

# Castle Medical Group

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Castle Medical Group on 30 August 2017. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. The practice had been pro-active in implementing changes to improve access via telephone and to appointments to improve patient satisfaction.
- On the whole the results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a system for the secure storage and monitoring of blank prescriptions but this did not incorporate logging blank prescriptions received into the practice in order to provide a clear audit trail through the practice. This was amended on the day of our inspection and stock recorded appropriately.
- The practice had arrangements to respond to emergencies and major incidents. On the day of our inspection we found that the oxygen cylinder was too

# Summary of findings

large to be immediately accessible in all circumstances. Following our inspection the practice provided evidence that the cylinder had been replaced with two portable oxygen cylinders.

- The provider was aware of the requirements of the duty of candour.

- The practice had strong and visible clinical and managerial leadership and governance arrangements.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- The practice had a system for the secure storage and monitoring of blank prescriptions but this did not incorporate logging blank prescriptions received into the practice in order to provide a clear audit trail through the practice. This was amended on the day of our inspection and stock recorded appropriately.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents. On the day of our inspection we found that the oxygen cylinder was too large to be immediately accessible in all circumstances. Following our inspection the practice provided evidence that the cylinder had been replaced with two portable oxygen cylinders.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to the local and national average.
- Our findings at inspection showed that there were systems to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.

# Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of a full induction, appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was well coordinated with other services involved.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs but below average for nurse consultations.
- We saw a number of examples of staff having gone out of their way to help patients.
- Information for patients about the services available was accessible.
- Views of external stakeholders were very positive and aligned with our findings.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The Patient Participation Group had a carers sub-committee who ran monthly carers coffee mornings within the practice where carers could drop in for support and advice as well as being signposted to different organisations for help. Carers organisations from the community were invited to attend such as the Alzheimer's Society, Bereavement Counselling and Macmillan nursing.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice had been pro-active in implementing changes to improve access via telephone and to appointments to improve patient satisfaction.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. This was also advertised on the practice website.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed.
- The practice gathered feedback from patients using new technology, and it had a very engaged patient participation group which influenced practice
- There was a clear leadership structure and staff felt supported by management.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners and management team encouraged a culture of openness and honesty.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

**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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital with a reconciliation of medications or referral on to any other services and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible
- The practice had a named GP and named nurse for each care or nursing home and undertook regular reviews of care home patients with their relatives and active care planning. A weekly ward round was carried out at the nursing home. All new care home patients received a GP visit with family invited as required throughout the year but also an annual review.
- The practice made high usage of the virtual ward (a multi-disciplinary team assessment by community nurse, physiotherapist, occupational therapy and social services) and discussion of patients on the virtual ward occurred at monthly multi-disciplinary team meetings.

### People with long term conditions

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

Good



- Clinical staff had lead roles in long-term disease management and nurses were multi-skilled so able to deal with chronic obstructive pulmonary disease, asthma, diabetes, chronic heart disease, stroke and hypertension.
- Performance for diabetes related indicators was higher than the CCG and national averages. For example the percentage of

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patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 82% compared to the CCG average of 77.1% and the national average of 77.6%.

- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice carried out integrated recalls for joint reviews of multiple long term conditions to avoid patients having excessive visits to the surgery.
- The practice were proactive in screening for long term conditions which resulted in higher prevalence than the CCG average in all areas.
- There were close links with community pharmacists to ensure safe and effective prescribing for patients with long term conditions. The practice employed two prescribing clerks who helped to co-ordinate repeat prescribing, repeat dispensing, pill packs, post-discharge medicine reconciliation and deal with prescription queries from patients and pharmacists. The also followed up on medications which had not been collected by patients.
- There was regular close liaison with specialist community heart failure nurse, respiratory nurse and diabetes nurse.
- The practice held monthly multi-disciplinary team (MDT) end of life and palliative care meetings and also regular MDT meetings with community nurses, virtual ward and Macmillan team to discuss complex cases.

## Families, children and young people

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

- There were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were high for most standard childhood immunisations.
- Appointments were available outside of school hours.
- Antenatal care was provided in house by midwives and there was close liaison between GPs and health visitors.

