

Grobby Road Medical Centre

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?		Requires improvement	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Groby Road Medical Centre on 27 January 2017. Overall the practice is rated as good.

This inspection was carried out to follow-up our previous comprehensive inspection which took place on 24 May 2016 when we rated the practice as inadequate overall. In particular, the practice was rated as inadequate for providing safe, effective and well-led services, requires improvement for being caring and good for being responsive. The practice was placed in special measures for a period of six months.

Following the inspection in May 2016, the practice submitted an action plan to the Care Quality Commission outlining how they would make the necessary improvements to comply with the regulations. The practice also invested in a practice resilience support programme provided by the Royal College of General Practitioners (RCGP) to provide diagnostic assessment and tailored intervention throughout the period of

special measures. In January 2017, we found the practice had responded to the concerns raised at the previous inspection and significant improvements had been made.

The practice is rated as good for the provision of safe, caring and effective services and for being well-led and requires improvement for being responsive. Our improved rating of good reflects the positive development of leadership and management systems to deliver significant progress in improving services.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Significant improvements to risk management had been made and risks to patients were now being assessed and managed. The practice had implemented a risk register and employed the services of external specialists to carry out specific risk assessments such as for fire and legionella.

Summary of findings

- 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.
- The practice had implemented a system of appraisals, mentorship and supervision, all members of staff had received an appraisal.
- The practice had implemented a meeting structure and a 12 month programme of meetings. Evidence showed that staff were working with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had implemented a new management structure. There was a clear leadership structure in place and staff told us they felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The practice had a clear vision that had improvement of service quality and safety as its top priority. The practice fully embraced the need to change, high standards were promoted and there was good evidence of team working.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Address the issues highlighted in the national GP survey in order to improve patient satisfaction, including access to appointments and ease of getting through to the practice by telephone.
- Review systems in place to manage and monitor processes to improve outcomes for patients in order to improve exception reporting rates which are higher than local and national averages.

This service was placed in special measures in August 2016. Improvements have been made and Groby Road Medical Centre is now rated as good. I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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.

During our previous inspection in May 2016, we found concerns in areas relating to the reporting of significant events including the communication of investigations and subsequent learning. Patients were at risk of harm because systems and processes were not in place to keep them for safe. For example, those in relation to infection control, recruitment checks for clinical staff, emergency medicines, risk assessments to monitor the safety of the premises staff and service users and clinical supervision and mentorship for independent nurse prescribers. We also found concerns in relation to the receipt, dissemination and actioning of alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA.)

During our inspection in January 2017, we found:

- There was an improved system in place for reporting and recording significant events, with policy guidance available. Lessons were shared to make sure action was taken to improve safety in the practice.
- National patient safety and MHRA alerts were now disseminated within the practice in a formal way and there was a system to record that these had been appropriately dealt with. All staff had access to these alerts via an electronic dashboard.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed including those in relation to emergency medicines, health and safety, recruitment checks and infection control. The practice had implemented a risk register and ensured risk assessments had been carried out appropriately.

Good



Are services effective?

The practice is rated as good for providing effective services.

During our previous inspection in May 2016, we found concerns in areas relating to how the practice reviewed patient outcomes. Other concerns related to the lack of systems in place to ensure staff

Good



Summary of findings

received regular appraisals and the practice had not held regular, formal, minuted multi-disciplinary meetings to discuss and review the needs of patients. The practice did not have an effective system in place to keep all clinical staff up to date in relation to guidelines from the National Institute for Health and Care Excellence (NICE).

During our inspection in January 2017, we found:

- Data from the Quality and Outcomes Framework (QOF) showed some patient outcomes were at or above average compared to the national average. However, performance for the mental health indicator was significantly lower than local and national averages although performance had increased by 10% in 2015-16 compared to 2014-15 performance data.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw the practice had implemented a programme of clinical audits with evidence of quality improvement.
- The practice had introduced a system to ensure all clinical staff received guidelines in relation to NICE to ensure this information was used to deliver care and treatment that met patient's needs.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had introduced a programme of appraisals and we saw evidence that appraisals had been carried out for all members of staff.
- The practice had introduced formal, minuted multi-disciplinary meetings and we saw documented evidence that staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had ensured that all non-clinical members of staff had a DBS check in place.

