

# De Montfort Surgery - IB Cross

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at De Montfort Surgery on 7 January 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, well-led, effective, caring and responsive services. It was also good for providing services for 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, and people experiencing poor mental health.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.

- Patients with Chinese as their first language were provided with translated new patient's registration forms to welcome and familiarise themselves with the practice.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- A mental health worker and counsellor held regular clinics at the practice to support patients.
- 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.

# Summary of findings

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Update arrangements processes and systems to ensure that emergency medicines and equipment are available for the doctor's bags.
- Ensure staff receive training appropriate to their roles; and any further training needs identified and planned for.

- Some of the policies and procedures needed review including the infection control policy. This should include how often the infection prevention risk assessments or audits are undertaken in order to maintain cleanliness and hygiene standards; and fire procedures.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Systems were in place to ensure the environment and equipment were clean and staff followed hygienic procedures to minimise the risk of infection. Risks to patients were assessed and well managed. The arrangements for the medicines in the doctor's bag and emergency medicines were not well organised and need to be reviewed and managed. Sufficient staffing levels were provided to meet patients' needs.

Good



### Are services effective?

The practice is rated as good for effective. National Institute for Health and Care Excellence (NICE) guidance is referenced and used routinely. Patients' needs were assessed and their care and treatment was delivered in line with current evidence based practice and legislation. Effective audits were carried out to monitor the quality of care and to improve the outcomes for patients. Multidisciplinary working was evident. Staff training plans were brief and demonstrated staff, and teams were not always receiving appropriate training and continued development.

Good



### Are services caring?

The practice is rated as good for caring. Patients described the staff as friendly and caring, and felt that they treated them with respect and dignity. Patients were involved in decisions about their health and treatment, and received support to cope emotionally with their care and condition. Staff were respectful, polite and friendly when dealing with patients. Patients whose first language was not English were provided with translations services or interpreters to help them to understand the care and treatment they needed.

Good



### Are services responsive to people's needs?

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. The practice worked in partnership with other providers and organisations to

Good



# Summary of findings

meet patients' needs in a responsive way. The practice facilities were well equipped to treat patients and meet their needs. Patients concerns and complaints were listened and responded to and used to improve the service.

## Are services well-led?

The practice is rated as good for well-led. The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was good teamwork, leadership and commitment to improving the quality of care and patients experiences. There were high levels of staff satisfaction and engagement. All staff had clear roles and responsibilities to ensure that the practice was well led. There was an active approach to seeking out new ways of providing care and treatment. The practice had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the population group of families, children and young people. Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example children and young people who had a high number of A&E attendances. The GP safeguarding lead regularly met with the other professionals to discuss looked after children, vulnerable younger people and mothers and children on the safeguarding register to share information, concerns, and best ways to support families. The practice worked in partnership with De Montfort University Welfare staff, midwives and health visitors. Appointments were available outside of school hours to enable children to attend. Emergency processes were in place and referrals made for children and pregnant women who had a sudden deterioration in health.

The practice promoted good health within its younger population group. Examples included offering a confidential service to young people by providing full sexual health screening and the availability of private facilities for self-testing for chlamydia. In addition offering counselling for abortion requests.

Good



# Summary of findings

## **Working age people (including those recently retired and students)**

Good



The practice is rated as good for the population group of the working-age people (including those recently retired and students). The practice provided extended opening hours to enable patients to attend in early morning or in the evening. Patients were also offered telephone consultations and were able to book non-urgent appointments around their working day by telephone, and on line. The practice offered a choose and book service for patients referred to secondary services, which enabled them greater flexibility over when and where their test took place. NHS health checks were offered to patients over 40 years. The practice offered health promotion and screening appropriate to the needs for this age group.

## **People whose circumstances may make them vulnerable**

Good



The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including people with learning disabilities. Patients with a learning disability were offered an annual health review, including a review of their medication. When needed longer appointments and home visits were available. The practice worked with multi-disciplinary teams in the case management of people in vulnerable circumstances and at risk of abuse. Carers of vulnerable patients were identified and offered support. Alcohol and drug abuse services were available to patients. A smoking cessation service was also available.

