters were discussed. Partner meetings were held every Tuesday. Multidisciplinary Team Meetings were held monthly (these are meetings of the group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients). All staff had protected learning time one Wednesday afternoon every month. This had been used in the past for meetings, training and personal development.

All staff were involved regularly in meetings with either practice partners or the practice manager. We looked at minutes from meetings between clinical staff and reception and administration staff. Discussion on policies and processes, new guidance and reviews and actions of complaints and significant events were minuted. The practice facilitated staff to communicate with each other and with management.

Learning and improvement

Victoria Park Health Centre is a GP training practice. We spoke with a trainee GP who told us that their training needs were being met and that their opinion was valued. They had received a week long induction at the practice prior to commencing work. This person had a dedicated mentor for every clinic who was usually a partner in the practice. In house teaching took place for one hour every Tuesday. There was protected learning time one Wednesday afternoon every month for all staff.

Staff discussed significant events and complaints in meetings to identify any action to improve quality and safety. Significant events were discussed with relevant staff at the time of the event and periodic reviews of significant events took place every three months. We saw from meeting minutes there were clear actions to improve and learn from complaints and significant events where possible. These ensured improvements to the quality and safety of the service were made following incidents.

We discussed the Mental Capacity Act (2005) (MCA) and how this would impact on the practice with two members of staff. The MCA is relevant because it focusses on vulnerable people who might not be able to consent to care and treatment. So it is important that staff working in the practice understand this and how to support those people and meet their needs. Both said that the learning package had just come through, and they were due to start an e learning package about the MCA shortly. We saw the training module on the computer to evidence that training in the MCA was available.

Identification and management of risk

We found that certain areas of risk such as some significant events were discussed at staff meetings. The practice had a business continuity plan in place to ensure continuity of the service in the event of serious or on-going problems at the premises. The plan gave details of what actions to take dependent on the type of problem.

There were risk assessments we saw which related to health and safety these were comprehensive in nature. There were current health and safety risk assessments in place. Therefore the practice had systems in place to identify and manage risks to the patients, staff and visitors to the practice.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Our findings

Summary of findings

The majority of the patients at the practice are university students and staff. This is because the practice is located on the university campus. As a result there are fewer older patients' registered at the practice than might be the norm.

Our findings

Staff were provided with training in safeguarding vulnerable adults, such as older patients who may be vulnerable due to their health, mobility or circumstances. Staff knew how to respond to a suspicion of abuse. The practice offered patients over 65 years an annual influenza vaccine. We saw support groups and information for patients with arthritis or dementia was advertised in the waiting area. We saw that access to the practice was good, the practice was accessible for all patients with parking for people with disabilities; level access adapted toilets and a vertical lift.

We spoke with the manager of one care home (for older people) whose patient was registered at the practice and they told us the practice staff had been very responsive to their patients' needs. They told us the GPs would not hesitate to attend on the same day.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Our findings

Summary of findings

The majority of the patients at the practice are university students and staff. This is because the practice is located on the university campus. As a result there are fewer people with long term conditions

Our findings

Few patients had long term conditions. Less than 100 patients were identified as having diabetes out of a patient list of over 18,000. The younger age of the patient group also meant that there were fewer patients with COPD (Chronic obstructive pulmonary disease). COPD was often a result of long term smoking or exposure to a hazardous working environment such as mining. The practice manager identified that there were less than 10 patients with this condition. As with the diabetes the practice felt it was easier to identify and therefore meet the needs of these patients. The practice nurses who were qualified and registered nurses ran clinics for patients who had those conditions. Patients physical health was monitored by means of a review with the GP every 12 months dependent upon their condition or sooner if required.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Our findings

Summary of findings

To meet the needs of mothers, babies and young children the practice runs a midwifery clinic every Friday, this in addition to the usual GP monitoring of patients within this group.

Our findings

The practice manager identified that there was a large child immunisation programme taking place within the practice. Tied to this immunisation programme was a health promotion initiative with information given to new mothers about the importance of protecting their babies through immunisation. We saw that there were several health promotion leaflets on display in the waiting room. We also noted that the waiting room was not very child friendly, in that there were no toys, or play equipment to occupy younger children. We discussed this with the practice manager and lead GP. The problem had been identified within the practice and plans were in place to redesign the main waiting room with children in mind.