Good



# Summary of findings

- The practice carried out in-house six week child health surveillance checks and had high immunisation rates for babies.
- There were monthly multi-disciplinary meetings with health visitors to discuss at risk children, looked after children or any children they were concerned about and there were good relationships with school nurses.
- A range of contraceptive services were available in house; coils, implants, contraception appointments with nurses and nurse practitioners including emergency contraception.
- There were links on the practice website for self-referral to mental well-being services for teenagers.

## 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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example; availability of daily 7.30am appointments and an extended surgery with a GP, healthcare assistant and nurse available every Wednesday evening until 8pm.
- Telephone consultations were available for patients in both the morning and afternoon enabling patients to make and receive calls in their workplace.
- The practice provided online booking and repeat prescribing as well as repeat dispensing
- NHS health checks were available and promoted.
- Patients were offered a choice of provider when being referred to other services.
- There was a comprehensive website with self-referral and signposting to a variety of services.
- There was opportunistic flu vaccination and health promotion in areas such as smoking cessation, blood pressure checks and cervical smears.

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.

Good



# Summary of findings

- The practice offered longer appointments for patients with a learning disability and carried out nurse and GP led annual learning disability health checks including home visits if necessary.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

The practice prioritised children, young people and families living in disadvantaged circumstances, looked after children, children of substance abusing parents and young carers and held regular meetings with health visitors.

- The practice were able to offer communication via pdf to a personal email address so it could be read using the 'read aloud' function via the pdf software for patients that would find this helpful.
- There was a PPG led carer's committee and a carer's drop in-clinic.

## 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).

- The practice carried out advance care planning for patients living with dementia.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 91%, which was higher than the CCG and national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Good



# Summary of findings

- GPs and the in-house mental health practitioner undertook annual reviews of patients with complex mental health needs.
- There were nurse and GP led dementia reviews including for patients in care homes.
- The practice had a high referral rate to psychological therapy services which were held in-house.
- Staff had received training to assess and respond to risk for patients experiencing mental illness including suicide risk.
- There were links on the practice website for self-referral to mental well-being services.
- There was a dedicated Dementia Champion in the practice to liaise with external agencies.
- All practice staff had received external training from the Dementia Society in dealing with dementia sufferers so that they were better equipped to understand the condition, recognise and effectively deal with patients with dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed that overall the practice was performing in line with local and national averages in most areas. 227 survey forms were distributed and 113 were returned. This represented 0.78% of the practice's patient list.

- 80% of patients described the overall experience of this GP practice as good compared with the CCG average of 85% and the national average of 85%.
- 70% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 77% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. Staff were described as caring, kind and careful and patients said they felt listened to.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were caring and friendly. The results of the Friends and Family Test from August 2017 were that 97% of patients would recommend the practice.

# Castle Medical Group

## 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 second CQC inspector, a GP specialist adviser and a practice manager specialist adviser.

## Background to Castle Medical Group

Castle Medical Group is a GP practice providing primary medical services under a General Medical Services (GMS) contract to around 14,400 patients within Ashby-de-la-Zouch and surrounding villages. The practice's services are commissioned by West Leicestershire Clinical Commissioning Group (WLCCG).

The practice is located on Burton Road, Ashby-de-la-Zouch and is on a main bus route which connects the surrounding villages.

The practice is situated in a modern, wheelchair accessible, two storey building with ample car parking which includes designated disabled parking spaces.

The service is provided by three full-time and three part-time GP partners, a part-time salaried GP, two part-time nurse practitioners, three part-time practice nurses, and three part-time health care assistants. They are supported by a management team consisting of a practice manager, an assistant practice manager, an IT manager, a facilities manager and a reception manager. Local community health teams support the GPs in provision of maternity and health visitor services. The GPs provide a

total of 53 sessions per week. The practice is a training practice and at the time of our inspection there were five trainee GP's at the practice providing a further 32 sessions per week. There were both male and female GPs available.

The practice is open from 7.30am to 12.30pm and 1.30pm to 5.45pm Monday to Friday with the exception of Wednesday when they are open until 8pm. Appointments are available from 7.30am to close of sit and wait clinic every morning and from 1.30pm to 5.50pm on Mondays, Tuesday, Thursday and Friday and from 1.30pm to 7.50pm on Wednesdays.