## **People experiencing poor mental health (including people with dementia)**

Good



Staff had received training on how to care for people with mental health needs. The practice held a register of patients experiencing poor mental health. Patients were offered an annual health check review including a review of their medicines to ensure that medicines were prescribed appropriately and safely. A mental health worker and counsellor held regular clinics at the practice to support patients. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, to ensure their needs were regularly reviewed, and that appropriate risk assessments and care plans were in place. Patients were supported to access emergency care and treatment when experiencing a mental health crisis.

# Summary of findings

## What people who use the service say

De Montfort Surgery had carried out a patient survey of 265 patients during ten days in January 2014. This showed that 75.5 % of patients felt they were treated with dignity and respect when they contacted the practice. 88 % were happy or fairly happy with care at the practice with 1% being unhappy. Results from the national GP NHS patient experience survey in 2012 -2013 showed that 80% were satisfied with the overall experience at De Montfort Surgery.

One large care home representative that supported older people with later stages of dementia, praised the practice, and the care and service patients received. They said that patients were seen at weekly clinics in the care home and their needs were regularly reviewed.

The patients we spoke with eight patients on the day of our visit were very positive about the care and support they received at the practice. Most patients commented on the friendly service they received from reception staff, doctors and nurses. We received 42 comment cards on the day of our inspection. Comments relating to the level of service provided by staff were positive and described the services excellent with staff being polite and friendly. We met with one member of the patient participation group (PPG). The PPG is a group of patients who highlight patient concerns and needs and work with the practice to drive improvement within the service. The PPG member told us they had worked with the practice to address issues patients had raised. The group were well received and given regular feedback on practice developments.

## Areas for improvement

### Action the service **SHOULD** take to improve

Update arrangements processes and systems to ensure that emergency medicines and equipment are available for the doctor's bags.

Ensure staff receive training appropriate to their roles; and any further training needs identified and planned for including chaperone training for non-clinical staff, and infection control lead.

Some of the policies and procedures needed review including the infection control policy. This should include how often the infection prevention risk assessments or audits are undertaken in order to maintain cleanliness and hygiene standards; and fire procedures.



# De Montfort Surgery - IB Cross

## 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, a Practice Manager.

## Background to De Montfort Surgery - IB Cross

De Montfort Surgery is situated in Leicester City with 16,837 patients. The practice operates from a modern purpose built premises on Mill Lane, with disabled access. There are car parking spaces designated for use by people with a disability near the surgery entrance. There is no non-disabled parking on site.

Around half the patients are students at De Montfort University. The practice has a student demographic of black minority ethnic (BME) from relatively socially deprived backgrounds. There are overseas students with different health care experiences and expectations and 21% patients with English not their first language. There are 41% patients' aged 20-24 year olds. This figure is higher than the average for practices in the Clinical Commissioning Group (CCG) and in England.

The service is provided by five GP partners and six salaried GPs. They provide 71 GP sessions per week. There are seven female and four male GPs. There is three practice nurses, one health care assistant, one phlebotomist, a practice manager and business manager. They are

supported by reception and administration staff. The practice also employs a chiropractor and physiotherapist. The practice teaches undergraduate medical students and participates in selected research studies.

The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours NHS 111 service. The practice holds the following contract: Personal Medical Services (PMS) to provide personal medical services. The practice works with Leicester City CCG (Clinical Commission Group). A CCG is an NHS organisation that brings together GPs and health professionals to take on commissioning responsibilities for local health services.

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This practice had not been inspected before under our new inspection process and that was why we included them.

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.

# Detailed findings

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care

- People experiencing poor mental health

Before visiting we reviewed information about the practice and asked other organisations to share what they knew about the service.

