

The Burbage Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

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

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
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to The Burbage Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

Burbage surgery was inspected on the 28 and 29th April 2015 when the practice was rated as 'requires improvement' as it was found to require improvement in the four key questions of safe, effective, responsive, and well led; it was rated as good for caring.

The practice submitted an action plan detailing how they would meet the regulations governing providers of health and social care and we carried out a further announced inspection on 26 October 2016.

At our inspection we found the practice had made improvements across the key questions which required improvement: safe, effective, responsive, and well led. Overall the practice is rated as good.

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

- There was a system in place for reporting and recordings events and lessons were learned to make sure action was taken to improve safety in the practice.

- Risks to patients were assessed and well managed.
- 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.
- Urgent appointments were made available for vulnerable patients and unwell children even where sessions were fully booked.
- The practice had adequate facilities and equipment.
- Appropriate checks were carried out before staff started employment.

Summary of findings

- 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.

The practice should:

Consider recording verbal complaints to ensure any potential improvements to patient care are identified and actioned.

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 a system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Appropriate checks were carried out before new staff started employment.
- Risks to patients were assessed and managed.
- The practice had a comprehensive business continuity plan in place.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any improvements the practice had made as a result.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and had access to relevant training.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients views were comparable to or higher than local and national figures.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and that they maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team, the Clinical Commissioning Group and the local Federation to secure improvements to services where these were identified. It had plans to develop and improve the surgery building.
- Patients said they were able to make an appointment with a named GP and there was continuity of care. They also appreciated being able to talk with a GP or nurse practitioner and if needed being offered an appointment on the same day.
- The practice had adequate facilities and was 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. The practice may wish to consider also recording verbal complaints or concerns raised by patients to ensure any potential improvements to patient care are identified and actioned.

Are services well-led?

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

Good



- The practice had a vision and clear objectives to deliver 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.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety alerts and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

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

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. It had a register of those patients who were housebound and provided vaccinations at home when necessary.
- The practice had identified those older patients at high risk of hospital admission and had developed care planning which identified key health problems and their ongoing management. Special notes were included on records for out of hour's services to avoid unnecessary or inappropriate hospital admissions.
- The practice provided care for approximately 100 patients living in a local care home some of whom were receiving end of life care. A named GP attended the home on a weekly basis to do a ward round offering continuity of care for the patients.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management with support from GPs.
- The practice had identified 2% of its patients who were at risk from unplanned hospital admissions and shared information with out of hours and district nurse services to help keep people out of hospital where possible.
- Performance for diabetes management was similar to or slightly higher than national averages, for example, the practice scored 87% for the QOF indicator relating to blood sugar control management for diabetic patients compared to the local average of 83% and national average of 78%.
- Longer appointments and home visits were available when needed. The practice kept a register of patients who were housebound.

Summary of findings

- All 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.
- The practice kept a list of patients such as those receiving end of life care, patients with mental health problems and patients with multiple conditions to ensure that they received same-day call-backs from their regular GP wherever possible.

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 comparable with local and national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Data showed 80% of eligible women had received a cervical screening test compared with the local average of 83% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Young children who were ill were always seen and the practice used a sepsis screening tool to help identify this condition.
- The practice provided facilities for baby changing and mothers wishing to breastfeed.
- The practice offered 24 hour and 6 week baby checks.
- We saw examples of joint working with midwives, health visitors and school nurses. The practice informed the health visitor of new child registrations and relevant safety alerts.
- The practice provided a room for antenatal visits so pregnant women could be seen at the surgery.

Good



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).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The telephone triage system helped patients obtain advice and if necessary a same day appointment.
- Bookable telephone consultations were available.
- The practice offered a travel vaccination service.

