

Dr D J Gandechea & Partners

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr D J Gandechea & Partners	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr D J Gandechea & Partners on 05 April 2016. Overall, the practice is rated as requires improvement.

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 improve safety in the practice.
- Some of the processes for the proper and safe of management of medicines were not in place. For example, monitoring the use of prescription forms and pads and a system for the legal authorisation of healthcare assistants to administer medicines.
- There was no process to check the ongoing registration status with the appropriate professional body for GPs and nurses

- Most risks to patients were assessed and well managed, however risk assessments had not been carried out for control of substances hazardous to health (COSHH) products.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had access to a range of mandatory training, which they had completed. However, in the practice there was no record of staff receiving training regarding the mental capacity act.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Meeting minutes demonstrated a GP did not always attend the meetings.
- Patients said staff were helpful and respectful, they said GPs explained their care and treatment and involved them in decisions.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to national averages.
- Patients told us they could make an appointment with a named GP and there was continuity of care. They were aware urgent appointments were available the same day.
- The practice had an overarching governance framework, which supported the delivery of good quality care.
- There was a leadership structure and staff felt well supported by management.
- 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.

The areas where the provider must make improvement are:

- Ensure the safe management and proper use of medicines, specifically regarding the authorisation for healthcare assistants to administer medicines.

The areas where the provider should make improvement are:

- Implementing a system to monitor the use of prescriptions.
- Maintain a record of ongoing registration with the appropriate professional bodies for clinical staff.
- Consider the range of mandatory training carried out to enable staff to provide appropriate care and treatment to people who may be suffering from poor mental health.
- Review the causes of high exception rate reporting to ensure patients receive appropriate care and treatment.

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
- Lessons were shared to make sure action was taken to improve safety in the practice and recorded in practice meeting minutes.
- The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Some of the processes for the proper and safe of management of medicines were not in place. For example, monitoring the use of prescription forms and pads and a system for the legal authorisation of healthcare assistants to administer medicines.
- There was no process to check the ongoing registration status with the appropriate professional body for GPs and nurses
- Most risks to patients were assessed and well managed, however risk assessments had not been carried out for control of substances hazardous to health (COSHH) products.
- All staff had received basic life support training and a comprehensive business continuity plan was in place.

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, including alerts generated by Medicines and Healthcare products Regulatory Agency (MHRA).
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Clinical audits were carried out to improve the quality of the services.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff had access to a range of mandatory training, which they had completed. However, at the practice there was no record of staff receiving training regarding the Mental Capacity Act.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Meeting minutes demonstrated a GP did not always attend the meetings.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey were mixed compared to local and national averages.
- Patients said staff were helpful and respectful, they said GPs explained their care and treatment and involved them in decisions.
- Information for patients about the services available was easy to understand and accessible in appropriate formats.
- 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. The practice referred patients to local services, as appropriate, including a local podiatry service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to national averages.
- Patients told us they could make an appointment with a named GP and there was continuity of care. They were aware urgent appointments were available the same day.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- The practice had an overarching governance framework, which supported the delivery of good quality care.
- There was a leadership structure and staff felt well supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

Good



Summary of findings

- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- GPs worked with relevant health and social care professionals to deliver multi-disciplinary care to meet the needs of the patient.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. If appropriate, telephone consultations were also offered if a patient could not attend the practice and needed advice or guidance.
- Patients were referred to social services for help and support at home, as well as to occupational therapy for general mobility problems.
- The practice offered pneumococcal, shingles and flu vaccines.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- The practice nurse had lead roles in chronic disease management, including diabetes and asthma and regular reviews of patients with long-term conditions were carried out.
- All patients with a long-term condition had a care plan in place.
- Patients at risk of hospital admission were identified as a priority.
- Regular medication reviews were carried out to ensure correct medications were prescribed.
- A joint clinic with a GP and a member of the nursing team was available for patients with complex medical needs.
- Performance for most diabetes related indicators were similar to the national averages. However, monitoring of blood sugar levels was slightly below the national average (72% compared to 78%).
- Home visits were available when needed.
- The practice offered pneumococcal and flu vaccines.

