

Beaumont Lodge Medical Practice

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beaumont Lodge Medical Practice on 09 August 2016. Overall the practice is rated as good.

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

- There was a system in place to reporting and record significant events and action was taken to improve safety in the practice. However, we noted that written protocols were not in place to support reception staff in all of their duties following a trend of significant events.
- Not all staff were aware of the lessons learnt following investigations of significant events.
- Safety alerts were cascaded and actioned as appropriate, however there was no documented evidence to show the discussions between staff members.
- The practice was observed to be clean and infection control audits were carried out. However, we noted that external clinical waste bins were not secured in line with Health and Safety Executive guidance.
- The practice could demonstrate that all nursing staff and GPs were registered with the appropriate professional body, however had no system in place to ensure they renewed their registration on an annual basis.
- Most risks to patients were assessed and managed. However, there was no documentation to reflect the monthly checks carried out on emergency lighting or fire exits.
- An electrical installation safety check had not been carried out within the required timeframe in accordance with statutory requirements.
- The gas boiler has not been serviced and maintained in line with manufacturer guidance and statutory requirements.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice used local prescribing guidelines to ensure prescribing was in line with best practice guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients were supported to live healthier lives and the practice worked with the local police to ensure patients with a mental health illness were supported where appropriate.
- The practice had a process in place to follow up any child that did not attend for their immunisations; however there was no written protocol to support this.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We noted that conversations in consultation and treatment rooms could be overheard at times.
- We saw staff treated patients with kindness and respect.
- The practice identified carers at the point of registration to ensure they received the appropriate support, however there was limited numbers identified compared to the practice list size.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Some patients told us they found it difficult to get an appointment for when they wanted it; however most patients were happy with the appointment system.
- Information about how to complain was available and easy to understand. Staff knew how to support patients and learning from complaints was shared with staff.
- The practice had a clear mission statement which included the values for the practice ensuring they were open and honest with patients, providing safe care.

- 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 patient participation group was active and worked closely with the practice management team.

We saw one area of outstanding practice:

- A template had been designed to work with Leicester Police. The police notified the practice of any incidents where the patient may have a mental health illness to ensure the GPs were alerted and additional support was provided, as appropriate. The practice were able to demonstrate what action they had taken as a result, including a telephone call to the patient or amending personal care plans in line with other relevant health and social care professionals.

The areas where the provider must make improvement are:

- Ensure clinical waste bins are stored securely in line with Health and Safety Executive guidance.
- Ensure an electrical installation safety check is carried out within the required timeframe in accordance with statutory requirements.
- Ensure the gas boiler is serviced and maintained in line with manufacturer guidance and statutory requirements.

The areas where the provider should make improvement are:

- Consider implementation of written protocols to support reception staff in their duties around prescribing.
- Review the process in which all staff are informed of lessons learnt from significant event investigations.
- Review the process to document discussions regarding safety alerts.
- Consider the implementation of a process to review annual registration with the appropriate professional bodies for nursing staff and GPs.
- Review the process to document monthly checks on emergency lighting and fire exits.

Summary of findings

- Consider implementation of a documented process regarding the follow up of children who do not attend for immunisations.
- Consider how to control noise, specifically conversations held in consultation and treatment rooms.
- Consider the process to identify carers and how carers could be identified.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was a system in place to reporting and record significant events and action was taken to improve safety in the practice. However, we noted that written protocols were not in place to support reception staff in all of their duties following a trend of significant events.
- Not all staff were aware of the lessons learnt following investigations of significant events.
- Safety alerts were cascaded and actioned as appropriate, however there was no documented evidence to show the discussions between staff members.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice was observed to be clean and infection control audits were carried out. However, we noted that external clinical waste bins were not secured in line with Health and Safety Executive guidance.
- The practice could demonstrate that all nursing staff and GPs were registered with the appropriate professional body, however had no system in place to ensure they renewed their registration on an annual basis.
- Most risks to patients were assessed and managed. However, there was no documentation to reflect the monthly checks carried out on emergency lighting or fire exits.
- An electrical installation safety check had not been carried out within the required timeframe in accordance with statutory requirements.
- The gas boiler has not been serviced and maintained in line with manufacturer guidance and statutory requirements.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice used local prescribing guidelines to ensure prescribing was in line with best practice guidance.

