

# Leicester Road

## Quality Report

57 Leicester Rd, Bedworth,  
Warwickshire, CV12 8AB  
Tel: 024 7631 2288  
Website: [www.mallinghealth.co.uk](http://www.mallinghealth.co.uk)

Date of inspection visit: 8 December 2015  
Date of publication: 21/03/2016

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	3
The six population groups and what we found	5
What people who use the service say	8

### Detailed findings from this inspection

Our inspection team	9
Background to Leicester Road	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Leicester Road Surgery on 8 December 2015. Overall the practice is rated as good for providing safe, effective, caring, responsive and well led services. Leicester Road Surgery is part of Malling Health (referred to as 'the group' in this report).

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

- It was clear during our inspection that the current management team had made improvements since taking over this practice and were continuing to do so at the time of our inspection. A detailed practice improvement plan was in place which set clearly identifiable goals and timescales for achieving them.
- The practice had good facilities and was well equipped to treat patients and meet their needs. At the time of our inspection audit of equipment was being carried out to ensure the right equipment was in the right place throughout the local practices within the group.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Risks to patients were assessed and well managed. Appropriate systems were in place to ensure safety was a top priority.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff resources were shared with other practices in the group to enable practices to support each other and share best practice. The practice was looking at ways to develop this further and had started a staff skills analysis to facilitate this.
- There was a clear leadership structure and staff felt supported by management. The practice was supported by the group's regional management team.
- The practice proactively sought feedback from staff and patients, which it acted on.

**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. Staff understood their responsibilities to raise concerns, and identified and reported incidents and near misses. Learning points were identified and communicated widely amongst staff and other group practices within the area to support improvement. Information about safety was recorded, monitored, reviewed and addressed. Risks to patients were assessed and well managed. Appropriate safeguarding measures were in place to help protect children and vulnerable adults from the risk of abuse, based on guidelines issued by the local authority. There were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their roles and any additional training needs were identified and planned to meet these needs. Staff were appraised annually and had personal development plans in place. A new training plan for GPs had just been devised at the time of our inspection. Staff worked with multidisciplinary teams to improve outcomes for patients.

In July 2015 the practice had launched an on-going improvement plan which had identified areas for improvement and gaps in service provision. Management had identified clearly defined goals and were making good progress at achieving them.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw that staff treated patients with kindness and respect, and maintained confidentiality. Carers of patients had a dedicated telephone line to use to contact the practice.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It identified and reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical

Good



# Summary of findings

Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they were able to make an appointment with a GP, although they might not always be able to see the same GP. However, patients said there was continuity of care, with urgent appointments available the same day. The practice had identified a need for extended hours opening and planned to apply for this provision for 2016-2017.

The practice building was purpose built and 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 within the practice and staff at other group practices within the area.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy which was aligned to those of the group. Staff were clear about the vision and their responsibilities in relation to this. 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. Appropriate systems were in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group and responded to feedback from patients about ways that improvements could be made to the services offered. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# 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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits for those unable to reach the practice. GPs also made proactive visits to three care homes where patients lived. Health checks were carried out for all patients over the age of 75 years. At the time of our inspection, the practice had implemented its 2015-2016 flu vaccination programme. The practice worked with other providers, such as community matrons to reduce unplanned hospital admissions. Carers of patients had a dedicated telephone line to use to contact the practice.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice had systems in place to monitor patients with chronic diseases. Patients at risk of hospital admission were closely monitored. Longer appointments and home visits were available when needed. Patients were reviewed at least annually, sometimes more frequently depending on the condition they had and its severity. All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met. Patients were encouraged to discuss anything relating to their condition at any time with a member of the clinical staff, rather than wait until their next review. For those patients with the most complex needs, the GP and practice nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice also offered dietary, weight management and smoking cessation advice.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk of abuse. For example, children and young people who had a high number of accident and emergency (A&E) attendances.

The practice worked with the locally based community midwife and health visitor teams. Patients who were pregnant were given telephone numbers and details of locations where they could be contacted locally as they were no longer based within the practice.