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.
- We saw evidence that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 77%, which was higher than the CCG average of 69% and comparable to the national average of 74%.
- The practice provided a room for antenatal visits with the midwife so pregnant women could be seen at the surgery.
- Health visitor clinics were also held at the practice and postnatal services were available for new mothers.
- Contraception clinics were available and patients could be referred to the family planning clinics at St Peters Health Centre.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- An immunisation clinic was provided for children. Immunisation rates were higher than CCG rates for all standard childhood immunisations.
- Postnatal services were available at the practice, including 24-hour baby checks and 6-week baby checks.
- The practice offered whooping cough vaccines, as well as flu vaccines for children.

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. For example, extended hours appointments were offered every day between 6.30pm and 7.30pm, except on a Thursday.
- The practice offered online services for repeat prescriptions and booking appointments.
- The practice offered NHS Health Checks as well as a full range of health promotion and screening that reflected 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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Annual health reviews were offered to all patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- There was a system in place to register other vulnerable patients, including homeless people and travellers, to ensure they could be seen by a GP. The practice also liaised with The Dawn Centre in Leicester, which provided temporary accommodation for homeless people.
- The practice 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. 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.

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).

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97% 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%.
- The practice hosted Improving Access to Psychological Therapies (IAPT) clinics.
- The practice referred patients to general adult psychiatry services at the Merlyn Vaz Health Centre, as appropriate, as well as the Community Psychiatric Nurse.
- 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 screening and used assessment tools to aid diagnosis for those living 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.

Requires improvement



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Staff had not undertaken training in the Mental Capacity Act.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was mainly performing in line with national averages. 379 survey forms were distributed and 116 were returned. This represented 2.7% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 55% 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%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 69% 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 before our inspection. We received 45 comment cards, which were all positive about the standard of care received. Comments from patients included the service was fantastic, the staff have shown great commitment and kindness and that they felt listened to and were able to get an appointment when needed.

We spoke with two patients during the inspection. Patients said they were satisfied with the care they received and thought staff were friendly and caring.

Areas for improvement

Action the service **MUST** take to improve

The area where the provider must make improvement is:

- To ensure the safe management and proper use of medicines, specifically regarding the authorisation for healthcare assistants to administer medicines.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Implementing a system to monitor the use of prescriptions.

- Maintain a record of ongoing registration with the appropriate professional bodies for clinical staff.
- Consider the range of mandatory training carried out to enable staff to provide appropriate care and treatment to people who may be suffering from poor mental health.
- Review the causes of high exception rate reporting to ensure patients receive appropriate care and treatment.

Dr D J Gandechea & Partners

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 manager specialist advisor.

Background to Dr D J Gandechea & Partners

Dr D J Gandechea & Partners is a GP practice, which provides primary medical services to approximately 4,275 patients living in and around the Belgrave area of Leicester. It is one of three GP practices located in a purpose built health centre on Brandon Street. The practice is located on the first floor and a lift is available for patients unable to use the stairs. All patient facilities are accessible. Leicester City Clinical Commissioning Group (LCCCG) commission the practice's services.

The practice has two GP partners (male) and two long-term locum GPs (one male and one female). The nursing team consists of a nurse and healthcare assistant. They are supported by a Practice Manager and reception staff.

Dr D J Gandechea & Partners is open between 8am and 7pm on a Monday, Tuesday, Wednesday and Friday and between 8am and 6.30pm on a Thursday. Appointments are from 8.45am to 1pm and 4pm to 7pm. Telephone consultations are also available between 1pm and 2pm and 5.30pm and 6.30pm.

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

The practice has been inspected on two occasions before this inspection. In September 2013, it was found to be non-compliant with the Health and Social Care Act 2008 regulations concerning cleanliness and infection control. A further inspection was carried out in February 2014 and it was found that the practice had taken action and met the regulations.