We carried out an announced visit on 7 January 2015. During our visit we checked the premises and the practice's records. We spoke with various staff including, four GPs, practice nurses, health care assistants, reception and clerical staff, and the business manager. We reviewed comment cards where patients shared their views and experiences of the service. These had been provided by the Care Quality Commission (CQC) before our inspection took place. We spoke with patients and representatives who used the service, including one member of the Patient Participation Group (PPG). The PPG includes representatives from various population groups, who work with staff to improve the service and the quality of care. In advance of our inspection we talked to the local Clinical Commissioning Group (CCG) and the NHS England local area team about the practice.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example the practice's electronic systems SystmOne had stopped working for three hours. An investigation identified a corrupt file had caused this event and staff were briefed on how to minimise the risks from this event happening again. We reviewed safety records and incident reports and minutes of meetings where these were discussed.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We saw records of significant events that had occurred during the last 24 months and were told that significant events were discussed at staff meetings. There was evidence that appropriate learning had taken place and the findings disseminated to relevant staff. The practice kept a log of significant events which recorded that some incidents had been discussed at clinical meetings. Staff including receptionists, administrators and nursing staff were aware of the system for raising issues. Staff we spoke with were able to describe incidents they had raised as a significant event and the process for dealing with it, including how the learning from the incident had been communicated to practice staff. Incident forms were available and once completed these were sent to the business manager who showed us the system they used to oversee how these were processed.

They told us that significant events were monitored by the GP partners as well as the non-clinical management team. We looked at significant events recorded in 2014 and saw that they had been dealt with appropriately. We saw examples of where changes in practice or procedure had been implemented as a result of incidents raised. There were systems in place to review the significant events to identify themes or trends. Staff we spoke with were able to give examples of recent alerts that were relevant to the care

they were responsible for. They also told us alerts were discussed at meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed a dedicated GP as lead in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

The lead safeguarding GP was aware of vulnerable children and adults and the practice and held regular meetings with relevant professionals. The safeguarding lead met regularly with University Student Liaison Officers around adult safeguarding cases and concerns. There was common mental health conditions amongst students particularly stress anxiety and depression (11.6%). There was also a high incidence of personality disorders especially borderline personality disorder (80 patients). Patients may be referred on for student counselling or onto Improving Access to Psychological Therapies (IAPT) as appropriate. The safeguarding lead GP was also the mental health lead and had recently attended suicide awareness training.

There was an alert system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments or contacted the practice; a person with a history of domestic violence or with mental health care plans.

## Are services safe?

There was a chaperone policy, which was visible on the waiting room noticeboard and on consulting room doors. Information was also available in the patient leaflet. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during an intimate medical examination or procedure). Some health care assistants and reception staff had trained to be a chaperone. The business manager confirmed more staff were identified for this training, and all staff had received Disclosure Barring Service (DBS) checks. All non-clinical staff need to be trained if they are to act as chaperone. We spoke with staff who had undergone chaperone training and found that they understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

Patient's individual records were written and managed in a way to ensure safety. Records were kept on an electronic system, SystmOne which collated all communications about the patient and included scanned copies of communications from hospitals. There was a system in place for reviewing repeat medications for patients with co-morbidities (two or more medical conditions existing simultaneously and usually independently of another medical condition), and multiple medications. GPs appropriately used the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

We saw records of practice meetings that noted the actions taken in response to a review of prescribing data. For example, patterns of antibiotic, hypnotics and sedatives and anti-psychotic prescribing within the practice and were within national/CCG targets.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses and the health care assistant had received appropriate training to administer vaccines.

There was a system in place for the management of high risk medicines which included regular monitoring in line with national guidance. Appropriate action was taken based on the results. All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

### Cleanliness and infection control

During the inspection we looked at the areas of the surgery used by the practice which included the GP consulting rooms, treatment rooms, store rooms, patient toilets and waiting areas. We observed the areas to be clean and tidy. We saw there were daily cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control had infection control training updates planned. This would enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role. We saw evidence that one infection prevention risk assessment had been carried out in December 2014 and improvements identified for action. We found the infection control policy did not state how often the infection prevention risk assessments or audits were to be undertaken in order to guide staff and needed update and review.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these

## Are services safe?

to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury. Each clinical room had clinical waste bins which were foot operated and lined with the correct colour coded bin liners. We saw waste was stored in locked bins within an outside locked compound. We saw disposable curtains were in each clinical room to ensure that patients had privacy when being examined. These had been replaced every six months in line with the infection control. We saw that the practice used a recognised coloured coded cleaning system for mops and cloths as stated in current hygiene guidance

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We saw records that confirmed an external company had carried out a Legionella inspection in November 2014 and found the practice low risk. Further checks were carried out quarterly in line with this policy to reduce the risk of infection to staff and patients.

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date was February 2014. A schedule of yearly testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales and the fridge thermometer.

### Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken for all staff prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). Not all staff recruitment records contained proof of identity including a recent photograph. The business manager agreed to take

steps to address this. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. The practice used a locum GP on a regular basis and had a policy and appropriate procedures in place relating to this.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The business manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see. Action plans were in place to reduce and manage any risks. We saw that any risks were discussed at GP partners' meetings.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example there were emergency processes in place for patients with long-term conditions. Staff gave us examples of referrals made for patients whose health deteriorated suddenly. There were emergency processes in place for identifying acutely ill children and young people and staff gave us examples of referrals made (for example childhood sepsis). Emergency processes were in place for acute pregnancy complications. Staff gave examples of how they responded to patients experiencing a mental health crisis, including supporting them to access emergency care and treatment. The practice monitored repeat prescribing for people receiving medication for mental ill-health.

### Arrangements to deal with emergencies and major incidents

## Are services safe?

The practice had arrangements in place to manage emergencies. Records showed that all staff had not received training in basic life support. Further training had been identified by the business manager for this and other essential training by 31 March 2015. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. However we found the checklist for the oxygen and defibrillator recorded ticks and no staff names and signatures to confirm the checks. We talked with the business manager about the staff maintaining robust checks and to sign and date the checklist. Records showed that the emergency equipment and medicines were regularly checked to ensure they were fit to use and within their expiry date. All the medicines we checked were in date and suitable to use.

We found GPs carried little to no emergency medicine in their doctors bags. This was because they did not carry out

many home visits and would risk assess any medicines required on each occasion. Upon discussions with the led GP they agreed during our inspection to ensure that appropriate risk assessments would be carried out to identify a list of medicines that were not suitable for the practice to stock. Processes and systems would be put in place to check that drugs were in date and equipment was well maintained.

A business continuity plan was in place to deal with a range of emergencies that may impact on the day to day running of the practice. Risks identified included power failure, adverse weather, and access to the building and staff changes. Actions were recorded to reduce and manage the risks. A fire safety risk assessment had been completed, which included actions required to maintain fire safety. Records showed that staff had received recent fire safety training and that fire drills were carried out annually, to ensure they knew how to evacuate the premises and what to do in the event of a fire.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The practice knew the needs of their patient population well. The GPs and nurses had lead clinical roles relevant to their skills and knowledge, which enabled them to focus on specific conditions and to help drive improvements. We found that patient needs were assessed and that they received effective care and treatment to meet their needs. Records showed that regular multi-disciplinary meetings were held to review the health needs and care plans of patients who had complex needs.

There were 106 people on the mental health register. One GP was the mental health lead and took referrals from the rest of the team. This ensured assessments and referrals to the right service for those with complex mental health needs. Patients were referred appropriately to secondary and other community care services on the basis of need. Weekly consultant psychiatric clinics were available with low intensity and high intensity therapy sessions provided on site.

The practice had 86 patients in the age group 70-89 years. Patients over 75 years had a named GP for the elderly population to ensure continuity of care and oversee that their needs were being met. The practice had signed up to the enhanced service to help avoid unplanned hospital admissions. Enhanced services are additional services provided by GPs to meet the needs of their patients. The practice worked closely with community nursing teams to support elderly patients, people at high risk or with

complex needs to remain in their own home or local care home to improve outcomes for patients. Representatives from a care home praised the support patients received from the practice.

There were 12 patients registered with a learning disability. These patients were offered an annual health check, including a review of their medicines. At the end of the review the patient was provided with a health action plan in an easy read form to meet their needs. Clinical staff worked closely with the local learning disability and mental health teams to ensure that patients with learning disabilities, or experiencing poor mental health received appropriate care and treatment.

The practice provide an early pregnancy service with scanning facilities on site and ante natal and post natal checks. There were 24 hour baby checks and six week clinics. One GP had obstetric experience and a strong awareness of postnatal depression and actively screened for this. There were early referrals to consultant led clinics for mothers with physical mental health problems via communication with the midwife. Immunisation clinics were run by two practice nurses and supported by an administration lead.

### Management, monitoring and improving outcomes for people

Staff across the practice had clear roles in monitoring and improving outcomes for patients. The GPs told us clinical audits were often linked to the management of medicines, significant events or as a result of information from the quality and outcomes framework (QOF) which is a national performance measurement tool.

