

The Hedges Medical Centre - SA Bailey

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 The Hedges Medical Centre on 11 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice had an active patient participation group (PPG) who met on a monthly basis. Members of the PPG delivered 'social prescribing' sessions twice a month in the practice giving advice to patients regarding social activities available to them within the local community with an aim to improve mental health and well-being.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- 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.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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 providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- All GPs had a clinical lead role in the practice such as for sexual health, clinical governance, child and adult safeguarding, dementia and prescribing.
- Practice nurses had a clinical lead role in the practice for infection control, vaccinations and immunisations and cervical screening.
- A respiratory consultant pharmacist provided a monthly in-house clinic for complex patients with chronic obstructive pulmonary disease (COPD) reviews. This included a review of their medications and advice to patients regarding effective inhaler techniques.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people's needs?

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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Practice nurses carried out annual visits to patients who were either housebound or resided in care and residential homes to administer influenza vaccinations and carried out chronic disease management reviews and/or blood tests where required.

Good



Are services well-led?

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. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching 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 had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and met on a monthly basis.
- 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.
- There was a named GP for all patients over the age of 75.

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.
- All these patients had a named GP and 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.
- Performance for diabetes related indicators was 94.5% which was better than the national average of 89.2%.
- 1.4% of practice population were identified as at risk of unplanned hospital admission and had a care plan in place which was reviewed on a regular basis.
- Care plans were in place for patients who were at end of life where appropriate.
- The practice provided an enhanced specialist service for patients with diabetes.
- Longer appointments and home visits were available when needed.

Good



Families, children and young people

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

- 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.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 75.2%, which was comparable to the CCG average of 68.9% 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.
- The practice provided weekly health visitor and midwifery led clinics and also a vaccination and immunisation clinic.
- The practice held three monthly child concern meetings with school nurses and health visitors to review patients' needs and any concerns were discussed and action plans implemented.
- Four GPs were trained to fit long acting reversible contraceptives (LARCS) and flexible appointments were available for this service. The practice also provided an enhanced sexual health service for patients which included patients who were registered with other GP surgeries within Leicester City.

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

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 had 57 patients on this register and offered longer appointments for these patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- 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. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Practice nurses carried out annual visits to patients who were either housebound or resided in care and residential home to administer influenza vaccinations and carry out chronic disease management reviews and/or blood tests where required.

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).

- Performance for mental health related indicators was 91.2% which was comparable to the national average of 92.8%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those 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.
- The practice provided weekly appointments with the Drugs and Alcohol Team.
- A mental health facilitator provided regular appointments for patients suffering with poor mental health and provided annual health checks and advice regarding mental health.
- The practice referred patients to members of the patient participation group (PPG) who delivered 'social prescribing' sessions held twice monthly in the practice. These sessions delivered advice to patients regarding social activities available to them within the local community to help to improve mental health and well-being.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 367 survey forms were distributed and 122 were returned. This represented a response rate of 33.2% of the forms distributed.

- 77.91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 68.79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 83.5% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 75.5 % of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients told us that the practice staff were friendly, professional and treated patients well. Patients told us they could get an urgent prescription or appointment when they needed one. Patients also told us they felt listened to and involved in their care.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. 92% of patients who completed the Friends and Family Test said they were either likely or extremely likely to recommend this practice to friends and family.

The Hedges Medical Centre - SA Bailey

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Hedges Medical Centre - SA Bailey

The Hedges Medical Centre provides primary medical services to approximately 5,405 patients in Leicester City.

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

At the time of our inspection the practice employed five GPs (four female and one male), two registrars (a registrar is a qualified Doctor who is training to become a GP), one 4th year medical student, a practice manager, office manager, five receptionists, a secretary, a summariser, two practice nurses, a health care assistant and a domestic.

The surgery is open from 8am until 6.30pm Monday to Friday with the exception of Thursday when the practice is open until 8.30pm. The practice is part of a pilot scheme within Leicester City which is operating until 31 March 2016. This scheme offers patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres.

Appointments are available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments are available by walk in, telephone booking or direct referral from NHS 111.

The practice is located within a purpose built health centre built in 2000 and includes eight consulting rooms and one treatment room.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering care services to local communities.

The practice has one location registered separately with the Care Quality Commission (CQC) which is The Hedges Medical Centre – SA Bailey, Pasley Road, Eyres Montell, Leicester, LE2 9BU.

The practice is a training practice and delivers training to GP Registrars. A GP Registrar is a fully qualified Doctor who is training to become a GP.

The practice has an active patient participation group (PPG) which has been in place for four years who meet on a regular basis.

The practice has a higher population of patients between the ages of 0-18 years of age. 62.9% of the patient population have a long standing health condition.

The practice offers on-line services for patients including ordering repeat prescriptions, booking routine appointments and viewing patients summary care records.

Detailed findings

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

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 11 February 2016.