The practice is currently not registered for the regulated activities for family planning and surgical procedures. The practice confirmed during our inspection they were carrying out services in line with these regulated activities, therefore needed to submit applications to the Care Quality Commission.

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 05 April 2016. During our visit we:

- Spoke with a range of staff, including GPs, the practice manager, healthcare assistant and reception staff.

Detailed findings

- Spoke with patients who used the service and observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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, received reasonable support, 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 and discussed the actions and lessons learnt at practice meetings. Minutes of meetings we reviewed demonstrated this.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a new system was implemented to check a patient's date of birth as well as full name before arranging an appointment. Staff were able to tell us the details of the incident, which resulted in the change of practice.

Overview of safety systems and processes

The practice had 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 lead staff member 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 an appropriate higher level in child protection or child safeguarding.

- Notices at the patient reception and in consultation rooms 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 visibly 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. Monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- A recruitment policy outlined the appropriate recruitment checks to be undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. All staff had received appropriate DBS checks. The practice had recruited one staff member since registration with the Care Quality Commission and we found appropriate recruitment checks had been carried out.
- The practice had also made the relevant recruitment checks for locum GPs employed.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep 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 received monthly prescribing information from the local CCG medicine management teams; this information was reviewed by the practice to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored; although the practice did not have systems in place to monitor their

Are services safe?

use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice did not have a system of legal authorisation for the healthcare assistant to administer medicines to patients. Healthcare assistants were trained and had their competencies assessed, however they did not have the proper authorisation in place each time they administered medicines. We raised this with the practice, who took immediate steps to work with the clinical commissioning group to set up a process to ensure authorisation was given.

The practice did not have a process to check the ongoing registration status with the appropriate professional body for GPs and nurses, for example the General Medical Council (GMC) and Nursing and Midwifery Council (NMC). Registration with the GMC and NMC should be renewed by individuals on an annual basis. During our inspection, the practice manager checked the registration status of their clinical staff and provided this to us.

Monitoring risks to patients

Most risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety risk assessment had been carried out by an external company for the health centre where the practice was based. The practice had up to date fire risk assessments carried out by an external contractor. The practice also carried out regular fire drills and ensured no escape routes were blocked. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw evidence of water temperature checks being completed and taps being flushed twice a week, a risk assessment regarding legionella had been carried out by an external contractor. (Legionella is a term for a particular bacterium, which can contaminate water systems in

buildings). The practice confirmed risk assessments for control of substances hazardous to health (COSHH) were kept in the cleaning cupboard. However, the practice did not have access to the cupboard as the cleaning was managed by an external company. We saw cleaning tablets for ear syringing equipment were stored in the nurse treatment room in a locked cupboard; however, a COSHH risk assessment had not been completed.

- 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. Reception staff covered each other during periods of planned or unplanned leave. Locum GPs were employed to cover planned leave for GPs.

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 basic life support training and there were emergency medicines available in the treatment room. Staff knew of their location and all medicines we checked were in date and stored securely.
- 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 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, as well as details of premises the practice could use in the event of a major incident.

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.
- Patients were reviewed and medication was changed, as appropriate, as a result of alerts generated by Medicines and Healthcare products Regulatory Agency (MHRA). This included the concurrent use of amlodipine (used to lower blood pressure) and simvastatin (used to lower cholesterol).
- A system had been implemented on the practices' computer system to generate notifications for possible prescribing clashes.
- The practice carried out screening and used assessment tools to aid diagnosis for those living with dementia.
- The practice carried out screening and used assessment tools, such as the General Practitioner Assessment of Cognition, to aid diagnosis for those living with dementia.

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 98.3% of the total number of points available.

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

- Performance for most diabetes related indicators was similar to the national averages. This included patients

with diabetes having a blood pressure reading in the last 12 months within a specific range (82% compared to 78%), having flu immunisation (96% compared to 94%), total cholesterol measured and within a specific range (79% compared to 81%) and having a foot examination and risk classification (90% compared to 88%). However, monitoring of blood sugar levels was slightly below than the national average (72% compared to 78%). The practice showed us as of 26 March 2016, they had achieved 85% overall for all diabetes related indicators.