When the practice is closed patients are able to contact the duty doctor by mobile telephone and after 6.30pm patients are able to contact the out-of-hours services which are provided by Derbyshire Health United (DHU) via the NHS 111 service. Patients are directed to the correct numbers if they phone the surgery when it is closed.

## 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;

# Detailed findings

Healthwatch, NHS England and West Leicestershire Clinical Commissioning Group to share what they knew. We carried out an announced visit on 30 August 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 clear and effective system for reporting and recording significant events.

- Staff told us they had received training in significant adverse events and were confident to raise incidents. 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed incident reports and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. There was a clear log of learning points and actions. The reception manager followed up each incident to conclusion and finalised the log. Learning was shared with relevant staff and changes implemented to improve safety. For example as a result of an incident whereby vaccinations had not been refrigerated when delivered to the practice, appropriate actions were taken in respect of the vaccinations and a new policy implemented for receiving vaccinations in to the practice and staff received refresher training.
- We saw that there was an effective system for dealing with all types of safety alerts. A master log was held and each alert was assigned to a named individual with actions identified and closed off once completed.
- The practice also monitored trends in significant events and evaluated any action taken. This was done on an ongoing basis through practice meetings but the practice also completed a comprehensive annual report on significant adverse events.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the lead for safeguarding. They attended regular safeguarding lead meetings and had delivered an in house training session on safeguarding to all staff. From our discussion with the safeguarding lead we understood that GPs attended safeguarding meetings when possible or provided reports where necessary.
- Our discussions with staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurse practitioners were trained to child safeguarding level three. Practice nurses were trained to at least level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- One of the nurse practitioners was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. They had completed extended training to support them in this role. There was an IPC protocol and staff had received up to date training, by means of both online learning and in house training.

## Are services safe?

Annual IPC audits were undertaken and we saw evidence that action plans were drawn up to identify improvements required. Action plans were monitored until completed.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being given to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. This was reflected in that the practice were the lowest prescribers of antibiotics in their locality.
- We found that blank prescription forms and pads were securely stored and there were systems to monitor their use. However the system did not incorporate logging blank prescriptions received into the practice in order to provide a clear audit trail through the practice. This was not in line with the practice standard operating procedure for repeat prescribing. The tracking log was amended on the day of our inspection and stock recorded appropriately.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. 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. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks

through the DBS. However the recruitment policy stated that all staff would receive a DBS check but we found that only clinical staff and those who carried out chaperone duties had received a check. We were told that the practice had plans to carry out the check for all staff going forward.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment. All actions identified in the risk assessment had been completed. We saw that fire drills had been carried out regularly and were fully documented with learning points identified. The practice also held fire meetings to discuss fire safety. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order having last been calibrated and portable appliance tested in May 2017.
- The practice had a variety of other risk assessments to monitor safety of the premises. A comprehensive health and safety risk assessment had been completed in July 2017 with action plans identified and completed.
- Other risk assessments included the control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Appropriate monitoring was in place to mitigate the associated risks.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. We saw that the practice operated safe staffing levels for each staff group with contingency plans in place.

### Arrangements to deal with emergencies and major incidents

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

## Are services safe?

- 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 and there were emergency medicines available in the treatment room and other key locations on both floors.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However we found that the oxygen cylinder was large enough to require a trolley to transport it and was stored on the ground floor. This meant if it was required on the first floor of the building it would have to be transported in the lift, causing a potential delay. Guidance from the Resuscitation Council states that oxygen should be immediately available within the first minutes of cardiorespiratory arrest. Following our inspection the practice provided evidence that they had purchased two portable oxygen cylinders, one for each floor of the building.
- Emergency medicines were accessible to staff in secure areas of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had carried out scenario training in medical emergencies.
- The practice had a comprehensive business continuity plan in place to respond to major incidents which had been reviewed in August 2017. The plan had been tested when the practice had suffered a flood. The document included emergency contact numbers for staff and a cascade contact system.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits. We saw that guidance was discussed at the weekly clinical meeting and changes implemented accordingly.

### 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 99.7% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.9% and national average of 95.3%. We looked at the unpublished data for 2016-2017 provided by the practice and found they had achieved 98.4% of points available.

The practice had an exception reporting rate of 7% which was below the CCG and national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Data from 2015-2016 showed:

- Performance for diabetes related indicators was higher than the CCG and national averages. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 82% compared to the CCG average of 77.08% and the national average of 77.58%.
- Performance for mental health related indicators was in line with or higher than the CCG and national averages.