During our visit we:

- Spoke with a range of staff which included a GP, practice manager, office manager, practice nurse and members of the reception team. We also spoke with patients who used the service and members of the patient participation group (PPG).

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed 25 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, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. During our inspection we reviewed ten significant events. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a serious incident had taken place in the practice which involved members of the clinical team using their basic life support skills and resuscitation equipment. This incident resulted in a positive outcome and evidence that staff were appropriately trained and resuscitation equipment was suitably located to ensure a fast response to the incident.

Clinical staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) directly by email and were discussed in weekly practice meetings. This was coordinated by the practice manager.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Non-clinical staff were trained to Level 1.

- The practice had a discreet and effective system in place to alert clinical staff via the electronic patient care record of any patients who were either vulnerable, had safeguarding concerns or suffered with a learning disability. We saw evidence of this during our inspection.
- A notice in the waiting room advised patients that chaperones were available if required. There was a chaperone policy in place. 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 dated January 2015 and staff had received up to date training. Infection control audits were undertaken on a six monthly basis, we saw evidence that action was taken to address any improvements identified as a result. During our inspection we saw evidence of a comprehensive infection control audit which had been carried out on 18 August 2015. We saw evidence that the domestic employed by the practice had also undertaken infection control training.
- We saw evidence of cleaning schedules in place for all clinical equipment and areas of the practice. We saw that these schedules were signed and dated on a regular basis.

Are services safe?

- During our inspection we saw that clinical waste was stored appropriately.
- The 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 pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. There was a health and safety notice board on display which contained various health and safety information for staff and patients.
- The practice had up to date fire risk assessments in place and carried out regular fire drills. The last fire risk assessment had been carried out in June 2015, the last fire drill had taken place on 2 February 2016. The practice ensured there was a trained fire warden in place. All fire safety equipment was serviced on a regular basis and was last checked in June 2015. The fire alarm was tested on a weekly basis, we saw written evidence that tests had been carried out.
- 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The last legionella risk assessment had been carried out in June 2015.
- 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 all the different staffing groups to ensure that enough staff were on duty. The practice manager reviewed capacity and patient demand daily and appointments were flexed accordingly to ensure demand was a priority. The practice leaflet contained details of all GP clinic times for patients.

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 and there were emergency medicines available in the treatment room. We saw evidence that members of the clinical team had successfully carried out basic life support during an incident which had occurred in the reception area.
- 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. The practice ensured there was a trained first aider in place.
- 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.

Are services safe?

- Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit.
- 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.
- 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 99.4% of the total number of points available. There was an exception reporting rate of 11.7% (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was 94.5% which was better than the national average of 89.2%.
- Performance for mental health related indicators was 91.2% which was comparable to the national average of 92.8%.

There was evidence of quality improvement including clinical audit.

- During our inspection we looked at six clinical audits. Three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of prescribing of new oral anticoagulant drugs (NOAC) for patients who were diagnosed with atrial fibrillation. Further audits had been carried out to review prescribing of medicines such as antibiotics and prescribing of salbutamol inhalers for patients who suffered with asthma and other respiratory problems to ensure patients were being prescribed appropriately.

Effective staffing

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, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. A practice nurse was undertaking a Post-Graduate Diploma in Practice Nursing.
- 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. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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 and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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.

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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.
- The practice had a consent policy in place which included consent forms for services such as minor surgery and sexual health services.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. Patients were signposted to the relevant service.
- Practice nurses delivered diet advice to patients and smoking cessation advice was available from the practice.

The practice's uptake for the cervical screening programme was 75.2%, which was comparable to the CCG average of 68.9% 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. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 70.5% of women notified as eligible had attended for breast screening compared to the CCG average of 68.5% and national average of 70%. 75% of male patients eligible for abdominal aortic aneurysm (AAA) screening had attended for screening compared to the CCG average of 68%. 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.

Childhood immunisation rates for the vaccinations given were higher than the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.3% to 98.8% and five year olds from 91.6% to 100%.

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 members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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 25 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 three 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 mostly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90.8% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86.1% and the national average of 89%.
- 88.4% of patients said the GP gave them enough time compared to the CCG average of 82.8% and the national average of 87%.
- 94.6% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93.4% and the national average of 95%.

- 89.7% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94.8% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 81.9% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83.3% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 88.7% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 79.1% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 96.3% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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 such as Language Line were available for patients whose first language was not English. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a carers register in place, 1.79% of the patient list were registered as a carer. Written information was available in the practice leaflet to direct carers to the various avenues of support available to them.