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Clinical audits were carried out to improve the quality of the services.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Patients were supported to live healthier lives and the practice worked with the local police to ensure patients with a mental health illness were supported where appropriate.
- The practice had a process in place to follow up any child that did not attend for their immunisations; however, there was no written protocol to support this.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We noted that conversations in consultation and treatment rooms could be overheard at times.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.
- The practice identified carers at the point of registration to ensure they received the appropriate support, however, there was limited numbers identified compared to the practice list size.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Some patients told us they found it difficult to get an appointment for when they wanted it; however, most patients were happy with the appointment system.
- Information about how to complain was available and easy to understand. Staff knew how to support patients and learning from complaints was shared with staff.

Are services well-led?

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

- The practice had a clear mission statement which included the values for the practice ensuring they were open and honest with patients, providing safe care.
- There was a leadership structure and staff felt supported by management.
- A governance framework supported the delivery of the strategy and quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on.
- The patient participation group was active and worked closely with the practice management team.

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.

- 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.
- Annual reviews for those patients that were housebound were carried out during a home visit.
- Patients who required their social needs to be assessed were referred to the Care Navigator service.

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.
- Patients at risk of hospital admission were identified as a priority and care plans were put into place.
- 70% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to local averages for all standard childhood immunisations.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 69%, which was comparable to the CCG average of 69% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- A dedicated safeguarding lead liaised with health visitors and school nurses if there were any concerns.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services to book appointments and request repeat prescriptions.
- A full range of health promotion and screening was offered that reflected the needs for this age group.
- Extended hours were available for those that could not attend during normal working hours.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice registered homeless people with a temporary address at the practice to ensure their health needs were met and the health visitor contacted the practice to make appointments for children from travelling communities.
- 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 and were aware of their responsibilities.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 90% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 88%.
- 92% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice also hosted a clinic for patients to see a mental health facilitator.
- 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 and worked with local agencies.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 349 survey forms were distributed and 117 were returned. This represented 1.8% of the practice's patient list.

- 62% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 13 comment cards which were all positive about the standard of care received. Feedback said staff were always kind and very helpful. However, five comment cards also said they found it hard at times to get an appointment with a doctor when they needed it.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Ensure clinical waste bins are stored securely in line with Health and Safety Executive guidance.
- Ensure an electrical installation safety check is carried out within the required timeframe in accordance with statutory requirements.
- Ensure the gas boiler is serviced and maintained in line with manufacturer guidance and statutory requirements.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Consider implementation of written protocols to support reception staff in their duties around prescribing.

- Review the process in which all staff are informed of lessons learnt from significant event investigations.
- Review the process to document discussions regarding safety alerts.
- Consider the implementation of a process to review annual registration with the appropriate professional bodies for nursing staff and GPs.
- Review the process to document monthly checks on emergency lighting and fire exits.
- Consider implementation of a documented process regarding the follow up of children who do not attend for immunisations.
- Consider how to control noise, specifically conversations held in consultation and treatment rooms.
- Consider the process to identify carers and how carers could be identified.

Outstanding practice

We saw one area of outstanding practice:

- A template had been designed to work with Leicester Police. The police notified the practice of any

incidents where the patient may have a mental health illness to ensure the GPs were alerted and additional support was provided, as appropriate.

Summary of findings

The practice were able to demonstrate what action they had taken as a result, including a telephone call to the patient or amending personal care plans in line with other relevant health and social care professionals.

Beaumont Lodge Medical Practice

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 adviser and a practice nurse specialist adviser.

Background to Beaumont Lodge Medical Practice

Beaumont Lodge Medical Practice is a GP practice, which provides primary medical services to approximately 6,618 patients predominately living in the Beaumont Leys estate. All patient facilities are accessible. Leicester City Clinical Commissioning Group (LCCCG) commission the practice's services.

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

Beaumont Lodge Medical Practice has two GP practices registered with the Care Quality Commission (CQC); Baxters Close Surgery and Astill Lodge Surgery. However, Astill Lodge Surgery is a branch site and therefore they share the same practice list size and staff. This report is for Baxters Close Surgery.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments with individual doctors vary during

the opening hours. Extended hours appointments are offered from 7am to 8am on a Monday, Tuesday, Wednesday and Thursday and between 6.30pm and 7.30pm on a Tuesday and Friday. In addition to pre-bookable appointments that can be booked up to three weeks in advance, urgent appointments and telephone consultations are also available for people that need them.