We asked one of the GPs about 'looked after children' at the medical practice. 'Looked after children' are those children who are in receipt of care by the state, usually through the local authority. They include children who are subject to a care order and children receiving a short break or respite care. We identified that the small number of looked after children were known to the GPs and there were monthly multi-disciplinary meetings with other agencies involved to discuss and ensure the children's welfare.

Patients told us staff communicated well and were considerate. Children were supported by caring staff.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Our findings

Summary of findings

The majority of the patients at the practice are university students and staff and therefore the majority of the 18,652 patients fall into this category. This is because the practice is located on the university campus

Our findings

The practice offered online services including ordering repeat medication, booking routine appointments, access to medical records and updating contact details. The practice also participated in the Electronic Prescription Service which allowed for repeat prescriptions and increased choice as medication can be collected from pharmacies if necessary.

We met with a mental health worker who worked for the Open mind service. This was part of the NHS Leicestershire partnership. There was mental health support sessions' running most days of the week. They worked with specific patients receiving individual support. It was identified that there was considerable demand for mental health services at the practice. This was particularly at academic examination time when stress levels and pressure on many of the patients increased. There was a close working relationship between the clinic and the GP practice aimed at meeting patients' needs. The practice prescribed a maximum of two months medication to patients experiencing poor mental health. This enforced a regular review of those patients where their physical and mental health was reviewed.

The practice is a member of SHACC (Sexual Health and Contraceptive Clinics). The aim is to help tackle some of the local issues in sexual health such as a high teenage pregnancy rate, increasing demand for sexual health services and poor access to long acting reversible contraceptive methods. SHACC is a group of GP surgeries in Leicester that provide contraception and early pregnancy advice as well as investigation and treatment for sexually transmitted infections. Appointments take place at ordinary surgeries like Victoria Park Health Centre, this helps to preserve a patients' confidentiality. Patients do not need to be registered at the practice to get an appointment.

The practice held regular meetings with staff and students at the University of Leicester. They offered a counselling service to both students and staff. The practice has liaised with the university over a variety of issues including accessibility, welfare and the issue of sick notes for students at exam time. The practice actively registers students at Fresher's week when up to 3,500 new students arrive at the university for the first time.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Our findings

Summary of findings

The practice manager said that due to the location of the practice on the university campus there were no travellers or migrant workers currently registered at the practice.

Members of staff had received training in safeguarding for both adults and children.

Our findings

We were told that should any person in this category reside in the practice area and presented themselves at the surgery they would register them as a patient. There is however a service in the city centre which has been set up specifically to meet the needs of those patients. This explained the absence at Victoria Park Health Centre of any vulnerable patients within that group.

Staff were able to answer questions and knew where relevant information was located including contact details for the local authority safeguarding team. We saw that the practice had a designated lead GP for both safeguarding adults and children, and staff said they would speak to this GP if they had any doubts in a given situation.

The practice had identified that there were less than 10 patients registered at the practice who had a learning disability. The practice manager said that those patients had a mild learning disability and their social needs were met by other providers. Patients physical health was monitored by means of a review with the GP every 12 months dependent upon their condition or sooner if required.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Our findings

Summary of findings

We were told that the practice had identified that there was considerable demand for mental health services. This was particularly at academic examination time when stress levels and pressure on many of the patients increased.

Our findings

We met with a mental health worker who worked for the Open mind service, provided by NHS Leicestershire partnership. There was mental health support sessions' running most days of the week. They worked with specific patients receiving individual support. It was identified that there was considerable demand for mental health services at the practice. This was particularly at academic examination time when stress levels and pressure on many of the patients increased. There was a close working relationship between the clinic and the GP practice aimed at meeting patients' needs. The practice prescribed a maximum of two months medication to patients experiencing poor mental health. This enforced a regular review of those patients where their physical and mental health was reviewed.

Staff told us they had access to guidance on the principles of the Mental Capacity Act (2005). This allowed clinicians to ensure they knew what action to take if patients lacked the capacity to make decision and ensure any clinical decisions were in patients' best interests if they did lack capacity. This supported staff in protecting patients' rights when assisting them to make a decision about their care or treatment.