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

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 a Thursday evening until 8.30pm 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.
- Practice nurses carried out annual visits to patients who were either housebound or resided in care and residential homes to administer influenza vaccinations and carry out chronic disease management reviews and/or blood tests where required.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available. There was also an intercom located at the main entrance for disabled persons to alert the reception team of their arrival.
- The practice had building plans approved which were due to commence in March 2016, these plans included improvements to access for disabled persons such as automated doors.
- There was directional signage in the practice for patients.
- Name plates were provided on all consulting room doors.
- There was adequate car parking spaces available which included two disabled parking spaces.
- There was a TV screen in the waiting room which provided patients with health promotion information.
- Children's toys were available in the patient waiting area.
- There were baby changing facilities available.
- There was a text reminder service available to remind patients of their appointment date and time.
- The practice provided weekly health visitor clinics in-house.
- The practice offered a H. Pylori testing service for patients (H. pylori is a bacteria responsible for most stomach and duodenal ulcers and many cases of stomach inflammation).
- The practice provided smoking cessation clinics in-house.
- The practice provided Saturday influenza vaccination clinics during influenza season.
- The practice provided access to a 'Ujala' translation and sign language service facility to assist patients whose first language was not English to communicate better.
- The practice provided access to language Line telephone interpreter service facility to assist patients whose first language was not English to communicate better.
- The practice employed the services of locum GPs to ensure there was adequate access to appointments at all times.
- The practice provided an enhanced sexual health service for its patients, this service was available to patients who were registered at surrounding GP practices.
- Four GPs were trained to fit long acting reversible contraceptives (LARCS) and flexible appointments were available for this service
- The practice offered chlamydia testing kits to those patients who required them.

Access to the service

The practice was open from 8am until 6.30pm Monday to Friday. Extended hours appointments were offered until 8.30pm each Thursday. In addition to pre-bookable appointments that could be booked up to five weeks in advance for nurses and HCAs and one week for GPs, urgent appointments were also available for people that needed them. Routine GP appointments were mostly booked on the day, the practice also offered telephone consultations for patients who required this.

The practice was part of a pilot scheme within Leicester City which was in operation until 31 March 2016. This scheme offered patients an evening and weekend appointment with either a GP or advanced nurse

Are services responsive to people's needs?

(for example, to feedback?)

practitioner at one of four healthcare hub centres. Appointments were available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments were available by walk in, telephone booking or direct referral from NHS 111.

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

- 75.08% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 77.91% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Listening and learning from concerns and complaints

The practice had an effective 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.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, and dealt with in a timely way with openness and transparency. All complaints received a written acknowledgment. We saw evidence that all complaints were investigated and responded to in writing, apologies were given where necessary. 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. For example, further training in appointment booking for the whole reception team was carried out in response to a complaint which had been received regarding an incident regarding booking of appointments.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had aims and values which were displayed in the waiting areas and staff knew and understood the values. Examples of the aims and values were to treat all people equally, without discrimination and with dignity and to educate people towards healthy lifestyles.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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. During our inspection we reviewed 24 policies which included chaperone, complaints, confidentiality, consent and a whistleblowing policy. All policies we looked at were in date and had been reviewed at regular intervals. All staff we spoke were aware of practice policies and had access to them.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of 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 high quality care.

They told us they prioritised safe, high quality and compassionate 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). This included support training for all staff on communicating with patients about notifiable safety incidents. 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 reasonable support, truthful information and a verbal and 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. We saw evidence of meeting minutes during our inspection.
- 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 said they felt respected, valued and supported, particularly by the partners in the practice. All 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. There was an active PPG with approximately ten members who met

Are services well-led?

Good 

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

on a monthly basis. The PPG had a Chairperson and Treasurer in post and we saw a terms of reference document which detailed the functions and responsibilities of the PPG. The PPG produced regular newsletters for patients and submitted proposals for improvements to the practice management team. For example, the PPG carried out regular fund raising events and purchased items such as immunisation bags for use in the community and children's toys for the patient waiting area. The practice changed its opening hours to provide appointments from 8am as a result of feedback from patients and the PPG. The PPG also arranged regular health fairs which involved various support groups such as Macmillan and drug awareness teams. The PPG held Macmillan coffee mornings, all proceeds had been donated to Alzheimer's Society and Macmillan. The members of the PPG told us they felt valued and supported by the practice and that GPs regularly attended PPG meetings. The PPG had a notice board in the waiting room which detailed the names of all members. All members of the PPG always wore name badges when representing the PPG in the practice.

- Some members of the PPG delivered 'social prescribing' sessions twice a month in the practice giving advice to patients regarding social activities available to them within the local community to help to improve mental health and well-being. These sessions were delivered in the waiting room and all members of the PPG involved in this service 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). GPs and nurses referred patients to this service.

- The practice had gathered feedback 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area such as a pilot scheme within Leicester City which operated until 31 March 2016 and offered patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments were available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments were available by walk in, telephone booking or direct referral from NHS 111.

The practice had plans to begin an expansion of the premises in March 2016 which would give improved disabled access such as automated doors. Two additional consulting rooms and an expansion of the first floor waiting room. Plans also included additional bicycle storage for patients and redecoration of all consulting rooms.

A member of the practice nursing team was undertaking a Post-Graduate Diploma in Practice Nursing.