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 09 August 2016. During our visit we:

Detailed findings

- Spoke with a range of staff, including the Practice Manager, Assistant Practice Manager, GPs, nursing staff and reception and administrative staff.
- Observed how patients were being cared for.
- Spoke to the Chair of the Patient Participation Group.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support and provided with an explanation and a written or verbal apology. Any actions to improve processes to prevent the same thing happening again were also shared with the patient.
- The practice carried out an analysis of the significant events, however not all staff felt learning was shared with them unless they specifically asked for an update.
- We noted that there had been three significant events in a two month period that related to prescribing errors by reception staff. The learning outcomes was for GPs to be more vigilant when signing prescriptions. However, there was no protocol in place to support reception staff regarding their prescribing parameters.

Safety alerts were cascaded to the relevant staff by the Assistant Practice Manager and staff were able to tell us about recent safety alerts. A folder was maintained which kept all safety alerts, however we could not see any evidence where these had been discussed.

Overview of safety systems and processes

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

- Staff were knowledgeable about their responsibilities to safeguard children and vulnerable adults from abuse. Staff knew how to access safeguarding policies, which reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

There was a lead staff member for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice worked with health visitors and school nurses, as appropriate where there were concerns. All staff had received training on safeguarding children and vulnerable adults relevant to their role.

- 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).
- We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted cleaning schedules were in place and a communication book to ensure staff were able to communicate effectively with the external cleaning company. We also saw that taps were not lever operated to avoid re-contamination; however this was part of the practices' renovation programme. The practice confirmed that clinical waste bins stored outside were locked, however not secured in line with Health and Safety Executive guidance.
- 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 also used special patient notes to communicate with other health care professionals for those patients on high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicine management 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. One of the nurses had qualified as an

Are services safe?

Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The recruitment process in place ensured all applicants were subjected to a detailed scoring matrix. This meant the practice could be assured appropriate persons were shortlisted for interview and the recruitment process ensured all interviewers followed the same scoring process.
- The practice had employed one staff member since they registered with the Care Quality Commission and we reviewed the personnel file. We found appropriate recruitment checks had been undertaken before employment, including proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The same checks were also carried out on locum GPs.
- The practice were able to demonstrate that all nursing staff and GPs were registered with the appropriate professional bodies, however had not formal system to ensure their registration had renewed on an annual basis.

Monitoring risks to patients

There were procedures in place to monitor and manage risks to patient and staff safety. Most risks to patients were assessed and managed.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH). The practice had not carried out a risk assessment in relation to legionella, however was able to provide evidence to show that an external contractor had been booked for 12 August 2016 to carry out the appropriate assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice had up to date fire risk assessments and carried out an annual fire drill. All emergency lighting and fire exits were checked monthly and seen to be in working order and free from obstacles, however there was no documentation to show the checks had been carried out.
- The practice had not had a routine check of the electrical installation which should be carried out every five years.
- The practice was unable to provide any evidence to show the gas boiler had been serviced and maintained in line with manufacturer guidance and statutory requirements.
- 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.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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.
- 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 and additional premises to use if the practice premises were closed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice also worked to the local prescribing formulary to ensure prescribing was in line with best practice guidance.
- Local protocols and pathways were disseminated at clinical meetings and we saw these on the patient record system for staff to follow.

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 95% of the total number of points available

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

- Performance for diabetes related indicators was comparable to the national average. For example, 70% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to 78%.
- Performance for mental health related indicators was better compared to the national average. For example, 90% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 92% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, one of which was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, peer review and research. Findings were used by the practice to improve services.

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 and all staff were provided with a staff handbook. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice also had a detailed locum induction pack to ensure locum GPs were familiar with local processes.
- 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 including diabetes and those carrying out spirometry.
- 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 and facilitation and support for revalidating GPs and nurses. There was no formal clinical supervision however the nursing team received informal clinical supervision on a daily basis. Most staff had received an appraisal within the last 12 months, where staff had not received an appraisal a date was planned.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support, information governance dementia awareness and being open and transparent. 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.
- There was a process in place to ensure all incoming mail was allocated to the relevant GP and actioned accordingly.
- The GPs followed up any patient that had recently been discharged from hospital, including to review any medicines the patient had been prescribed.
- The practice use special patient notes to communicate with other health care professionals regarding patients on high risk medicines.

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

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff had also received mental capacity 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and were signposted to the relevant service. 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.
- The practice provided smoking cessation clinics for those seeking help to stop smoking.
- The practice was able to refer patients to other services for support, including the gym and weight control.
- A template had also been designed to work with Leicester Police. The police notified the practice of any incidents where the patient may have a mental health illness to ensure the GPs were alerted and additional support was provided, as appropriate. The practice were able to demonstrate what action they had taken as a result, including a telephone to the patient or amending personal care plans in line with other relevant health and social care professionals.