The team made use of audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. We saw that a system was in place for completing clinical audit cycles to provide assurances as to the quality of care, and to improve the outcomes for patients. Various audits and reviews had been completed in the last two years, and the practice was able to demonstrate the changes resulting from these. For example, an audit cycle was completed on the management of women who were diagnosed with gestational diabetes resulting in improved recording of the condition and effective treatment. We were informed that a re-audit to assess if there was an improvement was planned.

# Are services effective?

## (for example, treatment is effective)

Another audit had taken place around methadone (a synthetic narcotic drug used for treatment with heroin addiction). Prescribing and discussions with staff and records showed that the outcome of audits was communicated through the team and clinical meetings. The meetings enabled the staff to discuss clinical issues and peer review each other's practice, driving improvements in care.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

The practice had achieved and implemented the Gold Standards Framework for End of Life Care. The practice had a palliative care register and had regular multidisciplinary meetings to discuss the care and support needs of patients and their families. Care home representative confirmed care plans including end of life plans and anticipatory drugs where appropriate, were in place at the care home. As a consequence staff had a better understanding of the needs of patients.

### **Effective staffing**

Staff we spoke with said that they had received an appropriate induction to enable them to carry out their work. We saw that a detailed induction programme was in place, which was relevant to specific roles to ensure that staff received essential information to carry out their work.

Staff told us they worked well together as a team. We looked at staff training records and found some staff (both clinical and non-clinical) had not undertaken regular training updates for example in infection control, Mental Capacity Act 2005 and Whistleblowing. We saw the staff training plan up to March 2015 was brief. The training policy confirmed staff would receive regular and ongoing training. Staff training records were difficult to examine as

information was not well maintained. We saw records that confirmed staff had received training each year. The business manager agreed that staff training needs would be reviewed with new training plans and following our inspection provided assurances to confirm this. This aspect had already been identified as an area for improvement by managers in the practice business plan.

Records showed that staff received supervision. Some non-clinical staff told us they had not attended a team meeting for a year. The business manager confirmed a recent team meeting had been cancelled but regular team meetings were planned for 2015. Staff also received an annual appraisal to review their performance and learning and development needs with the practice manager or lead GP.

The practice had a high rate of patients with severe mental health conditions. The practice told us they had built a reputation with these patients. Supervision was provided at the practice in recognition of the high emotional impact on clinicians when managing the care of these patients.

Three GPs had Level 1 Royal College of General Practitioners (RCGP) drug and substance misuse qualifications to meet the needs of people experiencing substance misuse. Clinicians attended protected learning time at intervals throughout the year with Leicester City Clinical Commissioning Group (CCG). GPs told us that they were up to date with their professional development requirements, and had either been revalidated or had a date for revalidation. Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis, that they are up to date with current best practice and remain fit to practice.

### **Working with colleagues and other services**

Staff worked closely with partner health and social care services to meet patients' needs. They held regular meetings with community nursing team, end of life care team, consultants, and midwife and health visitor. The practice held regular multidisciplinary team (MDT) meetings to discuss patients with complex needs, at risk or in vulnerable circumstances. These meetings were attended by a midwife, health visitor, physiotherapist, social worker, alcohol and drugs worker and a mental health facilitators, and University Student Liaison Officers.



# Are services effective?

## (for example, treatment is effective)

The practice had signed up to the enhanced service to help avoid unnecessary admissions and to follow up patients discharged from hospital. Enhanced services are additional services provided by GPs to meet the needs of their patients.

### Information sharing

A shared system was in place with the local out-of-hours NHS 111 provider to enable essential information about patients to be shared in a secure and timely manner. The practice used SystmOne electronic system to coordinate records and manage patients' care. All staff were trained to use the system, which enabled scanned paper communications, such as those from hospital, to be saved for future reference. For patients who needed to go to hospital, from the practice, as an emergency, GPs provided a printed summary record for the patient to take with them to A&E or hospital, where possible. The practice had also signed up to the electronic Summary Care Record. Summary Care Records provide healthcare staff treating patients in an emergency or out-of-hours with faster access to key information.

Patients had access to the Choose and Book system. The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital. Staff reported that this system was easy to use.