Good



# Summary of findings

Post-natal checks were carried out by the GPs. The practice had a policy of providing same day appointments for children and appointments were also available outside of school hours. The premises were suitable and accessible for children, with changing facilities for babies. The practice notified Child Health Services when babies and children did not attend for their vaccinations.

The practice also offered a number of online services including booking appointments and requesting repeat medicines.

## **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 this population group had been identified. Telephone consultations were available for patients who were unable to reach the practice during the day. The practice had identified a need for extended hours opening and planned to apply for this provision for 2016-2017. The practice offered online services as well as a full range of health promotion and screening services that reflected the needs for this age group. The practice nurse had oversight for the management of a number of clinical areas, including immunisations.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability. The practice carried out annual health checks and offered longer appointments for patients when needed, for example, for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams, for example the community mental health team and district nursing team in the case management of vulnerable people. It had advised vulnerable patients on how to access various support groups and voluntary organisations. Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments. The practice identified and closely monitored vulnerable patients who frequently attended accident and emergency (A&E). Carers of patients had a dedicated telephone line to use to contact the practice.

Staff had received training and knew how to recognise signs of abuse in adults whose circumstances made them vulnerable and children who were considered to be at risk of harm. 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.

Good



# Summary of findings

## People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams, for example, the community mental health team, to plan care and treatment with patients who experienced poor mental health, including those with dementia. It carried out advanced care planning and annual health checks for patients. The GPs and practice nurse understood the importance of considering patients' ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.

The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E). Staff had received training on how to care for people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was generally performing above local and national averages. There were 174 questionnaires issued and 66 responses which represented a response rate of 38%. Results showed:

- 90% of patients found the receptionists at this practice helpful compared with a CCG average of 85% and the national average of 87%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and the national average of 85%.
- 99% of patients said the last appointment they got was convenient compared with a CCG average of 92% and the national average of 92%.
- 85% of patients described their experience of making an appointment as good compared with a CCG average of 71% and the national average of 73%.
- 73% of patients feel they did not normally have to wait too long to be seen compared with a CCG average of 61% and the national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 16 comment cards. Of these, 13 were completely positive about the standard of care received. Patients were very complimentary about the practice and commented that they could easily obtain appointments and GPs were caring and gave them enough time. Three patients made positive comments, but also told us they couldn't always see the same doctor.

We spoke with six patients during the inspection who were all very positive about the service they received. One patient was a member of the Patient Participation Group (PPG). This is a group of patients registered with the practice who work with the practice to improve services and the quality of care.

We spoke with the management of the two care homes the practice served. They told us they received an excellent and responsive service from the practice. One manager told us they did not always see the same GP, but this did not affect the care their residents received.



# Leicester Road

## 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, a practice manager specialist advisor and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

### Background to Leicester Road

Leicester Road Surgery is located in Bedworth, north Warwickshire and provides primary medical services to patients in an urban and semi-rural area. Locally there are some areas of deprivation. There is also a higher than average rate of long-term medical conditions amongst older people due to Bedworth being a former coal mining community.

The practice is managed by Malling Health and has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. It is located in a converted house and has 2,440 patients registered. This includes patients in three local care homes.

The practice is staffed by a lead salaried GP (male) who is also the lead GP for the other three Malling Health GP practices located in the Warwickshire North Clinical Commissioning Group (CCG). There are two locum GPs (male and female) who are permanently based at the practice, a practice nurse (who is a nurse prescriber and therefore able to issue prescriptions) and a healthcare

assistant. They are supported by a practice manager and administrative and reception staff. Staff at the practice supported and were supported by staff in the other local GP practices within the group.

At the time of our inspection, the practice had re-advertised for an additional salaried GP after an earlier recruitment exercise had been unsuccessful. The practice manager was an interim practice manager from the group, brought in after the previous post-holder had left the practice.

Leicester Road Surgery is open from 8am to 6.30pm during the week, with appointments available throughout those times. The practice had not been able to provide an extended hours service for 2015-2016, but had plans to do so during 2016-2017. When the practice is closed patients can access out of hours care through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information is also available on the practice's website and in the patient practice leaflet.

Home visits are available for patients who are unable to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to telephone the practice.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for services such as family planning and smoking cessation.