Are services caring?

The practice is rated as good for providing caring services.

During our previous inspection in May 2016, we found concerns in areas relating to low levels of patient satisfaction collected via the national GP patient survey which showed patients rated the practice below local and national averages for several aspects of care.

During our inspection in January 2017, we found:

- Data from the national GP patient survey showed broadly similar results from patients when compared to local and national averages for several aspects of care. However, when comparing data from the latest national GP patient survey

Good



Summary of findings

(published in July 2016) to the previous survey results (published in January 2016) patient satisfaction had improved in some areas. For example, 85% of patients said the last GP they saw or spoke to was good at listening to them (CCG average 85%, national average 89%). This was a 2% increase compared to the previous survey results.

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 135 patients as carers which included child carers, this represented 1.5% of the practice list which had seen an increase since our last inspection carried out in May 2016 when the number of patients identified as carers represented less than 1% of the practice list. The practice had established communication links with Carers UK to provide detailed information on their services to carers, this included information on the support available to junior carers.
- Information for patients about the services available to them was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Members of the reception team had received customer centred care training.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

During our inspection in January 2017, we found:

- Data from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.
- 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. For example, the practice had expanded the premises in early 2016 to provide additional consulting rooms for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered extended hours appointments on a Wednesday and Thursday morning from 7am until 8am and on a Tuesday and Thursday evening from 6.30pm until 7.30pm.

Requires improvement



Summary of findings

- The practice was part of a pilot scheme within Leicester City which offered patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments were available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments were available by walk in, telephone booking or direct referral from NHS 111.

Are services well-led?

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

During our previous inspection in May 2016, we found concerns in areas relating to a limited and informal leadership structure with a poor governance framework which required significant improvement.

During our inspection in January 2017, we found:

- The practice had made significant improvements to their governance framework to support the delivery of the strategy and good quality care since our last inspection in May 2016.
- The practice had introduced a strategy and supporting business plans which reflected the vision, values and aims of the practice which would be regularly monitored.
- The practice had continued to review the needs of the local patient population and communicated regularly with NHS England and LCCCG and had secured funding through the 'General Practice Resilience Programme'. The practice were awaiting guidance from NHS England and NHS Leicester City Clinical Commissioning Group (LCCCG) on how this support would be delivered to the practice along with timeframes.
- Following our last inspection in May 2016, the practice had re-structured the management team and had recruited an assistant practice manager in October 2016 to support the partners however, this new structure was in its infancy and needed time to be embedded.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had reviewed practice policies and procedures to govern activity and held regular governance 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. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Age Concern provided regular advice sessions in the patient waiting area.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 94% which was higher than the CCG average of 86% and the national average of 89%. (Exception reporting was 20% which was higher than the CCG average of 8% and the national average of 12%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice provided influenza clinics with pre-booked appointment slots on an evening and weekend during influenza season.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 67%, which was comparable to the CCG average of 67% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 90% to 96%.
- There was a clinical immunisation lead who engaged with families and local health visiting teams to increase uptake rates for childhood immunisations.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours appointments on a Wednesday and Thursday morning from 7am until 8am and on a Tuesday and Thursday evening from 6.30pm until 7.30pm.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- An automated arrival machine was available to give patients the opportunity to arrive themselves for their appointment rather than speak to a receptionist.
- A range of health promotion and screening was available including smoking cessation, travel advice and vaccinations.
- The practice provided on-line services for patients such as to book routine appointments, order repeat prescriptions and view patient summary care records.

Good



Summary of findings

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



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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).

Good



- Performance for mental health related indicators was 77% which was lower than the CCG average of 93% and national average of 93%. (Exception reporting rate was 14% which was higher than the CCG average of 11% and the national average of 11%).
- 85% of patients with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 85% and the national average of 84%.
- Performance for dementia related indicators was 100% which was the maximum amount of points available compared to the CCG average of 95% and national average of 97%. (Exception reporting rate was 9% which was lower than the CCG average of 14% and the national average of 13%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages in some areas. 315 survey forms were distributed and 123 were returned. This represented 1.3% of the practice's patient list.