### Consent to care and treatment

We found that clinical staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice. One GP explained to us how patients should be supported to make their own decisions and how these should be documented. Guidance and templates were available for staff to support them to ensure patient's best interests were taken into account if a patient did not have capacity. Representatives of a care home with older people with dementia told us the named GP was aware of the Mental Capacity Act 2005 and people's best interests because of the way they worked with the patient and their families always consulting and listening to them. The business manager gave assurances following on our inspection that further Mental Capacity Act 2005 training was planned for all clinicians, as part of the new staff training plan.

Clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure.

### Health promotion and prevention

We saw that various health promotion information was available to patients and carers on the practice's website, and the noticeboards in the waiting areas. There was wide ranging information about Lesbian, Gay, Bisexual and Transgender (LGBT) talking therapy services, and Carers services. New patients completed a form, which provided some essential information about their health. It was the practice policy to offer new patients registering with the practice an initial health check. This ensured that staff had access to essential information about people's health needs, and that any tests or reviews they needed were up-to-date. A large number of Chinese speaking students attended the practice. The practice had a registration form written in Chinese with information about "New to NHS". The practice had found this patient group would frequently not access health care services and wanted to provide useful information. Practice staff attended the University registration days to speak to new students who wished to register at the surgery.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. The 2013/14 data for immunisations showed that the practice was above average for the CCG area, and there was a system in place for following up patients who did not attend. The practice had a dedicated administrator who would support clinicians to ensure children received the appropriate immunisations. 16 % of children were not born in the UK and would have encountered complicated immunisations schedules, often started abroad and the administrator would seek public health advice about the appropriate immunisations plan for each child.

The practice offered NHS Health Checks to all patients aged 40 to 75 years. All patients with a learning disability, poor mental health, long standing conditions or aged 75 years

# Are services effective?

(for example, treatment is effective)

and over were offered an annual health check, including a review of their medication. For some patients with mental health needs this would include a check to use the lithium register to monitor lithium levels.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually or more frequently if changes in clinical circumstances dictated it. There were 106 patients on the mental health register with 37 comprehensive care plans completed. There were 12 patients with a learning disability on the register all had care plans in place. Representatives from care homes told us care plans had been completed with the involvement of the patients and family members. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision.

There were sexual health and contraception clinics. There was a central booking line that covered 10 practices and

the surgery received 50 % of the work. The practice offered a one stop integrated appointment including for pregnancy, cervical smears, coils, contraception advice and counselling and for abortion requests. The service provided open clinics on Saturdays and Sundays at intervals to provide improved access for patients. This service was recognised nationally for Best Practice Award Runner Up by the Primary Care Women's Health Forum in 2014.

Data showed that 772 women had not taken up their cervical smears. The practice was aware of this. They told us this related to cultural issues for a large number of Chinese and Arabic women in the younger age groups. 42 % of women had missed their cervical smears that had registered in the last two years and had missed the recall system. Overseas students may have had cervical smears at home and therefore ignored the request. The practice found this was common with Eastern European patients who had their smears annually. The practice told us they would be more proactive about the documentation and removal from recall when patients declined smears.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Patients we received feedback from described the staff as friendly and caring, and felt they treated them with dignity and respect. They also said that they felt listened to and that their views and wishes were respected.

Representatives of a care home where patients were registered with the practice also said that they felt the staff were caring and treated patients with respect. Staff and patients told us that all consultations and treatments were carried out in the privacy of a suitable room.

The 2013/2014 national GP survey showed that 91% of patients surveyed were satisfied that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care. 83% also said that the last nurse they saw or spoke to was good at treating them with care and concern.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk and was shielded by glass partitions which helped keep patient information private. In response to patient and staff suggestions, a system had been introduced to allow only one patient at a time to approach the reception desk. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff. We were

shown an example of a report on a recent incident that showed appropriate actions had been taken. There was also evidence of learning taking place as staff meeting minutes showed this has been discussed.

### **Care planning and involvement in decisions about care and treatment**

Patients we received feedback from said that they felt listened to, and were supported to make decisions about their care and treatment.