### 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. This inspection was

# Detailed findings

planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before our inspection of Leicester Road Surgery we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted Warwickshire North Clinical Commissioning Group (CCG) and NHS England Area Team to request any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 8 December 2015. During our inspection we spoke with a range of staff that included the GP, the practice manager, the practice nurse and reception staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with eight patients, including two members of the patient participation group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care.

We observed how staff interacted with patients who visited the practice and reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

# Are services safe?

## Our findings

### Safe track record and learning

During the course of our inspection we saw evidence that Leicester Road Surgery had an appropriate system for the reporting and recording of significant events. Part of this comprised a safety alerts protocol which classified events according to their severity; red for the more severe, amber for less severe and green for compliments received. We saw the practice had recorded six amber and red alerts since January 2015.

One event concerned a request for a prescription to be authorised for the issue of medicine. The patient had not received the required blood test before the prescription was printed and the GP noticed there had not been a blood test carried out. The practice reviewed its procedures for issuing prescriptions for this particular medicine and we saw evidence the patient had been contacted; the matter was discussed and recorded in the minutes of the next staff meeting.

- Patients affected by significant events received an apology and explanation from the practice. These patients had been told about relevant actions the practice had taken to improve care.
- Staff we spoke with at the practice were fully aware of their responsibility to raise concerns and they demonstrated to us during our inspection how they reported incidents and near misses. This was in line with group policy.
- We saw each incident had been fully investigated by the practice, action points had been discussed with all relevant staff and incidents were periodically re-examined to ensure they had not been repeated.
- It was clear during our inspection that the current management team had made improvements since taking over this practice and were continuing to do so at the time of our inspection.
- A detailed practice improvement plan was in place which set clearly identifiable goals and timescales for achieving them.

During our inspection, we saw how the practice monitored safety using information from a variety of sources, including National Institute for Health and Care Excellence (NICE) guidance. NICE is the organisation responsible for

promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. We were satisfied staff understood risks and an accurate and current picture of safety was provided.

### Overview of safety systems and processes

Leicester Road Surgery had processes and practices in place to keep patients safe. They included:

- Systems were in place for monitoring and managing risks to patients and staff. Part of this included a health and safety policy and an appropriate poster was displayed. A health and safety risk assessment had been completed in July 2015, followed by an electrical and fire risk assessment in November 2015.
- Equipment had been checked and calibrated to ensure it was fit for use and accurate. Electrical equipment had been checked and equipment such as blood pressure monitors had been calibrated in March 2015.
- Measures were in place to ensure the required levels of cleanliness and hygiene were met and maintained. During our inspection we noted that the premises were visibly clean and tidy. The practice nurse was the infection control lead and liaised with the local infection prevention and control teams to keep up to date with best practice. The practice had an infection control procedure and carried out annual infection control audits. We examined the latest, completed in August 2015. This had only raised one concern; a replacement chair was needed in one of the examination rooms. This had been actioned.
- There were also a range of other risk assessments in place to monitor safety of the premises such as legionella, a term for particular bacteria which can contaminate water systems in buildings. A legionella risk assessment and test had been carried out in November 2015.
- Procedures to safeguard adults and children who were at risk of abuse were in place. This reflected relevant legislation and local requirements issued by Warwickshire County Council's safeguarding board. We saw that staff could easily access this information and safeguarding packs were available in all examination rooms for staff to use.

## Are services safe?

- Safeguarding policies listed who should be contacted for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated during our discussions that they understood their responsibilities and all had received training relevant to their role.
- Following a recommendation given in a child protection board meeting, the practice had introduced changes to their child protection procedures and they had carried out a six-monthly audit to check that improvements to the process had been sustained.
- A new procedure had recently been introduced for locum GPs to ensure they had read all appropriate policies at the practice. This included recording their confirmation that they had read all required material.
- The practice provided chaperones for patients when required and notices to inform patients of this were displayed in the waiting room and examination rooms. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). 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.
- Leicester Road Surgery had appropriate arrangements in place for managing medicines, including emergency medicines and vaccinations, to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. Regular medicine audits were carried out to ensure prescribing was in line with best practice guidelines for safe prescribing and the practice worked with the medicines management team from Warwickshire North Clinical Commissioning Group (CCG) to support this. A CCG is a group of general practices that work together to plan and design local health services in England. Blank prescription forms were securely stored and there were systems in place to monitor their use. This included blank forms used in computer printers.
- The practice had assessed the staffing levels it needed in order to be able to operate safely and there was a rota system in place for the different staff groups to ensure