For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 92% compared to the CCG average of 95% and the national average of 89%. The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 91.1%, compared with the CCG average of 87% and the national average of 84%.

- The practice had a higher than average prevalence rate in a number of areas, such as dementia, heart failure, atrial fibrillation and chronic kidney disease.

There was evidence of quality improvement including clinical audit:

- We looked at three clinical audits commenced in the last two years; two of these were completed audits where the improvements made were implemented and monitored. An example of one of these was in response to a medicines safety alert relating to the risk of severe hypertension and associated cerebrovascular and cardiac events. The first audit identified a number of patients who needed blood pressure checks. When the audit was re-run it showed that all patients on the drug had a blood pressure reading in the last 12 months and were within range.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was also an induction pack for trainee GPs and locum GPs and all new staff had a mentor. We saw that new staff had received reviews after one, three and six months.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes and asthma.
- 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

# Are services effective?

## (for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, discussion within the practice and training updates.

- The learning needs of staff were identified through a system of appraisals, meetings and regular reviews of practice development needs, including as a result of significant events or complaints. 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, clinical supervision and facilitation and support for revalidating GPs and nurses. There was a schedule for staff appraisals with the relevant appraisers and staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, infection control, mental capacity, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, external training and effective in-house training sessions for all staff.

### 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.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The GPs and Nurse Practitioners including all trainees met on a daily basis each morning after surgery to discuss the last 24 hour's referrals to outpatient clinics. They also used this as an opportunity to discuss complex cases and seek advice from each other to ensure they were prescribing according to local guidelines, referring appropriately and cost effectively but also optimising patient care. All referrals and admissions by trainees were reviewed.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### 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 received training which included an in house training session for all staff.
- 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice used formal written consent forms so that patients were fully informed for example in respect of joint injections, coils, implants and minor surgery.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and actively promoted and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, exercise, smoking and alcohol cessation.
- Exercise and diet referrals were made to the local Lifestyle Eating and Activity Programme (LEAP) and smoking cessation advice was available from a local pharmacy.

The practice's uptake for the cervical screening programme was 100%, which was much better than the CCG average of 83% and the national average of 81%.

# Are services effective?

(for example, treatment is effective)

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were similar to the CCG average for under two year olds but below average for five year olds. For example, rates for the vaccines given to under two year olds ranged from 95.7% to 98.1% and for five year olds were 82.6% to 89.9%. The practice provided the data for 2016-2017 which showed the rates had improved in all areas. One vaccine was still below target but the practice told us they were working to improve the uptake further this year. Children who did not attend their appointment were appropriately followed up.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged

uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and the uptake rate for bowel cancer screening was above the national average. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The sample takers checked their own results to ensure they had been received and were followed up.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Patients were given time to undress alone prior to examinations.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard as the doors were soundproofed.
- There was a private room available next to reception which staff were able to use if patients wanted to discuss sensitive issues or appeared distressed. The practice provided writing material in case patients wanted to write their problems down to avoid embarrassment.
- Patients could be treated by a clinician of the same sex.

All of the five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described staff as kind and caring and they felt listened to. They

Said they were treated with dignity and respect.

We spoke with three patients including one member of the patient participation group (PPG). They told us they were very satisfied with the care provided by the practice and also said their dignity and privacy was respected. Comments highlighted that staff treated them as individuals and were happy to provide when needed.

We saw a number of examples of staff having gone out of their way to help patients, for example, a member of staff went to the pharmacy and then delivered medication to a patient with complex needs to enable them to have their injection administered by a district nurse later in the day.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs but below average for nurse consultations. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 93% and national average of 92%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 89% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%
- 80% said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 86%.
- 83% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.