The practice's uptake for the cervical screening programme was 69%, which was comparable to the CCG average of 69% 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 98% and five year olds from 87% to 97%. CCG averages for vaccinations given to under

Are services effective? (for example, treatment is effective)

two year olds ranged from 95% to 98% and five year olds from 87% to 96%. The practice had a process in place to ensure all children who did not attend for their immunisations were followed up, however this had not been formalised with a practice policy.

Patients had access to appropriate health assessments and checks. These included health checks for new patients,

annual health checks for patients with a learning disability and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; however, at times conversations taking place in these rooms could be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were very helpful and kind. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was on average 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 86% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. 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:

- 86% 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%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- 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. This included a local Open Mind service and Diabetes UK.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as

Are services caring?

carers (0.6% of the practice list). Carers were identified at the point of registration with the practice and information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a

patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. The practice signposted patients to the LOROS counselling service, a county based charity specialising in hospice care for persons over the age of 16.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Annual reviews were also carried out at home for those patients that were housebound.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and all areas of the practice were accessible by all patients.
- Translation services were available; however the practice did not have a hearing loop. Staff confirmed that there had been no need to use a hearing loop and communicating with patients that were hard of hearing had not been a problem.
- The practice had identified all patients who were registered deaf or blind to ensure reception staff could identify these patients and ensure appropriate assistance was provided.
- The practice offered online services including requesting repeat prescriptions, booking appointments and accessing medical records.
- The practice hosted mental health services including a mental health facilitator.
- Patients who required their social needs to be assessed were referred to the Care Navigator service.
- The practice registered homeless people with a temporary address at the practice to ensure their health needs were met and the health visitor contacted the practice to make appointments for children from travelling communities.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments with individual doctors varied during the opening hours. Extended hours appointments were offered from 7am to 8am on a Monday, Tuesday,

Wednesday and Thursday and between 6.30pm and 7.30pm on a Tuesday and Friday. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments and telephone consultations were also available for people that needed them.

Patients were able to book an appointment for either practice under the provider of Beaumont Lodge Medical Practice.

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

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 62% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Five of the 13 comment cards we received mentioned that they found it difficult at times to get an appointment when they wanted one. We also reviewed the appointment system and saw there were urgent appointments available for the day of our inspection with a GP and nurse appointments were available for the next day.

Listening and learning from concerns and complaints

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

- Staff were aware of the complaints policy and how to support patients to raise a concern.
- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, including a complaints information leaflet.

We looked at all complaints received since March 2015 and found they had been responded to in a timely manner and an apology had been given where appropriate. The

Are services responsive to people's needs?

(for example, to feedback?)

practice recorded verbal complaints as well as written complaints. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear mission statement which included the values for the practice ensuring they were open and honest with patients, providing safe care.

There was also a plan in place for the forthcoming years to expand the service meeting the needs of the increasing local population.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Clinical and internal audits were carried out to monitor quality and make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we found some risks had not been assessed.

Leadership and culture

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

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. Staff told us the partners and practice management team encouraged a culture of openness. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, an explanation and a verbal or written apology.

- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held team meetings, and we saw practice meetings had set agenda items which included staff issues, complaints, significant events and health and safety.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It 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 practice reviewed the results from the National GP Patient Survey and implemented actions accordingly. This included actions regarding lower than national averages, for example the number of people who found it easy to get through to the practice by telephone.
- The PPG met every three months and was viewed by the practice as an additional way to engage with the community. The Chair of the PPG told us the group had a good relationship with the practice and the practice manager provided a report at each meeting with any updates. The group also discussed the health service as a whole to understand the role and services provided by the GP practice and were liaising with the Youth Council and Youth Organisation to raise awareness about the group and how they could input into discussions. The group felt the practice was responsive to the issues they raised and if action could not be taken, an explanation was provided as to why not. The group helped in the collection of patient feedback through surveys and the development of surveys.

Are services well-led?

Good 

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

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to ensure clinical waste bins were stored securely in line with Health and Safety Executive guidance.</p> <p>They had failed to carry out an electrical installation safety check within the required timeframe in accordance with statutory requirements.</p> <p>They had failed to ensure the gas boiler was serviced and maintained in line with manufacturer guidance and statutory requirements.</p> <p>This was in breach of regulation 12(1)(2)(d)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>