enough staff were available during the times the practice was open. Staff told us they covered for each other at holiday periods and at short notice when colleagues were unable to work due to sickness. As Leicester Road Surgery was part of a group, staff could also be brought in from other local practices to cover absences when needed. Practice management told us they were exploring ways of developing inter-working between sites.

- During our inspection, we looked at staff records to ensure recruitment checks had been carried out in line with legal requirements. We were satisfied that appropriate recruitment checks had been undertaken on staff prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

### Arrangements to deal with emergencies and major incidents

Leicester Road Surgery had a system in place to alert staff to any emergency. When we reviewed training records we saw that staff had received appropriate training, this included annual basic life support training. Emergency medicines and equipment were available along with a first aid kit and accident book. These emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was a defibrillator for the treatment of cardiac arrest (where the heart stops beating), oxygen and medicines to treat patients with a severe allergic reaction and low blood sugar. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that might affect the daily operation of the practice. The practice had worked with other nearby practices in the group to support each other in the event of the practice building being unable to offer a service to patients. Risks identified included power failure, loss of telephone system, loss of computer system, and loss of clinical supplies. We saw there was a procedure in place to protect computerised information and records in the event of a computer systems failure. Copies of this plan were kept

## Are services safe?

in the homes of key staff in case the building was inaccessible. If this occurred, the practice would be supported by the group's regional office. This was also outlined in the plan.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Leicester Road Surgery carried out patients' assessments and treatments in line with relevant and current evidence based guidance and standards. This included best practice guidelines issued by the National Institute for Health and Care Excellence (NICE). NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. The practice had systems in place to ensure all clinical staff were kept up to date of the latest clinical guidance and advice. Monitoring was carried out by the practice and wider group to ensure clinical guidelines were followed. This monitoring included risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice took part in the Quality and Outcomes Framework (QOF) scheme. This is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for the practice were 91% of the total number of points available, with 0% exception reporting. This was below the CCG average of 97%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014-2015 showed mixed results when compared with CCG and national averages:

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 73% which was below the CCG average of 96.6% and the national average of 84%.
- The percentage of patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place was 92% which was below the CCG average of 96% and higher than the national average of 86%.

- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 92% which was below the CCG average of 99% and above the national average of 83%.
- Performance for diabetes related indicators such as patients who had received an annual review was 73% which was below the CCG average of 92% and the national average of 88%.

In response to this, in July 2015 the practice had launched an on-going improvement plan which had identified areas for improvement and gaps in service provision. An action plan to achieve them and the practice had made good progress. One area identified included the recruitment of permanent GPs to reduce the use of locum GPs. At the time of our inspection, the practice had launched a recruitment exercise and had advertised for these posts. A programme of specific chronic disease management had also been launched. The group had also started a recruitment exercise for a medicines management and prescribing lead to work across its four practices within the Warwickshire North CCG. With successful recruitment the practice aimed for an improvement in its QOF data for 2015-2016 and thereafter.

The practice had a system in place for completing clinical audits. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. The practice also participated in appropriate local audits, group benchmarking, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services. One audit carried out at various dates in 2014 and 2015 concerned a widely used blood thinning medicine. The dosage prescribed to 48 patients was examined and the practice had been able to safely reduce the quantity taken by seven patients who continued to be closely monitored to ensure they experienced no adverse effects.

### Effective staffing

As part of our inspection of Leicester Road Surgery we examined evidence and had discussions which showed that staff had the skills, knowledge and experience to deliver effective care and treatment.

- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, meetings,



# Are services effective?

## (for example, treatment is effective)

appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months and had a personal professional development plan in place. A new training programme for GPs had been launched along with new training for chronic disease management. Topics for GPs included patient consent, safeguarding adults and vulnerable children and domestic violence awareness.