The practice had signed up to the enhanced service to help avoid unnecessary hospital admissions. Enhanced services are additional services provided by GPs to meet the needs of their patients. Clinical staff told us that patients at high risk of being admitted to hospital, including elderly patients and patients with complex needs, or in vulnerable circumstances, had a care plan in place to help avoid this. The care plans included patient's wishes, including decisions about resuscitation and end of life care. This information was available to the out of hours service, ambulance staff and local hospitals. The practice used an alert system to ensure that the out of hours service were aware of the needs of these patients when the surgery was closed.

Staff told us that patients with long term conditions, learning disabilities, poor mental health and over 75 years of age were offered an annual health review, including a review of their medication. We saw that an appropriate health check form and care plan was used for patients with a learning disability.

### **Patient/carer support to cope emotionally with care and treatment**

The practice's computer system alerted the GP if a patient was also a carer. Carers were referred to social services so that appropriate support could be provided. Patients were encouraged to involve their carers in their care and treatment plans if they wished to do so.

We found notices in the patient waiting room, on the information screen, and practice website signposted patients to a number of support groups and organisations. We found disabled access and loop hearing facilities were available.

Staff told us that if patient/families had suffered bereavement, their usual GP contacted them. This call was

## Are services caring?

followed by a patient consultation. The practice would refer people affected by bereavement to either the student counselling service (if they were eligible) or other local counselling services within Leicester City.

Patients we spoke with had not experienced bereavement but confirmed this type of support would be helpful.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). The 2014 patient satisfaction survey and action plan confirmed online services, to promote and develop the role of the PPG, organise yearly patient satisfaction surveys, and improve patient communication with as many options as possible.

### Tackling inequity and promoting equality

Staff told us that translation services were available for patients who did not have English as a first language, and the practice population spoke around 89 languages. Some staff could assist patients and spoke different languages. The practice website provided a translation widget that enabled patients to access the website in different languages. The practice provided equality and diversity training through e-learning with further training planned for 2015.

The practice made use of an alert system on the computerised systems to help them to identify patients who might be vulnerable or have specific needs. This ensured that they were offered consultations or reviews where needed. Examples of this included patients who needed a medication review and a patient needing support with poor mental health. The alert system also identified risks to enable clinicians to consider issues for their consultations with patients such as children who were known to be at risk of harm.

The alcohol and drug abuse service staff worked closely with relevant services to support families and patients who had a drug dependency. Patients with mental health needs could access the IAPT (Improving access to psychological services) counsellors, advanced mental health reviews with clinicians and support from the practice pharmacist.

Home visits and longer appointments were available for patients who needed them, including people in vulnerable circumstances, experiencing poor mental health, with complex needs or long term conditions.

The practice was situated on three floors. Services for patients were on the first and second floor. There was lift access to the first and second floors. The practice had provided turning circles in the wide corridors for patients with mobility scooters. This made movement around the practice easier and helped to maintain patients' independence.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

### Access to the service

Appointments were available from 8:00 am until 5:00 pm Tuesday, Thursday and Friday, and 8.00 am until 8:45pm Monday and Wednesday. An on call GP was available on the premises until 6.30pm. This enabled children and young people to attend appointments after school hours. It also supported patients unable to attend appointments during the day. We saw that systems were in place to prioritise emergency and home visit appointments. Telephone consultations were available for patients who were not well enough to attend the practice. The practice also closed for half a day once a month for protected learning time (PLT) with the Clinical Commissioning Group (CCG) for clinicians training. Not all clinicians attended PLT and the practice continued to operate a service to patients.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an

# Are services responsive to people's needs?

## (for example, to feedback?)

answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service NHS 111 service was provided to patients.

Longer appointments were also available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to local care homes on a specific day each week, by a named GP and to those patients who needed one.

Patients were generally satisfied with the appointments system. They confirmed that they could see a GP on the same day if they needed to. They also said they could see another GP if there was a wait to see the doctor of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

We found that the facilities and the premises were accessible and appropriate for the services being delivered. Patient facilities were on the first and second floor with lift access.

### **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. 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 in the patient information booklet and on the website. However we did not see any complaints information displayed around the practice. The business manager agreed to address this. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at the complaints record. We found 45 complaints had been received between January and December 2014 including verbal and written complaints. We found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. The practice reviewed complaints regularly to detect themes or trends. We looked at the report for the last review and themes had been identified. However, lessons learned from individual complaints had been acted on. Minutes of team meetings showing that complaints were discussed to ensure all staff were able to learn and contribute to determining any improvement action that might be required.