- 46% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 52% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 66% and the national average of 76%.
- 76% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.

- 71% 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%.

We did not speak with patients during the inspection however, we spoke with one member of the patient participation group about their experiences of the practice. They said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice collected friends and family test feedback however the overall results were not available on NHS Choices website to tell us the percentage of patients who had responded said they would recommend this practice to their friends and family. During our inspection, we observed friends and family test feedback which had been collated by the practice, these feedback results were shared with practice staff during team meetings.

Areas for improvement

Action the service **SHOULD** take to improve

- Address the issues highlighted in the national GP survey in order to improve patient satisfaction, including access to appointments and ease of getting through to the practice by telephone.

- Review systems in place to manage and monitor processes to improve outcomes for patients in order to improve exception reporting rates which are higher than local and national averages.

Grobby Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Grobby Road Medical Centre

Grobby Road Medical Centre provides primary medical services to approximately 9,043 patients residing within Leicester City. The practice also provides services to patients residing in two residential care and nursing homes in the surrounding area. 65% of the patient population have a long standing health condition compared to the local average of 50% and the national average of 53%.

It is located within the area covered by NHS Leicester City Clinical Commissioning Group (LCCCG). It is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning; maternity and midwifery services and surgical procedures.

At the time of our inspection the practice employed five GP partners, one GP associate who is also the practice manager and provides GP sessions two days per week, two salaried GPs, one practice nurse who was also a nurse manager, three health care assistants (HCA), one phlebotomist and a team of seven receptionists. They are supported by an assistant practice manager and a reception manager. The surgery is open from 7.45am until

6.30pm Monday to Friday. The practice offers extended hours appointments on a Wednesday and Thursday morning from 7am until 8am and on a Tuesday and Thursday evening from 6.30pm until 7.30pm.

The practice is part of a pilot scheme within Leicester City which offers patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments are available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments are available by walk in, telephone booking or direct referral from NHS 111.

The practice provides on-line services for patients such as to book routine appointments, order repeat prescriptions and view patient summary care records.

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

The practice had previously received funding to extend the premises to increase the number of consulting rooms and improved disability access which included automated door openers and a passenger lift to give access to the first floor consulting rooms. The building works took place over a period of approximately six months and the work was completed at the beginning of April 2016, prior to our first inspection in May 2016.

The practice does not offer car parking facilities for patients however, on street car parking is available directly outside the practice. The practice has limited staff car parking available and there is a disabled car parking space in the staff car park which is available upon request.

The practice has an active patient participation group (PPG) who meet every three months.

Detailed findings

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website and over the telephone when the surgery is closed.

A previous inspection was carried out in May 2016 and enforcement actions were taken in relation to breaches of regulation 12 safe care and treatment and regulation 17 good governance. Warning notices were issued and the practice was placed into special measures for a period of six months.

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 practice was rated as inadequate for providing safe, effective and well led services, requires improvement for being caring and good for being responsive. The practice was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of safe care and treatment and requirement notices were issued in respect of good governance. The full comprehensive report relating to the inspection carried out in May 2016 can be found by selecting the 'all reports' link for Groby Road Medical Centre on our website at www.cqc.org.uk.

We undertook an announced comprehensive inspection on 27 January 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

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. This included information from NHS Leicester City Clinical Commissioning Group (CCG) and NHS England.

We carried out an announced visit on 27 January 2017.

