

Alpine House Surgery

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?

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Alpine House Surgery on 23 August 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- A 'Teen Bible' had been developed to increase awareness of the different forms of abuse for teenagers.
- Clinical waste bins were not locked or stored securely.
- Uncollected prescriptions were not checked by a GP before being destroyed.
- There was recruitment process in place to ensure all appropriate checks were undertaken, however there was no ongoing process to ensure nursing staff and GPs renewed their registration with the appropriate professional body.
- Risks to patients were assessed and well managed, however the practice did not carry out regular fire drills.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice were proactive in carrying out clinical audits which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, however due to time pressures staff did not always complete e-learning modules for mandatory training in line with practice policies.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had reviewed and implemented access schemes with the local clinical commissioning group to improve access for patients outside of normal working hours.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

We saw one area of outstanding practice:

- The practice had encouraged an apprentice within the practice to develop a document alerting teenagers to potential forms of abuse. A 'Teen Bible' had been produced with the assistance of a GP to ensure the document contained appropriate information and contact details for support groups. Information included topics such as staying safe online, do you feel safe at school, the workplace or

home, mental health and anxiety. GPs gave the document to patients or parents of patients who had concerns to ensure the relevant information and support was available.

The areas where the provider must make improvement are:

- Ensure clinical waste bins are locked and stored securely in line with health and safety executive guidance.
- Ensure the correct authorisation process to allow nursing staff to administer vaccines under a patient group directive is followed.

The areas where the provider should make improvement are:

- Review the process of uncollected prescriptions to be checked by a GP before being destroyed.
- Review the process to ensure nursing staff and GPs renew their registration with the appropriate professional body.
- Review the process to carry out regular fire drills.
- Continue to encourage staff to use e-learning training modules for mandatory training in line with practice policies.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- A 'Teen Bible' had been developed to increase awareness of the different forms of abuse for teenagers.
- Clinical waste bins were not locked or stored securely.
- Uncollected prescriptions were not checked by a GP before being destroyed.
- There was recruitment process in place to ensure all appropriate checks were undertaken, however there was no ongoing process to ensure nursing staff and GPs renewed their registration with the appropriate professional body.
- Risks to patients were assessed and well managed, however the practice did not carry out regular fire drills.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice were proactive in carrying out clinical audits which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, however due to time pressures staff did not always complete e-learning modules for mandatory training in line with practice policies.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice encouraged patients to live healthier lives.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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 easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good



The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had reviewed and implemented access schemes with the local clinical commissioning group to improve access for patients outside of normal working hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

Good



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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had access to the Acute Visiting Service (AVS) team and made referrals for home visits, if needed.
- There was a named GP for each care home the practice supported.

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.
- 82% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their 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 multidisciplinary package of care.
- Patients with multiple long-term conditions who were aged 18 and over, as well as those at risk of hospital admission had weekend access to GPs and emergency care practitioners.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place 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 A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 85%, which was higher than the CCG average of 78% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online facilities to allow patients to book appointments and request repeat prescriptions.
- A full range of health promotion and screening was offered that reflected the needs for this age group.
- Extended early morning appointments were available for those that could not attend during normal working hours.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities.
- Monthly meetings were held to discuss patients identified as high risk to ensure personalised care plans were up to date.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 100% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 88%.
- 81% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



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 above local and national averages. 219 survey forms were distributed and 118 were returned. This represented 1.3% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and the national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.

- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 93% 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 76% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 26 comment cards which were all positive about the standard of care received. Patient feedback included GPs, nurses and receptionists were a credit to the practice and GPs were caring.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Ensure clinical waste bins are locked and stored securely in line with health and safety executive guidance.
- Ensure the correct authorisation process to allow nursing staff to administer vaccines under a patient group directive is followed.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Review the process of uncollected prescriptions to be checked by a GP before being destroyed.
- Review the process to ensure nursing staff and GPs renew their registration with the appropriate professional body.
- Review the process to carry out regular fire drills.
- Continue to encourage staff to use e-learning training modules for mandatory training in line with practice policies.

Outstanding practice

We saw one area of outstanding practice:

- The practice had encouraged an apprentice within the practice to develop a document alerting teenagers to potential forms of abuse. A 'Teen Bible' had been produced with the assistance of a GP to ensure the document contained appropriate information and contact details for support groups.

Information included topics such as staying safe online, do you feel safe at school, the workplace or home, mental health and anxiety. GPs gave the document to patients or parents of patients who had concerns to ensure the relevant information and support was available.

Alpine House 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 adviser and a practice manager specialist adviser.