- Staff learning needs were identified through appraisals, meetings and reviews of practice development needs. Any personal objectives set were aligned to objectives applied to the practice, for example, to develop and maintain skills to maximise staff retention.
- There was an induction programme for newly appointed staff that covered topics such as patient confidentiality, safeguarding and health and safety. This included locum GPs. The induction programme for locum GPs had recently been improved to provide an audit trail that all appropriate policies had been read and understood prior to the commencement of employment.

### Coordinating patient care and information sharing

Leicester Road Surgery ensured all relevant information necessary for the planning and delivery of care and treatment was available to staff in an easily accessible way through the patient record and practice intranet systems. This included care and risk assessments, medical records, care plans and test results. Appropriate information, for example, NHS patient information leaflets were also available. All relevant information was shared in a timely way such as when patients were referred to other services.

Records examined included the minutes of multi-disciplinary meetings which demonstrated how the practice staff worked with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred to other services, or after they were discharged from hospital. We saw examples of the minutes of multi-disciplinary team meetings to support this. Meetings had been attended by health visitors, district nurses and a Macmillan nurse when appropriate. Discussions had included concerns about safeguarding adults and children, as well as those patients who needed end of life care and support. These meetings took place monthly. Multi-disciplinary safeguarding

meetings were also held regarding children at risk. Actions were agreed as a result and the practice had representatives at child protection board meetings when appropriate.

### Consent to care and treatment

We saw how patients' consent to care and treatment was sought in line with current legislation and guidance. This included consent for minor surgery. Staff we spoke with understood the Mental Capacity Act 2005 and how it related to obtaining consent within the practice. When providing care and treatment for children and young people, clinical staff carried out assessments of capacity to consent in line with relevant guidance. If a patient's mental capacity to consent to care or treatment was unclear, the GP or nurse assessed the patient's capacity and when necessary, recorded the outcome of the assessment.

Clinical staff we spoke with understood the need to consider Gillick competence when providing care and treatment to young people under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

### Health promotion and prevention

Leicester Road Surgery identified patients who needed additional support and met their needs when appropriate. The practice kept registers of all patients with long term conditions and learning disabilities. Patients with learning disabilities were given longer appointments when needed.

The practice offered all newly registered patients a health check with the practice nurse. Patients were referred to a GP if concerns were identified during the health check. During the last 12 months 85% of patients aged over 75 had also received a health check.

A comprehensive screening programme took place at the practice. The practice's uptake for the cervical screening programme was 81%, which was similar to the national average of 81.9%. The practice also encouraged its patients to attend national screening programmes for bowel (73%) and breast cancer screening (84%).

Childhood immunisation rates for the vaccinations given were comparable to national and local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds averaged 98%

## Are services effective?

(for example, treatment is effective)

and five year olds also averaged 98% which compared with CCG rates of 98% to 99% and 92% to 99% respectively. Flu vaccination rates for the over 65s were 85% which was above the national average of 73%.

Smoking cessation advice and support was also carried out at the practice. A total of 90% of patients who smoked had been given advice in the last 12 months. The practice was unable to provide data of the percentage of patients who had stopped smoking as a result.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

During our inspection of Leicester Road Surgery, we saw that patients were treated respectfully and helpfully by staff at the reception desk and on the telephone. We were satisfied that patients were also treated with dignity and respect. This was supported by comments we received from patients who completed comment cards and those we spoke with. We saw that curtains were provided in consulting rooms so that patients' privacy and dignity could be maintained during examination, investigation and treatment. The doors to consultation and treatment rooms were closed during consultations and conversations that took place in these rooms could not be overheard from the outside. Reception staff told us how they could offer patients a private room if they wanted to discuss something with staff away from the reception area.

Before our inspection of the practice took place, patients completed 16 comment cards. They all contained positive comments about all aspects of care at the practice and the practice staff. Three patients made positive comments, but also told us they couldn't always see the same doctor. Patients told us they could easily obtain appointments and that it was easy to get through to the practice on the telephone. Patients said clinical staff treated them with care and compassion.