- Performance for mental health related indicators was better than the national average. For example, 97% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 100% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.

Exception reporting for two clinical areas was significantly higher than the CCG and national averages. (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).

- Atrial fibrillation was 29% compared to the CCG average of 11% and national average of 11%.
- Dementia was 38% compared to the CCG average of 10% CCG and national average of 8%.

The practice were unable to provide an explanation around the level of exception reporting for these two clinical areas.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, all of which were completed audits where the improvements made were implemented and monitored.
- As a result of an antibiotic prescribing audit and implementation of local prescribing guidelines, the practice were able to demonstrate that their antibiotic prescribing rate had decreased.
- A further audit was carried out to review prescriptions on discharge from hospital. As a result, all patients are contacted to make sure they understand which medicines they should take.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits and peer review.

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 such as diabetes.
- 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 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 told us they were encouraged to undertake further training and supported personal development. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. A local group had also been developed to provide support to nursing staff undergoing revalidation. All staff had received an appraisal within the last 12 months.
- Staff had access to and made use of e-learning training modules and in-house training. Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Training information demonstrated that none of the staff members had completed mental capacity act training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. GPs typed referrals as a task, which was sent to reception staff. Reception staff then completed the referral, through the choose and book system, while the patient was at the practice. Alternatively, the reception staff telephoned the patient to ensure a choice of hospital, date and time was given.
- Care plans were in place for all patients with a long-term condition and were reviewed annually. If a patient had a hospital admission, care plans were reviewed as appropriate following their discharge.
- Patients at risk of admissions to hospital and frequent attenders had been identified. We saw these patients were contacted by the practice and further care in the community was put into place, as appropriate.
- All incoming mail was actioned within 24 hours of receipt. Any correspondence that was marked as urgent was taken to the GP straight away for review.

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.

Palliative care meetings were held every six months and reviewed care plans in place for patients receiving end of life care. The practice nurse, a McMillan nurse, district nurse and receptionist attended the meeting; however, there was no GP involvement in the last meeting held in March 2016.

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. The practice computer system also notified clinicians to assess patients' capacity to consent.

Are services effective?

(for example, treatment is effective)

- 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.

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 and those at risk of developing a long-term condition. Personalised care plans were put into place with the patients and they were signposted to the relevant service.
- A range of information regarding health promotion was displayed around the practice. This included the Leicester stop smoking service and information from Public Health England, for instance information on Ebola for those patients travelling overseas.

The practice's uptake for the cervical screening programme was 77%, which was higher than the CCG average of 69% and comparable to 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 also encouraged its patients to attend national screening

programmes for bowel and breast cancer screening. However, bowel screening rates were lower than the CCG and national averages (36% compared to 46% and 58%). The breast screening rate was 68% and was comparable to the CCG and national averages (68% and 72%). 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 85% to 100%. The CCG averages ranged from 95% to 98% for vaccinations given to under two year olds and 87% to 96% for five year olds.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40–74 and annual health checks for patients with a learning disability. 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.

Forty-four of the 45 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 very helpful and respectful. Other comments from patients included the GPs were not only always professional, but also kind and caring at all times.

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. 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 satisfaction scores on consultations with GPs and nurses were mixed compared to local and national averages. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 82% 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%.
- 78% 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%.
- 73% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The findings of the local patient survey (which asked similar questions to the national GP patient survey) were not reflective of the national GP patient survey results. Patients we spoke with and comment cards we received were all positive and satisfied regarding consultations with GPs and nurses.

Care planning and involvement in decisions about care and treatment

Patients told us they were involved in decision making about the care and treatment they received. They also told us they felt able to question a GP or nurse if they did not fully understand what they were being told. They felt listened to and supported by staff. Patient feedback from the comment cards we received was also positive and aligned with these views. Patient feedback from the comment cards also stated that the GP and nurse made them feel at ease. We also saw that care plans were personalised.