Background to Alpine House Surgery

Alpine House Surgery is a GP practice, which provides primary medical services to approximately 9,300 patients predominately living in areas of Mountsorrel, Rothley, Quorn, Cropston, Thurstaston and Swithland. All patient facilities are accessible. West Leicestershire Clinical Commissioning Group (WLCCG) commission the practice's services.

The practice has three GP partners (two male and one female) and three salaried GPs (one female and two male). The nursing team consists of a nurse practitioner, practice nurse and two health care assistants. They are supported by a Practice Manager and a team of administrative and reception staff.

The practice is open between 8.15am and 6.30pm Monday to Friday, however telephone lines are open from 8am. GP appointments are available from 8.30am to 11am and 3.40pm to 5.50pm. Nurse appointments are available from 8.30am to midday and 2pm to 5.30pm. Extended hours appointments are offered on Mondays and Fridays between 7.30am and 8am to see either a GP or the advanced nurse practitioner. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that need them.

Patients can also access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest walk-in centre, as well as accident and emergency departments.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 August 2016. During our visit we:

- Spoke with a range of staff including GPs, advanced nurse practitioner, nurses, practice manager and members of the administrative and reception team.
- Spoke with members of the patient participation group.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place 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. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, an explanation and a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice also identified significant events as a result of a complaint and investigated and responded to the patient appropriately.
- The practice carried out a thorough analysis of the significant events and discussed the results and lessons learnt at clinical meetings and practice meetings.

We reviewed safety alerts and Medicines and Healthcare products Regulatory Agency (MHRA) alerts and saw these were distributed to staff appropriate and discussed at clinical meetings.

Overview of safety systems and processes

The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Staff were aware of their responsibilities and the arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and 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. The GPs

provided reports where necessary for other agencies and had regular contact with health visitors. Staff had received training on safeguarding children and vulnerable adults relevant to their role.

- The practice had encouraged an apprentice within the practice to develop a document alerting teenagers to potential forms of abuse. A 'Teen Bible' had been produced with the assistance of a GP to ensure the document contained appropriate information and contact details for support groups. Information included topics such as staying safe online, do you feel safe at school, the workplace or home, mental health and anxiety. GPs gave the document to patients or parents of patients who had concerns to ensure the relevant information and support was available.
- 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 control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted the clinical waste bin outside was not locked or stored securely during the day in line with health and safety executive guidance. The practice had a specified area to store the clinical waste bin securely, however this was in use by building contractors working at the practice.
- Most arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line

Are services safe?

with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice did not have a system in place to check uncollected prescriptions before they were destroyed to ensure vulnerable patients were receiving their medicines. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) 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 against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The same recruitment checks were carried out on locum staff members. However, the practice did not have a system in place to ensure nursing staff and GPs renewed their registration with the relevant professional body on an annual basis.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments, however the practice had not had a fire drill since 2013. The practice shared with us plans for an announced fire drill as well as future unannounced fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. 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 (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- At the time of the inspection, the practice had not carried out an electrical safety installation check which is required to be carried out every five years. Following the inspection, we received evidence to confirm this would be carried out on 02 September 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure enough staff were on duty. Staff members on reception provided cover for each other for periods of planned and unplanned leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place 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.
- All relevant new NICE guidance was discussed at clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits 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 98% of the total number of points available.

Data from 2014/15 showed:

- Performance for diabetes related indicators was better compared to the national average. For example, 82% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Performance for mental health related indicators was better compared to the national average. For example, 100% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 81% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- Performance for atrial fibrillation indicators was slightly lower compared to the national average. For

example, 91% of those with a diagnosis of atrial fibrillation with a CHADS2 score of 1, who were treated with anticoagulation drug therapy or antiplatelet therapy compared to the national average of 98%. As a result of this data, the practice had carried out an audit and worked with the clinical commissioning medicines management team to optimise medicine management.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice had higher than average exception reporting for the following indicator and clinical domain:

- Percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record. 36% compared to the CCG average of 29% and the national average of 13%). The practice had reviewed this data and had noted the high exception reporting was due to non attenders.
- Cardiovascular disease primary prevention (40% compared to the CCG average of 33% and national average of 30%). The practice had reviewed this data and noted the high exception reporting was due to clinical coding errors and worked with staff to ensure correct codes were used).