During our visit we:

- Spoke with a range of staff which included a GP/practice manager, assistant practice manager, two GP partners, a practice nurse, two members of the reception team and a health care assistant (HCA) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

During our previous comprehensive inspection on 24 May 2016, the practice was rated as inadequate for providing safe services. For example:

- Processes for reporting and investigating significant events, incidents, near misses and concerns had ceased approximately one year prior to our inspection. The practice did not carry out investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated and so safety was not improved.
- Appropriate checks had not been undertaken to ensure members of the nursing team were registered with the Nursing and Midwifery Council (NMC). There was no evidence of formal clinical supervision, mentorship and support in place for an Independent Nurse Prescriber for this extended role since qualification.
- Some emergency medicines were found to be out of date. There was no evidence that a risk assessment had been carried out to ascertain what emergency medicines were and were not suitable for the practice to stock. The practice had not reviewed the risk to service users as there was no process in place to ascertain appropriate emergency medicines were in stock.
- Not all risks to patients were assessed and well managed. The practice did not have an up to date fire risk assessment in place. The practice did not have other risk assessments in place to monitor the safety of the premises, staff and service users or for the control of substances hazardous to health (COSHH) and infection control.
- There was no evidence of formal clinical supervision, mentorship and support in place for an Independent Nurse Prescriber for this extended role since qualification.

During our comprehensive inspection on 27 January 2017 we found the following:

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Following our inspection in May 2016, the practice had implemented an effective system for reporting,

recording and reviewing significant events. The practice had introduced an electronic system specifically for keeping a record of all significant events including details of all actions taken. Each record contained an electronic link to the incident recording form which all staff had access to from their work stations.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- During our inspection, we reviewed 20 significant events which had been reported and actioned since our last inspection. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that a thorough analysis was carried out of all significant events reported and lessons were shared and action was taken to improve safety in the practice. The practice also carried out a significant event analysis identified from complaints received which constituted this. The practice had ensured that significant events were discussed in regular multi-disciplinary team meetings, we saw evidence of meeting minutes where these had been discussed and any agreed actions recorded.

Further improvements had been made in the practices management of alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and national patient safety alerts. We reviewed the process and reviewed recent alerts received by the practice and saw evidence that the practice had created their own internal correspondence to disseminate these alerts to clinical staff. The practice had implemented an electronic dashboard which included a link to all alerts which had been received by the practice to ensure all staff were able to access this information from their work station.

Are services safe?

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Practice nurses were trained to level 2.
- The practice had a discreet and effective system in place to alert clinical staff via the electronic patient care record of any patients who were either vulnerable, had safeguarding concerns or suffered with a learning disability. We saw evidence of this during our inspection.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and the practice had re-decorated areas of the practice since our last inspection. The practice had also ensured a programme of regular carpet cleaning was carried out and we saw evidence that this had taken place. 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. The practice had ensured that annual infection control audits were undertaken following our last inspection and we saw evidence that action was taken to address any improvements identified as a result.
- The practice held a record of Hepatitis B status for clinical staff members who had direct contact with patients' blood for example through use of sharps.
- Following our last inspection, the practice introduced a policy and a process to ensure regular checks were carried out to ensure that members of the nursing team were registered with the Nursing and Midwifery Council (NMC). We saw evidence that checks had been carried out.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The practice had implemented an effective stock control system for items which included vaccinations, immunisations, emergency medicines and other clinical consumable items.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We saw evidence of PGDs during our inspection which were signed and dated.
- Following our last inspection, the practice had introduced a system of clinical supervision for members of the nursing team. Staff we spoke with were able to tell us about this system and we saw evidence that clinical supervision had taken place. Practice nurses received regular mentoring and supervision from a GP partner, and HCAs received mentorship and supervision from the nurse manager.

Are services safe?

- During our inspection we observed that all vaccinations and immunisations which required storage within controlled temperatures were stored appropriately. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place which had been reviewed since our last inspection.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Since our last inspection the practice had ensured all non-clinical staff had received a DBS check.

Monitoring risks to patients

Risks to patients were assessed and well managed. Following our last inspection the practice had reviewed its procedures in place to monitor risks to patients. For example:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. Following our last inspection the practice had ensured that a fire risk assessment was carried out in July 2016 by an external specialist and carried out regular fire drills, we saw evidence of the last fire drill which had been carried out in December 2016, staff we spoke with were able to confirm that a fire drill had taken place. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had implemented risk register which included a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) which was carried out by an external specialist. We saw evidence that daily water temperature testing was carried out and weekly flushing of water outlets in line with the practice legionella policy. The practice had ensured that a gas safety check had been carried out since our last inspection.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We saw evidence of these rotas during our inspection. The practice were in the process of recruiting a practice nurse due to changes within the nursing team.