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

- 79% 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% 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%.
- 75% 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 findings of the local patient survey (which asked similar questions to the national GP patient survey) were

Are services caring?

not reflective of the national GP patient survey results. Patients we spoke with and comment cards we received were all positive about care planning and involvement in decisions about care and treatment.

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

- All staff members were multi-lingual and told us translation services were available, if needed.
- We saw notices in the reception area that were written in the most commonly used languages specific to the local population.
- We observed staff listening to patients carefully on the telephone before speaking in the appropriate language.
- Information leaflets were available in different languages and patients were able to request additional information if they could not find what they needed.

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. This included the Richmond Fellowship mental health crisis service.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 89 patients as carers (2% of the practice list). Written information was available 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 and an appointment was made if needed.

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.

- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided a room for antenatal visits so pregnant women could be seen at the surgery.
- Postnatal services were also available, including 24-hour baby checks and 6-week baby checks.
- The practice offered online booking for appointments and online requests for repeat prescriptions.
- The practice was able to refer patients to a local podiatry service to provide specific care and treatment, specifically for patients with diabetes.
- The practice hosted Improving Access to Psychological Therapies (IAPT) clinics.

Access to the service

The practice was open between 8am and 7pm on a Monday, Tuesday, Wednesday and Friday and between 8am and 6.30pm on a Thursday. Appointments were from 8.45am to 1pm and 4pm to 7pm. Telephone consultations were also available between 1pm and 2pm and 5.30pm and 6.30pm. Extended hours appointments were offered between 6.30pm and 7pm on weekdays, with the exception of a Thursday. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 75% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us they were able to get appointments when they needed them and could usually get through by phone. The practice manager told us they were trying to encourage patients to use the on-line system to book appointments to make it easier for patients.

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, including a patient information leaflet.

We looked at one complaint, which the practice had received in the last 12 months and found the complaint was investigated and a meeting was held with staff to discuss the complaint and lessons learnt. Lessons were learnt from individual concerns and complaints to improve the quality of care. However, the practice did not keep a central record of informal concerns, which would help to identify trends.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were knowledgeable about the practice vision and knew their roles to achieve this.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of good quality care, although there were some areas that required strengthening.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions. However, the practice had not carried out risk assessments in relation to specific control of substances hazardous to health (COSHH) products.
- The practice had failed to submit relevant applications to the Care Quality Commission concerning the services they were providing, specifically family planning and surgical procedures.

Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the capability to run the practice and sought ways to improve their service. They told us they prioritised compassionate care. Staff told us the partners were approachable, there was an open door policy in place and the partners always took the time to listen to all staff members.

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

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

- Practice meetings were held every two to three months, which all staff members attended.
- Staff told us there was an open door policy within the practice and they had the opportunity to raise any issues at team meetings as well as directly to the practice manager or partners. They told us they felt confident and supported in doing so.
- Staff said they felt valued and supported by the partners in the practice, as well as the practice manager. Staff members were encouraged 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 sought patients' feedback and engaged patients in the delivery of the service.

- The patient participation group (PPG) met regularly, assisted with patient surveys and suggested improvements to the practice management team. Members of the PPG told us they were able to represent the different communities in the local area to ensure the practice offered services to meet the needs of the local population. Complaints and informal concerns were discussed at practice meetings, as well as PPG meetings, highlighting the action taken as a result.
- The practice identified areas for improvement to meet the needs of the local population as a result of the national patient survey results and practice patient survey results. The practice had increased the number

Are services well-led?

Good 

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

of GP appointments, recruited a long-term locum female GP, allotted time during surgery hours for telephone triage and employed a healthcare assistant to assist with the nurses' workload.

- The practice gathered feedback from staff generally through staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems in place to ensure the proper and safe management of medicines to ensure safe care and treatment for service users.</p> <p>The practice did not have a system of legal authorisation for healthcare assistants to administer medicines to patients.</p> <p>Regulation 12(1)(2)(g)</p>