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, three of which were completed audits where the improvements made were implemented and monitored.
- The practice also carried out clinical audits as a result of complaints and significant events. For example, a review of patient records to ensure it was recorded that the patient was made aware of any diagnoses.
- The practice participated in local audits, national benchmarking and peer review.
- Findings from the audits were used by the practice to improve services and second cycles of audits demonstrated improvements in patient outcomes and management of their clinical condition.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, hand hygiene, infection prevention and control, fire safety, health and safety and confidentiality.
- A locum induction pack was also available which included information the GP may need to make a referral, as well as relevant contact details for local services.
- 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff were also encouraged regarding their professional development. For example, a receptionist had been supported to complete training and become a healthcare assistant. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to e-learning training modules and in-house training, however told us that completion of mandatory training using e-learning training modules due to time restraints had been a problem.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Patients identified as high risk for hospital admissions were discussed with the relevant health care professionals.
- The practice had systems in place to ensure two week wait referrals were sent in a timely manner and followed up to ensure an appointment was made for the patient and to ensure pathology results were reviewed in a timely manner.

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

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. Clinical staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards.
- 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.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. 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.
- Information was available in the waiting areas of local support groups, including Loughborough Wellbeing Café, which held activities for those experiencing mental health issues.

The practice's uptake for the cervical screening programme was 85%, which was higher than the CCG average of 78% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice

followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and promoted the services in the patient waiting area.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% which was comparable to the CCG average of 97% to 99% and five year olds from 98% to 100% which was comparable to the CCG average of 93% to 97%.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed staff members 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 26 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 two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Feedback from patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 144 patients as carers (1.5% of the practice list). Written information was

available to direct carers to the various avenues of support available to them, including a local support group in Leicestershire. Carers were also offered seasonal flu vaccinations and health checks, if needed.

Staff told us that if families had suffered bereavement, their usual GP contacted them and arranged a home visit if the family requested it. The GP would also offer advice on how to find a support service, if appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on Monday and Friday mornings 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 also referred patients to the Acute Visiting Service, if appropriate, for a home visit.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were baby changing facilities, disabled facilities, a hearing loop and translation services available.
- Patients were able to use online facilities to book appointments.
- The practice hosts antenatal services.
- Online facilities were offered to allow patients to book appointments and request repeat prescriptions.

Access to the service

The practice was open between 8.15am and 6.30pm Monday to Friday, however telephone lines were open from 8am. GP appointments were from 8.30am to 11am and 3.40pm to 5.50pm. Nurse appointments were available from 8.30am to midday and 2pm to 5.30pm. Extended hours appointments were offered on Mondays and Fridays between 7.30am and 8am to see either a GP or the advanced nurse practitioner. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.

Feedback from patients told us that they were able to get appointments when they needed them.

The practice had also signed up to a weekend access scheme, which was CCG funded. This scheme provided additional access to GPs and emergency care practitioners for patients with cancer, those identified at the end of their life, patients at high risk of hospital admission and patients with multiple long-term conditions who were aged 18 and over. This scheme was still in its early stages and the practice were to find out the impact it had for patients and reducing hospital attendances.

The practice had a system in place 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. The practice had access to the Acute Visiting Service (AVS) team and made referrals for home visits, if needed. 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 an effective system in place for handling complaints and concerns.

- Staff were knowledgeable about the complaints process and how they would support a patient to raise a concern or complaint.
- 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, including a patient information leaflet.

Are services responsive to people's needs? (for example, to feedback?)

We looked at four complaints received in the last 12 months and found the complaints had been responded to in a timely manner and in a way in which the patient

wanted, for example in writing or verbally. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

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 practices' mission statement was to ensure high quality care was delivered that was accessible to all patients within an environment that was caring and responsive to all.

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

The practice reviewed the strategy at business meetings to ensure objectives were set and worked towards to maintain the practices' vision.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place 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.
- A comprehensive understanding of the performance of the practice was maintained and discussed regularly at clinical meetings.
- Continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure quality care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people support, an explanation regarding the incident and a verbal or written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings, including clinical, nurse and practice meetings. These discussed issues such as significant events, complaints and training.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

- The PPG met on a regular basis and told us they had some difficulties in developing the group but now felt settled into what they were doing. The group had helped the practice with the previous years seasonal flu clinics which were held at local centres to ensure patients received their flu vaccinations. The group had also reviewed the notice boards and the information displayed in waiting areas to ensure it was appropriate to patients. They told us the GPs and practice manager were supportive of the group and listened to any concerns raised or potential areas for development.

Are services well-led?

Good 

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

- The practice gathered feedback generally from staff through staff meetings, appraisals and discussion. 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. The practice had signed up to a weekend access scheme, which was CCG funded. This scheme provided additional access to GPs and emergency care practitioners for patients with cancer, those identified at the end of their life, patients at high risk of hospital admission and patients with multiple long-term conditions who were aged 18 and over.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>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.</p> <p>They had failed to ensure clinical waste bins were locked or stored securely in line with health and safety executive guidance.</p> <p>This was in breach of regulation 12(1)(2)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>