The results from the July 2015 national GP patient survey showed the practice scored below average results in relation to patients' experience of the practice and some of the satisfaction scores on consultations with doctors and nurses. For example:

- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 90%.

We spoke with the GP and practice management about the patient survey results. They showed us and discussed the

action plan they had put in place following these results. Management had discussed patient feedback in depth with all members of clinical staff and specific areas were included within appraisals to enable on-going individual monitoring to take place. Practice management also intended that the recruitment exercise for permanent GPs with a resulting reduced reliance on locum GPs would also have a positive effect on the patient survey results, along with the revised staff training programme that had been implemented. Practice management confirmed they would continue to monitor this.

### Care planning and involvement in decisions about care and treatment

The information we received from patients through the comment cards and in person demonstrated that health issues were fully discussed with them. Patients said they were fully involved when decisions had to be made about their care.

Results from the July 2015 national GP patient survey showed some patients surveyed had responded in a mixed way to some questions about their involvement in planning and making decisions about their care and treatment. This differed from comments made by patients on the day of our inspection. For example:

- 84% of patients said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 89% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 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 85% and the national average of 85%.
- 90% of patients found the receptionists at this practice helpful compared to the CCG average of 85% and the national average of 87%.

Patients we spoke with told us that when they had their medicines reviewed, the GP took time to explain the

## Are services caring?

reasons for any change that was needed and any possible side-effects and implications of their condition. We were satisfied the patient survey action plan also took these areas into account.

The practice used a translation service if required for patients who did not speak English as a first language.

### **Patient and carer support to cope emotionally with care and treatment**

Notices were visible in the patient waiting room to advise patients of relevant local and national support groups and

organisations. Patients who were carers were actively identified and signposted to local and national services for support. Carers could also use a dedicated telephone line to contact the practice.

The GP and staff told us that if families experienced bereavement they were signposted to appropriate organisations for advice and counselling if needed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Leicester Road Surgery worked with the local Warwickshire North Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. During our inspection we saw evidence and were satisfied that the practice planned and delivered its services to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example:

- Care plans were in place for patients in care homes, patients with severe mental health problems and patients on the avoiding unplanned hospital admissions register.
- GPs made weekly visits to three care homes where patients lived.
- Homeless patients were registered at the practice and were able to access NHS services.
- Regular reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, patients with learning disabilities, and those experiencing mental health problems including dementia. Patients with long term conditions were encouraged to discuss concerns and ask questions when concerns arose, however minor, rather than wait until their next planned review. Longer appointments could also be made available if appropriate.
- Clinical staff made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- Patients had a choice of seeing the midwife at two nearby locations and were given contact details as soon as their pregnancy was confirmed.
- Urgent appointments were prioritised for children and patients with long term or serious medical conditions.
- The practice offered blood tests, childhood immunisations, travel vaccinations and cervical screening.

### Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointments were available during those times. Extended hours opening was available from 6.30pm to 8pm on Mondays and Fridays. Telephone consultations were available for patients who were unable to reach the practice during the day. The practice intended to apply to the CCG to provide an extended hours service for 2016-2017. This would enable more appointments to be available outside of standard working hours. Home visits were available for patients whose health preventing them from reaching the practice for appointments. Patients could book appointments and order repeat prescriptions on-line

Leicester Road Surgery closed at weekends. Patients could access out of hours care through NHS 111. The practice had a recorded message on its telephone system to advise patients. This information was also available on the practice's website and in the patient practice leaflet.

There were accessible facilities for patients with physical disabilities, a hearing loop to assist patients who used hearing aids and translation services available. A translation service was available for patients whose first language was not English and patient information could be provided in a large print format for those who were visually impaired.

The results from the July 2015 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than or similar to local and national averages. For example:

- 79% of patients said they could get through easily to the surgery by phone which was higher than the CCG average of 66% and the national average of 73%.
- 92% of patients said the last appointment they got was convenient compared to the CCG average of 93% and the national average of 92%.
- 69% of patients described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.
- 77% of patients said they usually waited 15 minutes or less after their appointment time which was higher than the CCG average of 67% and the national average of 73%.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

Leicester Road Surgery had an appropriate procedure for handling concerns and complaints. This complaints policy and procedures was in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated team member who handled all complaints in the practice.