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. Panic alarms were installed in the reception area to increase the safety of staff.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw evidence that daily checks had been carried out of the defibrillator. A first aid kit and accident book were available.
- Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely and weekly checks were carried out of emergency medicines including expiry dates and documented.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

During our previous comprehensive inspection on 24 May 2016, the practice was rated as inadequate for providing effective services. For example:

- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally. Clinical audits did not demonstrate quality improvement.
- Not all members of staff had received an appraisal within the last 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. However, the practice did not hold regular, formal, minuted multi-disciplinary meetings to discuss and review the needs of patients.

During our comprehensive inspection on 27 January 2017 we found the following:

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 introduced systems to keep all clinical staff up to date. Staff had access to guidelines from NICE via an electronic dashboard 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. We saw evidence of clinical audits which had commenced based on recent NICE guidance.

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 97% of the total number of

points available. Overall clinical exception reporting rate was 19% which was higher than the CCG average of 8% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

- Performance for diabetes related indicators was 94% which was higher than the CCG average of 86% and the national average of 89%. (Exception reporting rate was 20% which was higher than the CCG average of 8% and the national average of 12%).
- Performance for mental health related indicators was 77% which was lower than the CCG average of 93% and national average of 93%. (Exception reporting rate was 14% which was higher than the CCG average of 11% and the national average of 11%). The practice had seen an improvement compared to 2014-15 data when the performance was 67%.
- Performance for dementia related indicators was 100% which was the maximum amount of points available compared to the CCG average of 95% and national average of 97%. (Exception reporting rate was 9% which was lower than the CCG average of 14% and the national average of 13%).

There was evidence of quality improvement including clinical audit.

- The practice had implemented a programme of clinical audits with evidence of quality improvement.
- We saw clinical audits were now discussed at the practice meetings, reflected upon and learning shared with the full practice team.
- There had been one full cycle audit carried out since our last inspection and five further first cycle audits. Audits of medicines and prescribing rates for GPs had been carried out including an audit of diazepam prescribing rates. Other audits we looked at were in relation to the treatment and prescribing of antibiotics for urinary tract infections (UTIs). We saw evidence that an audit had been initiated as the result of the outcome of a significant event which evidenced that the practice had agreed lessons learned following an incident and had

Are services effective?

(for example, treatment is effective)

taken actions to address this. For example, an audit had been carried out to look at patients prescribed non-steroidal anti-inflammatory drugs (NSAIDs) following an incident investigated by the practice in relation to the safe prescribing of NSAIDs for a patient. The practice had also commenced non-clinical related audits such as an audit in relation to appointment capacity and demand regarding the nursing team which included did not attend (DNA) rates for patients to enable the practice to monitor access and availability of appointments and staffing requirements.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. A practice nurse had completed training in Asthma management and was undertaking training in insulin management.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months since our last inspection in May 2016.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

A meeting was held on a monthly basis with the nursing team which included a standard item to review the needs of patients who were prescribed warfarin to continually monitor their prescribing levels for this medicine. (Warfarin is an anticoagulant medication used to prevent heart attacks, strokes and blood clots).

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. All GPs had completed MCA and Deprivation of Liberty Safeguards (DoLS) training. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 and. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 67%, which was comparable to the CCG average of 67% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for

bowel and breast cancer. For example, 64% of female patients aged 50-70 years of age had attended for breast cancer screening within six months of invitation months compared to the CCG average of 72% and the national average of 73%. 48% of patients aged 60-69 years of age had been screened for bowel cancer within six months of invitation compared to the CCG average of 43% and the national average of 56%. There were failsafe systems 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 comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 90% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

During our previous comprehensive inspection on 24 May 2016, the practice was rated as requires improvement for being caring. For example:

- Data from the national GP patient survey showed patients rated the practice below local and national averages for several aspects of care.

