Brandon Street Surgery

Quality Report

Belgrave Health Centre
52 Brandon Street
Leicester
LE4 6AW
Tel: 0116 689790
Website: No website available

Date of inspection visit: 13 January 2017
Date of publication: 25/04/2017

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

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brandon Street Surgery on 13 January 2017. Overall the practice is rated as good.

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

- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- We found that the system for reporting and recording significant events was inconsistent and required review. We were unable to see evidence of discussion of actions taken or lessons learnt discussed or shared with the practice team. The practice did not document discussions held regarding near misses.
- Information about services and how to complain was available for patients. However, the practice did not keep a record of informal complaints received to enable the practice to identify any trends in complaints.
- Risks to patients were assessed and well managed.
- The practice had made significant improvement to Qof performance however, patient outcomes were hard to identify as little or no reference was made to audits or quality improvement with the exception of medicines management audits that had been carried out.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to five year olds were higher than CCG/national averages.
- The practice had a proactive patient participation group and had sought feedback from patients.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Review processes for reporting, recording, acting on and monitoring significant events, incidents and near misses. Ensure actions agreed to ensure lessons learnt following discussion of a significant event are documented with timely review dates. Ensure complete records are kept of all completed significant event report forms received including details of actions taken as a result.

The areas where the provider should make improvement are:

- Review processes in place in relation to clinical audits to ensure full cycle audits are carried out to improve patient outcomes.
- Review system of appraisals to ensure all members of staff receive an appraisal at least annually.
- Review complaints processes to keep a record of informal complaints received and ensure a system is in place to enable the practice to monitor trends.
- Review methods of communication and meeting structures to ensure all practice staff clinical and non-clinical are provided with the opportunity to be involved in discussions about the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- We found that the system for reporting and recording significant events was inconsistent and required review. We were unable to see evidence of any discussion or lessons learnt discussed or shared with the practice team. The practice did not document discussions held regarding near misses.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Clinical staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- The practice had made significant improvement to Qof performance however, patient outcomes were hard to identify as little or no reference was made to audits or quality improvement with the exception of medicines management audits that had been carried out.
- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. However, not all staff had received an appraisal within the last 12 months due to changes in the management team.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was co-ordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a carers register in place which represented 1.3% of the practice patient population.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. The practice had not received any formal complaints since December 2015 and did not hold a record of informal complaints received.

Are services well-led?

Good

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

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- Staff had received inductions and attended staff meetings and training opportunities however, not all staff had received an appraisal within the last 12 months due to changes within the management team.
- The provider was aware of the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients. The practice engaged with the patient participation group who were involved in carrying out patient surveys in the practice to collect patient feedback.

Summary of findings

- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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

Good

The provider was rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Good

The provider was rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 100% which was higher than the CCG average of 86% and the national average of 89%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Families, children and young people

Good

The provider was rated as good for the care of families, children and young people.

- From the sample of documented examples we reviewed 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.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than CCG/national averages for example, rates for the vaccines given to five year olds ranged from 90% to 97%.
- The practice's uptake for the cervical screening programme was 82%, which was higher than the CCG average of 78% and the national average of 81%.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.

  Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Good

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

- The needs of these populations 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 on a Tuesday until 8pm.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The provider was rated as good for people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice carried out advance care planning for patients living with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was 100% which was higher than the CCG average of 93% and national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Summary of findings

- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 330 survey forms were distributed and 108 were returned. This represented 1.7% of the practice's patient list.

- 84% of patients described the overall experience of this GP practice as good compared with the CCG average of 80% and the national average of 85%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 71% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received.

We did not speak with patients during our inspection however, we did speak with one patient who was also the Chair of the patient participation group (PPG) who said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice collected friends and family test feedback however the overall results were not available on NHS Choices website to tell us the percentage of patients who had responded who said they would recommend this practice to their friends and family.

Areas for improvement

Action the service MUST take to improve

- Review processes for reporting, recording, acting on and monitoring significant events, incidents and near misses. Ensure actions agreed to ensure lessons learnt following discussion of a significant event are documented with timely review dates. Ensure complete records are kept of all completed significant event report forms received including details of actions taken as a result.