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 carers, people with a learning disability (LD), people who were housebound and those with alcohol or substance misuse problems.
- The practice offered longer appointments for patients, for example, those with serious mental health issues and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had identified 87 or 1% of its patients over 18 who had caring responsibilities. They were offered a referral to local support services for a carer assessment, and given information about local authority services such as First Contact, which could offer practical assistance with a variety of housing and other matters. There was also information available in the waiting area and on the website. The practice had recognised that it was very likely that more patients than recognised had a caring responsibility and was actively trying to encourage more carers to identify themselves to the practice, for example, by working with the PPG with awareness displays in the surgery. There was also information on the web site about support for young carers.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a named safeguarding lead.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 97% of patients with severe mental health problems had a comprehensive agreed care plan documented in their records compared with the local average of 95% and national average of 89%. Alerts on their records meant that they were routinely offered longer appointments and annual health checks with a GP or Mental Health Facilitator
- 80% of patients living with dementia had a face-to-face care review in the previous 12 months, compared with the local average of 87% and national average of 84%.
- The practice carried out advance care planning for patients with dementia which included appropriate end of life care plans.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health and where appropriate their carers 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 knew many of the patients well and an understanding of how to support patients with mental health needs and those living with dementia. For example, whether a patient preferred an appointment at a quieter time of day.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and national averages. 220 survey forms were distributed and 119 were returned, representing 1% of the practice's patient list and a response rate of 54.1%.

- 67 % of patients found it easy to get through to this practice by phone compared to the local average of 71% and national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 77% and national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the local and national averages of 85%.
- 80% % of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the local average of 78% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards with the majority being very positive about the standard of care received. Staff were described as being helpful, polite, caring and kind. Patients said they felt listened to and that it was very helpful to be able to have a telephone consultation and if urgent a same day appointment. Clinical staff treated patients with respect, friendliness and professionalism. Two cards included negative comments about the time it sometimes took to get through to the practice by telephone and also a suggestion for evening appointments. The practice had reviewed these results and ensured that during very busy periods staff answered all six phone lines.

Patients we spoke with were satisfied with the care they received.

Areas for improvement

Action the service MUST take to improve

Action the service SHOULD take to improve

Outstanding practice

The Burbage Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist adviser and a practice manager specialist advisor.

Background to The Burbage Surgery

Burbage Surgery is situated in the village of Burbage on the outskirts of Hinckley in North West Leicestershire. It has a branch surgery in the village of Wolvey, about 4 miles away. Both sites have dispensaries. The practice is able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. There is a local population of about 17000. Burbage is an area with private housing alongside some small pockets of social deprivation. The practice has approximately 10500 patients with relatively high numbers of elderly patients and patients with long-term conditions.

The practice also uses two community buildings in Sharnford and Sapcote. The practice had reviewed the use of these buildings and had decided they were not suitable to use as a surgery but still wanted to provide a service to their mainly elderly patients living in these areas. Patients had to telephone to arrange to see the GP who attended for an hour each week. It was explained that this was to collect medicines from the dispensary or a prescription. If there were any concerns about the patient's health they were offered an appointment at the main or branch site or a home visit. There are no treatment or examination facilities but the practice has put in Wi-Fi so patients' records can be checked.

The practice occupies premises in Burbage and in Wolvey which were purpose built in the 1980s. There are disabled car parking spaces.

There are 5 GPs, 3 of whom are female. There are two nurse practitioners and a practice nurse (all female) who provide minor illness and urgent care, and manage long-term conditions such as diabetes, asthma and chronic pulmonary disease. (COPD) There are also two health care assistants. The clinical team is supported by a practice manager, and other support staff some of whom take responsibilities for areas such as reception and prescriptions. The practice is a training practice which has trainee GPs.

The main site in Burbage is open between 8.00am and 6.30pm Monday to Friday. Appointments can be pre-booked up to 6 weeks in advance. The practice operates a telephone triage system in the morning with GPs and Nurse practitioners calling patients back after they have spoken with a receptionist and when needed offering a same day appointment. Telephone appointments are also available. The branch in Wolvey is open on Monday and Thursday afternoons from 2.00pm to 6.00pm and on Tuesday, Wednesday and Friday mornings from 8.30am until 12.30pm.

Out of hours services are commissioned by West Leicestershire Clinical Commissioning Group and provided by DHU (Derbyshire Health United).

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. Burbage surgery was inspected on the 28 and 29th April 2015 when the practice

Detailed findings

was rated as 'requires improvement' as it was found to require improvement in the four key questions of safe, effective, responsive, and well led; it was rated as good for caring.

This inspection was carried out to consider whether sufficient improvements had been made and to identify if the provider was not meeting the requirements and associated regulations.

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 26 October 2016. During our visit we:

- Spoke with a range of staff including clinical and support staff, and dispensers.
- 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.
- Reviewed the action plans submitted by the practice evidencing how improvements were going to be made.
- Reviewed information requested from the practice.