The views of external stakeholders were positive and in line with our findings. We spoke with the manager of two local care homes where some of the practice's patients lived and they spoke very positively about the responsiveness and level of care provided by the practice. Each care home had a nominated GP who visited patients, usually on a weekly basis.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also said they felt listened to and had enough time and support during consultations to make an informed decision about their treatment. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey relating to patients involvement in planning and making decisions about their care and treatment were below local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 83% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

## Are services caring?

- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Nurse training sessions incorporated involving patients in decision making.
- The practice were aware of and provided information in line with the Accessible Information Standard. For example information leaflets were available in easy read format.
- The Electronic Referral Service was used with patients as appropriate. (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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

Patient information and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about various support groups and self-help was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

- The practice's computer system alerted GPs if a patient was also a carer.
- The practice had identified 144 patients as carers (1% of the practice list).
- There was a designated carers champion within the practice and when carers had been identified they were provided with an information pack which directed them to sources of support and services available to them.
- The carers champion liaised with external agencies and kept their knowledge base up to date by attending external training and information events for Carers within the wider community.
- Older carers were offered timely and appropriate support.
- There was a 'Youth Page' on the practice website which included information for young carers.
- The Practice PPG had a Carers sub-committee who ran monthly Carers Coffee Mornings within the Practice where carers could drop in for support and advice as well as being signposted to different organisations for help. Carers organisations from the community were invited to attend such as the Alzheimer's Society, Bereavement Counselling and Macmillan nursing.

Staff told us that if families had experienced bereavement, their usual GP contacted them. They would be offered a patient consultation at a flexible time and location to meet their needs. Advice was available on how to find a support service. Information was also available on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Wednesday evening until 8.00pm for patients who could not attend during normal opening hours. Appointments were also available from 7.30am each day.
- The practice operated a 'sit and wait' clinic every morning between 8am and 10.00am for **urgent on the day matters**.
- 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.
- Patients who had a repeat prescription were able to sign up for repeat dispensing which meant rather than sending their repeat prescription to the practice a batch of prescriptions (usually six months) were held by a designated pharmacy and medication was dispensed each month without the involvement of the practice.
- The practice had received an award for making a high number of referrals to the NHS Diabetes Prevention Programme.
- The practice sent text message reminders of appointments.
- The practice used social media to communicate with a greater number of patients.
- There was a 'Youth Page' on the practice website specifically for children and young people advising of services and support available to them. This included information for young carers.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. The practice was an accredited yellow fever centre which was registered with the National Travel Health Network and Centre.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- There was a lift installed to allow easy access to services on the first floor.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that

disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. This was also advertised on the practice website.

- The practice and their Patient Participation Group (PPG) worked closely together and the PPG had recently raised funds to purchase a blood pressure machine for patients to use. The machine was located in the main reception area. This meant that patients that needed to have their blood pressure measured could do so without having to make an appointment and at their convenience. This saved patients time and freed up appointment time.
- There was a dedicated Dementia Champion in the practice who liaised with external agencies. They regularly attended external community and charity updates and information events to maintain a current knowledge base of services and tools available.
- All practice staff had received external training from the Dementia Society in dealing with dementia sufferers so that they were better equipped to understand the condition, recognise and effectively handle patients with this condition.

### Access to the service

The practice was open from 7.30am to 12.30pm and 1.30pm to 5.45pm Monday to Friday with the exception of Wednesday when they were open until 8pm. Appointments were available from 7.30am to close of sit and wait clinic every morning and from 1.30pm to 5.50pm on Mondays, Tuesday, Thursday and Friday and from 1.30pm to 7.50pm on Wednesdays.

Extended hours appointments were offered every morning and on Wednesday evenings. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for patients that needed them on the day by means of the daily 'sit and wait' clinic.

There had been reported patient dissatisfaction since the practice moved out of the town to new premises on the outskirts in December 2015 and issues related to poor telephone access and a consequent dissatisfaction in the ease of getting appointments. The practice also suffered significant staff changes around the same time including

# Are services responsive to people's needs?

## (for example, to feedback?)

key positions within the management team which was unsettling for staff and patients and added to dissatisfaction. This was followed by a complicated change of computer system in April 2016 which also had an impact.

In the time since the relocation and staff restructuring the practice had responded to the issues. They had constantly monitored telephone waiting times and access and in August 2016 introduced the 'sit and wait' clinic to alleviate some of the pressure on access. They also had customer relations training for the staff to help them engage with patients in a more positive way and an education programme to inform patient expectation was implemented. Pre-bookable appointments were also opened up three months in advance to offer patients more choice of clinician. This had resulted in the phones being less busy with a significant reduction in telephone waiting times, which means patients can get through more easily. On the day of our inspection we found that urgent appointments were available that day, the next pre-bookable nurse practitioner appointment available was that afternoon and to see a GP it would be in three days time.