Action the service SHOULD take to improve

- Review processes in place in relation to clinical audits to ensure full cycle audits are carried out to improve patient outcomes.
- Review system of appraisals to ensure all members of staff receive an appraisal at least annually.
- Review complaints processes to keep a record of informal complaints received and ensure a system is in place to enable the practice to monitor trends.
- Review methods of communication and meeting structures to ensure all practice staff clinical and non-clinical are provided with the opportunity to be involved in discussions about the practice.

Brandon Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor.

Background to Brandon Street Surgery

Brandon Street Surgery provides primary medical services to approximately 6,112 who reside in Leicester City and surrounding areas. The practice is located in Belgrave Health Centre which is a purpose built health centre and is shared with two other GP practices. The health centre has adequate patient and staff car parking including disabled parking bays. All clinical and patient areas are accessible to patients with disabilities and those who use wheelchairs. We were informed by the GP partners that the practice patient list size had increased by approximately 20% within the last 18 months.

Brandon Street Surgery is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; maternity and midwifery services, family planning and surgical procedures.

The practice has an Alternative Provider Medical Services contract (APMS). An APMS contract is provided under directions of the Secretary of State for Health and can be used to commission primary medical services from GP practices as well as other types of service providers.

At the time of our inspection the practice employed two GP partners, two long term locum GPs, one practice nurse, one health care assistant (HCA) and a team of reception and administration staff who were all supported by a practice manager and an assistant practice manager.

The surgery is open from 8am until 6.30pm Monday to Friday. The practice provides extended opening hours until 8pm on a Tuesday.

The practice has an active patient participation group (PPG) who meet on a regular basis.

The practice has a higher than average population of patients between the ages of 25-39 years of age. 50% of the patient population have a long standing health condition which is comparable to the clinical commissioning group (CCG) average of 50% and the national average of 53%.

The practice offers on-line services for patients including ordering repeat prescriptions and booking routine appointments.

The practice lies within the NHS Leicester City Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

When the practice is closed patients are able to use the NHS 111 out of hour's service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as NHS England and NHS Leicester City CCG to share what they knew. We carried out an announced visit on 13 January 2017. During our visit we:

- Spoke with a range of staff including two GP partners, one practice nurse, one HCA, a member of the reception team, an assistant practice manager and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed 35 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. These incident reporting forms supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There had been five significant events reported within the last 12 months. We were told that near misses were discussed in monthly clinical meetings but not documented and the practice did not have a process in place to monitor trends identified from significant events, incidents or near misses or to evaluate any actions taken as a result. We were told that significant events were discussed in monthly clinical meetings however, we were unable to see evidence of any discussion or lessons learnt discussed or shared with the practice team.
- Clinical staff told us they received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). We were informed that alerts were co-ordinated and disseminated to clinicians electronically by the practice manager. Staff we spoke with were able to tell us about recent alerts received.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Practice nurses were trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) lead. There was an IPC protocol in place and regular IPC audits were carried out, we saw the last audit had been completed in December 2016. We observed daily cleaning schedules were in place for each consulting and treatment room.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

Requires improvement

Are services safe?

- During our inspection, we observed that all vaccinations and immunisations were stored appropriately. The practice had one vaccination fridge and we saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place which had been reviewed regularly. (cold chain is the maintenance of refrigerated temperatures for vaccines). We also saw evidence of calibration of the fridge which had been carried out on 12 January 2017.

We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy available which had last been reviewed in November 2016.
- The practice had an up to date fire risk assessment and carried out regular fire drills, we saw documented evidence of the last fire drills which had been carried out in March 2016 and November 2016. There was a fire evacuation plan in place which had last been reviewed in March 2016. We observed a health and safety notice board for all staff employed to work within the health centre which included a fire policy and other health and safety related documentation for staff who worked within the health centre.
- We observed that all electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% which was the maximum number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

- Performance for diabetes related indicators was 100% which was higher than the CCG average of 86% and the national average of 89%.
- Performance for mental health related indicators was 100% which was higher than the CCG average of 93% and national average of 93%.