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 the time which was 2015/16.

Are services safe?

Our findings

Following our inspection in April 2016, the practice was rated as 'requires improvement' in the key question of 'safe' and was required to make improvements. The practice had a system for reporting and recording significant events but could not demonstrate that learning from these had been shared with all relevant staff. The practice also needed to improve systems for assessing and monitoring risks and the quality of service provision. The arrangements for managing medicines did not always keep people safe; monitoring the temperatures of fridges used to store vaccines and other medicines was not consistent. Not all staff working in the dispensaries had received annual competency checks.

• Safe track record and learning

- There was an effective system in place for reporting and recording significant events. The practice had reviewed how it analysed significant events so that learning was identified, shared with staff and used to improve the care provided.
- Staff told us they would inform the practice manager of any incidents. There was a recording form available on the practice's computer system which included a section for any learning, actions and outcomes. We examined some of these. Minutes showed they were discussed in practice meetings.
- 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 support, information, a written apology and were told about any actions taken to avoid the same issue in the future.
- All the staff we spoke with said they felt comfortable about identifying any mistakes they had made and discussing them within the staff team to ensure future learning.
- We reviewed safety records, incident reports, and drug and Medicines and Health products Regulatory Agency (MHRA) patient safety alerts. Safety alerts were received

by the practice manager. They printed a hardcopy and circulated it to clinical staff for discussion at regular clinical meetings where appropriate action was decided on, for example, to search for patients whose medicines needed to be reviewed. We saw minutes of these meetings which showed that action was taken to improve safety in the practice. When the practice manager was away they arranged for the alerts to be received by all GPs in the practice and double checked that they had been actioned on their return.

- Incidents related to the dispensaries were included in the practice's significant events procedures.

Overview of safety systems and processes

- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included keeping registers of vulnerable adults and children and taking appropriate action when identifying a concern.
- 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 and outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who was in contact with local health visitors to share and discuss any concerns. GPs 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 and nurse practitioners were trained to child protection or child safeguarding level 3.
- Notices in the waiting area and in treatment rooms advised patients that chaperones were available if required. All staff undertaking this role had been trained 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. A nurse was the infection control lead and she had recently received specialist training and also liaised with the local infection

Are services safe?

prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements needed as a result. There were regular checks of different areas in the practice to ensure acceptable standards of cleaning and infection control were maintained.

- The arrangements for managing medicines, including emergency medicines and vaccines kept patients safe (this included obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of all high risk medicines such as warfarin and lithium and promoted a safe approach. 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 and pads were securely stored and there were systems in place to monitor their use. Uncollected prescriptions were regularly reviewed and advice was sought from a GP and where appropriate the patient contacted to ensure they were well especially where they had a long term condition.
- There were two nurses who had qualified as independent prescribers and could therefore prescribe medicines for specific medical conditions. They were supported in this role by GPs.
- Patient group directives 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 had a dispensary at both its main and branch sites. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensaries. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and an annual competency assessment. Staff told us how useful this was and that they now felt well supported in their roles.
- The practice had reviewed and updated standard procedures which covered all aspects of the dispensing process (these were written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to annual review. The dispensary staff highlighted all prescriptions for high risk medicines to the GP prior to signing to ensure monitoring could be checked before the medicines were issued. There was a process for ensuring second checks by another staff member when dispensing certain medicines.
- Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure. New fridges with internal data loggers were now in use.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs safe, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment for staff recently recruited. For example, proof of identification and address, 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 managed.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a poster was displayed in the staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it 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

Are services safe?

hazardous to health (COSHH) infection control, and a legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). It could demonstrate that it was following the recommendations in the assessment, for example, water temperature testing.

- The practice had reviewed how it used the community rooms in Sapcote and Sharnford. It had decided that neither venue was suitable to use as a normal GP surgery. Patients wishing to be seen there now had to telephone the main surgery beforehand to explain why they wished to visit and so where necessary could be directed to the main or branch surgery, or for a home visit where appropriate. The practice had installed Wi-Fi in both community rooms so that GPs could use their laptops and check patient records. The service was limited to issuing prescriptions and general advice and delivering prescribed medicines from the dispensaries. The practice had also stopped using these community rooms to provide flu vaccinations.
- 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 to ensure enough staff were on duty and staff worked flexibly to cover absences.