The practice monitored complaints and other means of patient feedback and had seen a decrease in complaints about access. The PPG planned to conduct a survey in October 2017 to gather feedback and assess patient satisfaction with access once the changes implemented had time to become embedded.

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

- 73% were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 70% described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.
- 71% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 64%.
- 62% said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 71%.

- 67% said they would recommend this surgery to someone new to the area compared to the CCG average of 77% and national average of 77%.

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

The practice had a system to assess:

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

Patients were telephoned in advance to ensure a home visit was appropriate and to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who oversaw all complaints in the practice. They were supported by the reception manager who was the complaints coordinator and dealt with issues face to face as they arose in reception. The practice complaints leaflet was available on the website and in the reception area to help patients understand the complaints system.
- Complaints which fitted the criteria were also dealt with as a significant event.
- The practice recorded all negative feedback as a complaint including comments on NHS choices as well as verbal complaints that were immediately resolved. This was in order to maximise opportunities to identify themes and trends and implement improvements if required.
- We looked at a sample of complaints received in the last 12 months and found that they had been dealt with in a timely way, with clear investigation, openness and transparency. The practice had received compliments from patients on the way it had handled complaints.

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

All staff had received training about complaints and they were discussed on a monthly basis at whole staff training sessions. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action

was taken to as a result to improve the quality of care. For example, the practice had received a number of complaints about prescriptions and responded by putting a new process in place to resolve the issues.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and on the practice website. The practice aim was, 'to provide well led, accessible care in a caring, safe and courteous manner ensuring that our patients' needs are at the heart of all the services that we provide.' It was apparent that staff knew and acted in line with these values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly and were specific to the practice.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The practice held a range of meetings for different staff groups and these fed in to and from management meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example staffing and appointment needs were reviewed formally by the partners and management with pro-active plans in place. The practice were aware of benchmark indicators but relied more on local measurements of access and workload to meet patient needs.
- There were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- We saw evidence from minutes of a full range of meetings that allowed for discussion, lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the partners and management in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. They were forward thinking and responded quickly to any issues that arose. Staff told us the partners and management listened to them and were approachable and receptive to ideas.

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

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

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

- The practice held and minuted a range of multi-disciplinary meetings including case management review meetings to monitor vulnerable patients. GPs met with health visitors and school nurses to monitor vulnerable families and safeguarding concerns.
- We saw evidence of a variety of staff team meetings which staff told us they found useful and constructive.
- Staff told us there was an open culture at all levels within the practice and they had the opportunity to raise any issues at team meetings and felt supported to do so.
- Staff said they felt respected, valued and supported. 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 and take

# Are services well-led?

Good 

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

ownership to improve the service delivered by the practice. There was good communication between different staff groups which led to effective and cohesive team working.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG were extremely proactive, met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, when the practice moved to their new premises it was not on a bus route but the PPG had been instrumental in making representations to the two local bus companies and as a result each changed their route to allow buses to stop outside the practice.
- the NHS Friends and Family test, complaints and compliments received.
- Through the NHS choices website and social media.
- staff through meetings, appraisals and discussion. Staff told us they were happy to give feedback and discuss any concerns or issues with colleagues and management and were engaged to improve how the practice was run. The practice planned to implement staff away days going forward.

- The practice kept a log of compliments and an 'above and beyond' log. Staff nominated other staff members when they considered they had gone out of their way to help patients. Verbal and written compliments were confidentially shared and celebrated with the whole team which in turn encouraged other staff to offer their best in terms of patient care.
- The practice kept patients informed of actions taken as a result of feedback

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice demonstrated that they were forward thinking and pro-actively engaged with the CCG and other practices to participate in local pilot schemes to improve outcomes for patients in the area.

The practice was a teaching and training practice taking medical students from the Universities of Leicester and Nottingham and nursing students from the University of De Montfort. At the time of our inspection there were five trainee GPs. We spoke with one of them who told us they were well supported. They were encouraged to undertake audits with the support of a GP partner in the practice. All trainees had an allocated debrief after morning and afternoon surgery and could contact their GP partner throughout the surgery. Remedial support was provided for struggling trainees.