During our comprehensive inspection on 27 January 2017 we found the following:

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We spoke with one member of the patient participation group (PPG) who was also the Chairperson of this group. This member also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed broadly similar results from patients in relation to being treated with compassion, dignity and respect and also for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.

- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 84% 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%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. The practice provided access to a 'Ujala' translation and sign language service facility to assist patients whose first language was not English to communicate better. The practice also had access to Language line telephone translation services. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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 135 patients as carers which included child carers, this represented 1.5% of the practice list which had seen an increase since our last inspection carried out in May 2016 when the number of patients identified as carers represented less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them. The practice had established communication links with Carers UK to provide detailed information on their services to patients, this included information on the support available to junior carers.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

During our previous comprehensive inspection on 24 May 2016, the practice was rated as good for providing responsive services. For example:

- 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. For example, the practice had recently expanded the premises to provide additional consulting rooms for patients. This enabled the practice to recruit additional GPs which improved the availability of appointments for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

During our comprehensive inspection on 27 January 2017 we found the following:

Responding to and meeting people's needs

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

- The practice had recently extended the premises to provide additional consulting rooms to increase the level of access to appointments for patients and to provide additional clinical services. The practice also installed a lift for patients to gain access to the first floor.
- The practice offered online services such as for ordering repeat prescriptions, booking routine appointments and viewing patient summary care records.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.

- There was a TV screen in the waiting room providing patients with health promotion information.
- There was an automated arrival machine to enable patients to book themselves in for their appointment.
- The practice provided access to a 'Ujala' translation and sign language service facility to assist patients whose first language was not English to communicate better.
- There was a separate children's play area within the waiting room.

Access to the service

The practice was open between 7.45am and 6.30pm Monday to Friday. The practice offered extended hours appointments on a Wednesday and Thursday morning from 7am until 8am and on a Tuesday and Thursday evening from 6.30pm until 7.30pm. In addition to pre-bookable appointments that could be booked up to two weeks ahead for GPs and six weeks ahead for practice nurses, urgent appointments were also available for people that needed them.

The practice was part of a pilot scheme within Leicester City which offered patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments were available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments were available by walk in, telephone booking or direct referral from NHS 111.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 46% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 52% of patients said the last time they wanted to see or speak to a GP or nurse at their surgery, they were able to be an appointment compared to the CCG average of 66% and the national average of 76%.

The practice were aware of their lower than average patient satisfaction scores and were actively monitoring patient

Are services responsive to people's needs?

(for example, to feedback?)

satisfaction in conjunction with the patient participation group (PPG) who were supporting the practice in conducting a patient satisfaction survey. The practice had carried out a capacity and demand audit in relation to appointments and were also monitoring did not attend rates. The practice had also carried out an audit of average waiting times from arrival at the practice to being seen a clinician. The results of this audit showed that the average wait time was 10 minutes. The data for this audit was extracted directly from the appointments data within the clinical system. The practice had suffered recent changes in their nursing team and were actively advertising for a practice nurse to join the team. The practice told us they had also made improvements to the telephone system to improve telephone access for patients and had recruited additional reception staff however, at the time of our inspection these newly recruited staff had not commenced their roles.

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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. 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. The practice had a complaints policy in place and information was available to patients to advise them on how to make a complaint. The practice had ensured that a significant event analysis was carried out on complaints which constituted this and ensured lessons were learnt from concerns and complaints and action was taken to as a result to improve.
- 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, a complaints leaflet was available for patients in the reception area.

We looked at 16 complaints received since our last inspection in May 2016 and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. All complaints we looked at received a formal written response which included details of any investigations undertaken and an apology where necessary. The practice held a register of complaints received both verbally and in writing and carried out a significant event analysis on complaints which required this.

Are services well-led?

Good 

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

Our findings

During our previous comprehensive inspection on 24 May 2016, the practice was rated as inadequate for being well-led. For example:

- The practice did not have an effective governance framework in place. There was a lack of effective systems and processes. There was a new partnership in place which had a clear vision for the future of the practice. However, they did not have supporting, documented business plans in place to reflect their vision.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.