Arrangements to deal with emergencies and major incidents

- The practice had 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 which they responded to.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available at both sites and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We saw evidence that these were now checked regularly. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Copies were kept outside of the surgery and the plan included contact numbers for staff and other services and suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

Following our inspection in April 2015 the practice was rated as 'requires improvement' for the provision of effective care and treatment. Not all staff had received annual appraisals which meant their training needs had not been identified and some staff did not have a clear understanding of how to assess whether a child under the age of 16 and maturity to make their own decisions.

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 which were incorporated into the records system. They use this information to help them ensure that care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- The practice used locally led care plans and templates to assist with patient care in line with best practice.

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 98.6% of the total number of points available, (local average 96.9%) The practice levels of exception reporting was comparable with other practices and it was able to demonstrate that it had followed national guidance before deciding to except a patient. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable or unwilling 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.

For example, data from 2015-2016 showed performance for diabetes related indicators was comparable with local and national averages.

- The practice scored 87% for the QOF indicator relating to blood sugar control management for diabetic patients compared with the local average of 83% and national average of 78%.
- The practice scored 89% for the QOF indicator relating to cholesterol management in diabetic patients (local average 83%, national average 80%)
- Performance for mental health related indicators, for example, related to an agreed care plan documented in the patient record was 97% (local average 94%, national average 89%)

There was evidence of quality improvement including clinical audit.

- The practice had undertaken a number of audits during the last two years. One was an audit of the dispensary and how it operated against national standards and three were completed audits where the improvements made were implemented and monitored. One related to antibiotic prescribing. In another, the practice had audited the use of antiplatelet therapy in acute coronary syndrome and identified patients who no longer needed these medicines.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence and an annual audit. 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 practice had put into place a system to help ensure that the learning needs of staff were identified through a

Are services effective?

(for example, treatment is effective)

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.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 including the health visitor, specialist nurses, district nurses, MacMillan and clinical care co-ordinator when care plans were reviewed and updated for patients with complex needs including palliative and end of life care.

Consent to care and treatment

Staff were trained to seek 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 on which they had received training.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse practitioner 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 and signposted them to the relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Information leaflets and posters in the patient waiting area related support groups which assisted patients to lead healthier lives.
- The practice's uptake for the cervical screening programme was 82% compared with the CCG average of 83% and the national average of 82%. 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. For example, 84% of invited women had attended for breast cancer screening compared with the CCG average of 81%. 64% of invited patients had attended for bowel cancer screening compared with the CCG average 63%. There were 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 between 89% and 96% for under two-year-olds and 89% and 98% for 5-year-olds which was comparable to CCG and national averages.

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 risk factors or abnormalities were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were kind, polite and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments.
- 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 23 comment cards we received were very positive about the service experienced. Patients described the staff as helpful, caring, professional, polite, and kind. Patients said they felt listened to and that clinical staff treated patients with respect, friendliness and professionalism and that speaking with a clinician and if necessary having a same day appointment was very good. The premises were described as safe and clean. Two cards also added that they found the telephone system frustrating at times when they had to wait in a lengthy queue to get through to reception.

We spoke with a member 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 always respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average and national average of 89%.
- 90% of patients said the GP was good at giving them enough time compared to the CCG average of 86 % and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw (CCG and national average 92%)

- 86% of patients said the last GP they spoke to was good at treating them with care and concern (CCG and national average of 85%).
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern (local and national averages of 91 %.)
- 82% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average, 87%)

Care planning and involvement in decisions about care and treatment

Patient feedback 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 generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments which was the same as CCG and national averages of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice reviewed the patient survey figures and compared them with friends and family results and discussed with the PPG in order to improve patient satisfaction wherever possible. It also provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. We were told this was rarely requested.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. 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 identified 87 of patients as carers (1% of the total practice list). Once identified and

placed on the register, carers were invited for a regular health check, offered flu vaccinations and given information about how to access support and advice. There was also information available in the waiting area and on the web-site about local support available. The practice was trying to identify more patients as carers in order to provide support to them. There was a display in the waiting area asking patients to let the practice know if they were carers and indicating what support might be available locally and nationally .