The method used for dealing with complaints was transparent and open. Information on how to complain was clearly displayed within the patient waiting room, was included within the practice patient leaflet and was

displayed on the practice website. The procedure was based on the system used by the wider group of practices. Patients we spoke with said they knew how to make a complaint, but had never needed to do so.

During our inspection, we examined records of complaints. Three complaints had so far been received since April 2015. We reviewed these complaints and saw the practice had replied to patients with an apology and explanation within the timescales outlined in their complaints procedure. We saw evidence that complaints were fully discussed in staff meetings and learning points noted. The basic details of complaints were also shared with other practices within the group to ensure opportunities for learning were maximised.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

As part of our inspection process, we reviewed the statement of purpose used by Leicester Road Surgery. This outlined the practice's aim to provide a high standard of care whilst working with other healthcare professionals. During the whole of our inspection, which included interviews with staff, discussion with patients and examining records and documents used by the practice, it was clear that Leicester Road Surgery sought to deliver a high standard of care for its patients and was keen to identify areas where it could improve. This was also reflected in the positive comments we received from patients who completed the patient comment cards before our inspection.

### Governance arrangements

Leicester Road Surgery had an appropriate governance framework in place to facilitate the delivery of its strategy and provide high quality care for its patients. This was based on the group's framework and ensured that:

- Quality and Outcomes Framework (QOF) was used to measure practice performance. QOF is a national performance measurement tool. QOF data for this practice showed a mixed level of performance. Some areas were above or in line with national standards, however some areas were below. The practice had identified these areas and the on-going development plan devised by the practice sought to raise these standards through a combination of targeted training and recruitment. A full review of practice services also began in August 2015.

There was a clear staff structure and all staff were aware of their own roles and responsibilities, those of others and of the lines of responsibility for reporting. Group regional management were facilitating a closer working together between Leicester Road Surgery and other local practices within the group. This would enable staff resources and learning to be shared. On the day of our inspection, the practice staff were supported by regional management and management from another local practice.

- Procedures and policies were implemented, were based on group policies to ensure a national standard was maintained, were regularly reviewed and were available to all staff. Staff we spoke with knew how to access these policies.
- There were policies and procedures in place for identifying, recording and managing risks and taking action to deal with these. Within the minutes of practice meetings we saw evidence that information was shared, discussions were held about areas that worked well and areas where improvements could be made.
- The practice held meetings to share information, to look at what was working well and where improvements needed to be made. This included staff from other local group practices when appropriate. We saw minutes of these meetings to confirm this. Staff we spoke with confirmed that complaints and significant events were discussed with them, along with any changes that needed to be made as a result.
- There was a programme of continuous clinical and internal audit in place. This monitored quality and highlighted areas that needed improvement within the services provided by the practice.

### Leadership, openness and transparency

Throughout our inspection of Leicester Road Surgery, we saw evidence that the clinical team and management team had the experience, capacity and capability to run the practice and provide high quality care. Staff we spoke with told us the GPs and management team were open and available and they would have no difficulty with raising anything with them at any time. These comments were also applied to the regional management team who were also present during our inspection. Staff we spoke with said they were well supported and had clearly defined roles. We saw records to evidence that regular team meetings were held.

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

The practice sought and valued the feedback it received from patients about the delivery of its service. It had obtained feedback from patients through the patient participation group (PPG), patient surveys and complaints received. A PPG is a group of patients registered with a

# Are services well-led?

Good 

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

practice who work with the practice to improve services and the quality of care. The PPG met quarterly and we saw evidence of its involvement with practice organisation, maintenance and the patient survey.

During our inspection we saw how the practice monitored the feedback it received through the NHS Friends and Family Test. The Friends and Family test results from May to November 2015 showed that 70% of patients were

extremely likely or likely to recommend the practice. A total of 11% of patients said they were unlikely to recommend the practice. Patients' comments made as part of the Friends and Family test were incorporated into the areas to be examined as part of the practice improvement plan, for example, the recruitment of a further permanent salaried GP.