During our comprehensive inspection on 27 January 2017 we found the following:

Vision and strategy

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

- The practice had a mission statement in place, staff we spoke with knew and understood the values. The aim of the practice was 'to provide sustainable, high quality and transformative healthcare for patients with a focus on easily accessible medical care for those who need it and empowering patients to self-care and increase health education'.
- Feedback collected during the inspection including our discussions with staff and patients indicated the mission statement and aims of the practice had been embedded within the culture of the practice.
- Staff we spoke with told us of the work undertaken to improve the practice since the last inspection and spoke positively about these changes and how this had also improved staff morale.
- Following our last inspection in May 2016, the practice had re-structured the management team and had recruited an assistant practice manager in October 2016 to support the partners. A GP who had previously been providing locum GP services for the practice on a long term basis had been appointed permanently to provide a joint role which included clinical GP sessions and had also taken over the role of practice manager.

- The practice had introduced a strategy and supporting business plans which reflected the vision and values which would be regularly monitored.
- The practice had continued to review the needs of the local patient population and communicated regularly with NHS England and LCCCG and had secured funding through the 'General Practice Resilience Programme'. The practice were awaiting guidance on how this support would be delivered to the practice along with timeframes.

Governance arrangements

The practice had made significant improvements to their governance framework to support the delivery of the strategy and good quality care. For example:

- There was a clear staffing structure in place and that staff were aware of their own roles and responsibilities.
- Following our last inspection in May 2016, the practice had implemented an electronic dashboard to ensure all staff were able to access all clinical and non-clinical practice specific policies. During our inspection, we looked at 11 policies which included safeguarding, infection control, business continuity, consent and health and safety. Staff we spoke with demonstrated their understanding of these policies and procedures.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Processes to monitor and improve the safety of the practice had improved. Actions identified following risk assessments were now undertaken with supporting revised health and safety procedures.

Leadership and culture

During our inspection, we saw the leadership team had worked together to identify the areas where further improvements were required. We spoke with the GP partners and practice manager, specifically about the sustainability of improvements. Staff we spoke with told us that positive changes had been made since our last inspection in May 2016. Staff were now able to access policies and procedures and other relevant information via an electronic dashboard, staff also told us they attended

Are services well-led?

Good 

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

regular practice and team meetings and felt more involved in the practice and felt supported by the management team. Staff told us the partners and management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice had introduced a schedule of meetings within the practice such as business meetings, multi-disciplinary clinical meetings, team and practice meetings. We saw evidence of meeting minutes during our inspection and staff we spoke with told us about these meetings.
- 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.
- The partners had spent time consulting with staff and the members of the PPG to develop a three year forward view plan for the practice. A presentation had been delivered to all staff to ensure they understood the forward view plan.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

- Staff informed us that they felt supported by the leadership team following the inspection carried out in May 2016 and during the period of special measures. Staff told us that although the past few months had been a time of change and uncertainty they felt positive about the changes already implemented and the future of the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met on a three monthly basis and had 14 members. The PPG had a Chair and a secretary in place and had formulated a constitution. The PPG carried out patient surveys which involved surveying patients in the waiting room and submitted proposals for improvements to the practice management team. For example, members of the reception team wore name badges and had attended customer care training based on suggestions from the PPG. The PPG members also worked closely with the practice to monitor the number of missed appointments from patients. The PPG worked in collaboration with the practice to encourage patients to contact the practice to cancel their appointments if they no longer required it. It was hoped that this would improve the availability of routine appointments for patients.
- The practice had gathered feedback from staff generally through appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was part of a pilot scheme within Leicester City which offered patients an evening and weekend

Are services well-led?

Good 

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

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

The practice manager had commenced a training programme in clinical leadership delivered by the NHS Institute for Innovation and Improvement and the Academy of Medical Royal Colleges. This was due to be completed in December 2017.

Following the inspection in May 2016, the practice invested in a practice resilience support programme provided by the Royal College of General Practitioners (RCGP) to provide diagnostic assessment and tailored intervention throughout the period of special measures.