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Following our inspection in April 2015, the provider was rated as 'requires improvement' for the responsiveness of the practice to the needs of patients. We found that learning from complaints was not always shared with all relevant staff and that informal complaints and concerns were not always recorded and investigated to help improve the service.

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.

- The practice offered telephone triage for the first two hours every morning. We spoke with some reception staff who told us they had been trained about what questions they should ask patients to help this process. The patient was then called back by either a nurse practitioner or the duty doctor. Patients were given advice about managing their condition or asked to come to the surgery for an appointment.
- Same day appointments were made available for young children.
- Pre-bookable appointments lasted up to 10 minutes.
- The practice had identified some of its patients whose condition meant they needed longer appointments and had put alerts on their records. This included, for example, patients with learning disabilities or with complex mental health conditions.
- Home visits were available for housebound or frail patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Pre-bookable telephone consultations were available.
- Patients were able to receive travel vaccinations available on the NHS. Patients were referred to other services for those vaccines only available privately.
- There were disabled facilities including a hearing loop and interpretation services

Access to the service

The main site in Burbage was open between 8.00am and 6.30pm Monday to Friday. Appointments could be

pre-booked up to 6 weeks in advance. The practice operated a telephone triage system in the morning with GPs and Nurse practitioners calling patients back after they had spoken with a receptionist. Patients were given advice and when needed offered a same day appointment. Pre-bookable telephone consultations were also available. The branch in Wolvey was open on Monday and Thursday afternoons from 2.00pm to 6.00pm and on Tuesday Wednesday and Friday mornings from 8.30am until 12.30pm.

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

- 74% of patients were satisfied with the practice's opening hours which was comparable with the local average of 74% and national average of 76%.
- 67% of patients said they could get through easily to the practice by phone compared to the local average of 70% and the national average of 73%.

The practice had reviewed these results and ensured that during very busy periods staff answered all six phone lines. With PPG support it was also trying to encourage on-line booking.

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

The practice had a system in place to assess:

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

A GP or nurse practitioner spoke with the patient or carer to assess whether a visit was appropriate or whether other services such as the paramedic led Acute Visiting Service (AVS) or an ambulance might be more suitable. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- 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.

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

- We saw that information was available to help patients understand the complaints system in the practice. There was a leaflet and information on the web-site.
- The practice did not always record concerns or verbal complaints; it should consider doing this in order to record feedback and if necessary use it to improve services.

We looked at 3 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, and handled with openness and transparency. Explanations and apologies were offered and lessons were learnt from individual concerns and complaints. The practice also considered whether any trends could be identified. Outcomes and learning were shared with the staff.

Are services well-led?

Good 

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

Our findings

Following our inspection in April 2015 the provider was rated as 'requires improvement' for the domain of well led. Not all policies and guidance were up-to-date and the practice needed to improve its systems for assessing and monitoring risks and the quality of the service.

Vision and strategy

The practice had a vision to deliver quality care and promote good outcomes for patients and provide safe, effective and compassionate care. Staff understood and supported this.

- The practice had a detailed strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were supported in their roles.
- Appropriate policies were implemented and were available to all staff. Following our last inspection the practice had worked with the CCG and had reviewed, updated and improved a range of practice specific policies, for example, related to infection control.
- A comprehensive understanding of the performance of the practice was maintained

Clinical and internal audit was used to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GPs, manager and staff in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the manager and GPs were approachable, supportive and interested in hearing staff views.

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 and training for all staff on communicating with patients about any notifiable safety incidents. The practice encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment it gave patients information and an apology if appropriate.

- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings and we saw some minutes of these. A GP had also held brief meetings with reception staff to gather their views, for example about how the telephone triage system was working. These meetings were not formally minuted.
- There was also a daily clinical catch up meeting where GPs and nurse practitioners discussed treatment options and referrals for patients and sought their colleagues' opinions.
- 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 GPs and practice manager. All staff were involved in discussions about how to run and develop the practice, and management 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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The PPG told us that they felt the practice had become more involved with the PPG and that the PPG's views were listened to and taken into account when making important decisions. The practice accepted criticism and suggestions from the PPG and had, for example, discussed with them the reasons for introducing a telephone triage system. The PPG also had charitable status and had raised funds, for example, to buy defibrillators for the branch and main site.
- 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 encouraged to improve how the practice was run.