Staff we spoke with felt that there was an open and transparent culture within the practice. They were aware of what to do if they suspected malpractice by another member of staff and how to whistleblow if need to. Staff were aware of who to speak to internally and we saw a whistleblowing policy was in place. Most staff told us they would speak with the business manager first whom they had confidence in, if they had any concerns.



# Are services well-led?

(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. We looked at the business plan for 2014-15. There were plans to provide more formal and external staff training together with personal development plans. To better use staff protected learning sessions and finding time to meet as a team. We saw other plans for improvements in patient focus, funding, premises and building on good relationships with the Clinical Commissioning Group (CCG) and locality.

### 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, infection control lead, mental health and dementia lead and complaints handling lead.

Records showed in 2014 audits were carried out as part of quality improvement process cycle with more audits to be completed by March 2015. These showed that essential changes had been made to improve the quality of the service, and to ensure that patients received safe care and treatment. Decisions, including any learning from significant events, were disseminated to staff, at staff meetings. Staff we spoke with told us that they felt the communication from the management team was very good and that they felt they were kept up to date.

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. We found some of the policies and procedures including infection control policies needed review and update.

The practice used performance data to measure their service against others and identify areas for improvement. The practice used the Quality and Outcomes Framework (QOF) to measure their performance. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes. Areas where the practice showed risks were around a lower than expected prevalence of chronic obstructive pulmonary disease and chronic heart disease.

Clinicians told us this was probably because around half the patients were university students aged 18-24 years and both these diseases developed in later life. The other risk areas were a low uptake on cervical smears; the practice had reviewing their protocols to improve the uptake. Flu jabs had not been taken up compared with national expectations, so the practice had opened on Saturday mornings for a period to improve access to flu jabs.

### Leadership, openness and transparency

Staff we spoke with were clear about their roles and responsibilities, and felt that the practice was well led. They also said that they felt valued, well supported, and involved in decisions about the practice. Staff described the culture of the organisation as supportive and open, and felt able to raise any issues with senior managers as they were approachable. The business manager had an 'open door' policy to discuss any concerns or suggestions. A whistleblowing policy was in place and staff were aware of this, but they had not had cause to use it. Records showed that team meetings were held, and more regular meetings were planned for 2015, which enabled staff to share information and to raise any issues. There were high levels of staff satisfaction.

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

The practice obtained feedback from patients through patient surveys and complaints. The practice had a Patient Participation Group (PPG) of around 30 members. The group included a mix of long standing and newly registered patients, student volunteers, and De Montfort Student Union Welfare representatives, who worked with staff to improve the quality of care and services for patients. We spoke with one member of the PPG. They told us that the practice valued their role, and asked for their views to improve the service. For example past success had been reducing the "Patients did not attend rate" using text messaging to communicate with patients, and arranging for local people's art work displayed around the practice.

The GP 2014 national patient survey and 2014 patient survey were available on the surgery's web site and in the practice waiting areas. This provided assurances that patients were asked for their views, and their feedback was acted on to improve the service. The PPG and practice organised a patient survey which was given to patients attending the surgery during 10 days in January 2014. The

# Are services well-led?

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

survey was distributed to care home staff and the student welfare officer for the students union. An action plan was drawn up which included improvements around: online services, to promote and develop the role of the PPG, organise yearly patient satisfaction surveys, and improve patient communication with as many options as possible.

Discussions with staff and records reviewed showed that the practice obtained feedback from staff through, team meetings and appraisals. Staff said that they felt involved in decisions about the practice, and were asked for their views about the service to improve outcomes for patients and staff.

## **Management lead through learning and improvement**

Staff said that they were supported to maintain and develop their skills and knowledge. Records showed that staff received ongoing training and development and an annual appraisal to enable them to carry out their work effectively.

Records showed that accidents, incidents and significant events were reviewed to identify any patterns or issues, and that appropriate actions were taken to minimise further occurrences. Minutes of practice meeting showed that appropriate learning and improvements had taken place, and that the findings were communicated widely