  During our inspection, we were unable to see evidence of quality improvement as a result of clinical audits carried out:

- The practice did not have a programme of clinical audit in place however, the GP partners told us they were aware that they needed to implement a programme of clinical audits. They were able to tell us about audits they were planning to carry out in the future. We saw one full cycle audit which had been carried out in 2014 which was in relation to patients who were prescribed dual antiplatelet therapy for acute coronary syndrome. As a result of this audit, all patients records were reviewed to ensure medications were prescribed appropriately and to ensure any patients who no longer required this medication had this medication stopped. A re-audit was then carried out in January 2016. The practice had carried out other medicine management audits however, the practice had not completed any other full cycle clinical audits to help the practice to identify where improvements were required to be implemented and monitored.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Practice nurses were trained in the management of chronic disease such as diabetes management.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. However, not all members of staff had received an appraisal within the last 12 months following recent changes in the appointment of a new practice manager in recent months. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. A nurse we spoke with had already completed nurse revalidation in April 2016 and told us that the practice had supported her throughout this process.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). We were provided with evidence following our inspection that all GPs had received MCA training. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 78% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than CCG/national averages for example, rates for the vaccines given to five year olds ranged from 90% to 97%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, 71% of female patients aged 50-70 years of age had attended for breast cancer screening within six months of invitation months compared to the CCG average of 74% and the national average of 73%. 39% of patients aged 60-69 years of age had been screened for bowel cancer within six months of invitation compared to the CCG average of 45% and the national average of 58%. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Good

Are services effective?

(for example, treatment is effective)

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one patient who was also Chair of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mostly comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 85% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 82% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

Good

Are services caring?

- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 84% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients about interpreter services which was available.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 carers which represented 1.3% of the practice patient population.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Tuesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included interpretation services available from a 'Ujala Centre' which also provided a sign language interpreter service.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice provided extended opening hours until 8pm on a Tuesday. Appointments were available between these times. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was either higher or comparable to local and national averages with the exception of those in relation to patients ability to get an appointment the last time they tried which was lower than local and national averages.

- 92% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 47% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 66% and the national average of 76%.
- 85% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

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

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We were informed that no formal complaints had been received since December 2015. We looked at the last complaint received and found this was satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint.

The practice did not keep a record of informal or verbal complaints received.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- Staff we spoke with knew and understood the vision and values of the practice.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We looked at 13 policies during our inspection which included consent, safeguarding, infection control and business continuity and we saw these were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Clinical meetings were held on a monthly basis, staff we spoke with told us that practice meetings took place however these were ad-hoc and we did not see any minutes of regular practice meetings which may have been held for all practice staff to attend.
- The practice did not have a programme of continuous clinical and internal audit in place to monitor quality and to make improvements. The practice did carry out medicines management audits.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of those in relation to infection prevention and control.
- The practice did not have an effective system in place to ensure significant events were reviewed and documented appropriately including processes for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection staff told us the GP partners and management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. We found that the practice had a system in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. However, the practice did not keep written records of verbal interactions as well as written correspondence.

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

- The practice held a range of multi-disciplinary meetings which included meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. However, we were unable to see evidence of meeting minutes.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. During our inspection, we spoke with one member of the PPG who was also the Chair. We were told that the PPG met on a bi-monthly basis and

Are services well-led?

Good

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

told us about their involvement in carrying out patient surveys in the patient waiting area which had shown positive results from those patients surveyed. The PPG were actively involved in the practice and held health fairs for patients on an annual basis.

- the NHS Friends and Family test and compliments received.
- Not all members of staff had received an appraisal within the last 12 months to enable feedback to be sought from staff. We were informed that appraisals had not taken place within the last 12 months due to recent changes within the practice management team. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area such as a pilot scheme within Leicester City which offered patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments were available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments were available by walk in, telephone booking or direct referral from NHS 111.

The practice had made significant improvements in relation to Qof performance over the past two years. The practice had also undergone changes in practice management within the past 12 months and a new practice manager had been appointed. The practice had also seen a significant increase in the patient list of approximately 20% within the past 18 months. The partners were supporting the practice manager in her professional development and supported her in the completion of a qualification in practice management with the Institute of Learning Management (ILM).

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.** **The practice did not have an effective process in place for reporting recording, acting on and monitoring significant events, incidents and near misses.** **This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**