

Dr Rajesh Kapur

Quality Report

Narborough Health Centre
Thornton Drive, Narborough
Leicester
Leicestershire
LE19 2GX

Tel: 0116 286 2386

Website: www.narboroughhealthcentre.co.uk

Date of inspection visit: 24 November 2016

Date of publication: 05/01/2017

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Rajesh Kapur	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Rajesh Kapur on 24 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patient survey figures showed patients rated the practice lower than others for some aspects of care. The practice had made changes in relation to staffing to alleviate some of the patient concerns.
- Comments about the practice and staff were positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Safety alerts and alerts from Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and cascaded to the appropriate persons.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group had not met since February 2016.
- The practice had identified 25 patients as carers (1% of the practice list).

The areas where the provider should make improvement are:

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.
- Complete any actions from Legionella and Fire risk assessment as required.
- Encourage PPG to become more active and re-introduce regular meetings.
- Enrol infection control lead on formal training for this role.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice although an annual review had not been completed.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- National patient safety and medicine alerts were disseminated within the practice and actioned where applicable.
- The practice carried out a review of significant events at practice meetings.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mainly at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had a system in place to monitor and ensure that staff had completed training when it would need updating.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care.

Summary of findings

- The practice had made changes to staffing levels and increased clinical sessions to improve the patient feedback as it was felt this related to an increase in demand.
- The practice were working in conjunction with the PPG to look at improvements which were mainly in looking at how the practice could reduce the number of appointments were patients did not attend.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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.
- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.

The practice had extended opening hours one morning and one evening per week.

- Comment cards said that patients were able to get an appointment and were also able to be seen on the day if required.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- 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 proactively sought feedback from staff and patients, which it acted on.

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 worked at identifying patients at risk of hospital admission to reduce the risk and reduce the amount of unplanned admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Reviews were completed in patients home were required.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.

Good



People with long term conditions

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

- Nursing staff and GP's had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to CCG and national averages. (87% compared to 93% CCG average and 90% national average).
- One of the GP's leads with diabetes and provides insulin initiation in the practice.
- Longer appointments and home visits were available when needed.

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 in line with CCG averages for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 74%, which was similar to the CCG average of 79% and the national average of 76%.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- The practice offered extended hours appointments one evening and one morning per week to facilitate access for working patients.
- Patients could book appointments on line, in person or on the telephone.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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 register was monitored to ensure patients were attending for their annual reviews.
- 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 79% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 74% and the national average of 79%.
- 71% of patients experiencing poor mental health were involved in developing their care plan in last 12 months which was lower than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above with local and national averages. 306 survey forms were distributed and 107 were returned. This represented 4.3% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 70% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average and the national average of 78%.

We spoke to the practice regarding the results. The practice list had increased over a short period of time.

The practice had realised that this was having an impact on patient satisfaction in relation to appointments. Following this the CCG and NHS England were approached and the practice requested that their list be closed so that they could maintain levels of care. The practice also said that patients had requested Saturday opening however this was not possible to achieve and instead offered extended hours one morning and evening per week.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were positive about the standard of care received. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect. Six of the comments whilst positive about the practice also mentioned that the practice was clean and tidy but it would benefit from modernising. Others said that they were at times kept on hold on the telephone. Comments said that the GPs were very good and that they always got an appointment when needed and if required this would be on the same day.

Areas for improvement

Action the service **SHOULD** take to improve

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.
- Complete any actions from Legionella and Fire risk assessment as required.
- Encourage PPG to become more active and re-introduce regular meetings.
- Enrol infection control lead on formal training for this role.

Dr Rajesh Kapur

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. The inspection team were accompanied by a member of another area CCG who acted as an observer and was not part of the inspection team.

Background to Dr Rajesh Kapur

Dr Rajesh Kapur is a single handed practice (supported by long term locums) which provides primary care services to approximately 2500 under a General Medical Services (GMS) contract.

- The practice is situated across two sites. Thornton Drive has a car park and is more accessible to disabled patients or those with poor mobility as it is all on the ground floor. Narborough Road has on street parking and a ramp to the front door however there are some clinics upstairs these are moved to downstairs if patients cannot manage the stairs.
- Services are provided from Thornton Drive, Narborough, Leicester, Leicestershire, LE19 2GX and 193 Narborough Road, Leicester, Leicestershire, LE3 0PE.
- The inspection team visited the Narborough Road site for the inspection.
- The practice consists of GP (male) who is assisted by two long term locums. (male and female).
- The nursing team consists of one practice nurse, one locum practice nurse and one health care assistant (HCA).
- The practice has a practice manager who is supported by four clerical and administrative staff to support the day to day running of the practice. The practice manager is also able to do phlebotomy.
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice has a higher than average number of patients aged 25 to 39 years of age.
- The practice has average deprivation and sits in the middle of the deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures; family planning, diagnostic and screening procedures, maternity and midwifery services; and treatment of disease, disorder or injury.
- The practice lies within the NHS East Leicestershire and Rutland Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.
- The practice is open between 8am and 6pm Monday to Friday other than Thursday when Narborough Road closes at 1.30pm and Thornton Drive closes at 12.30pm. Appointments are available from 9am to 6pm with extended hours Tuesday 7am to 8am and Friday 6.30pm to 7pm at the Narborough Road site. GP appointments are available on the day and pre-bookable appointments can be booked up to four weeks in advance.

Detailed findings

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 24 November 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice manager, nursing staff and administrative staff).
- Spoke with two members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- 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 an effective 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 forms that had been completed showed the practice were aware of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a review of significant events at practice meetings. The practice had not carried out an annual review of significant events at the time of the inspection.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a process had been adopted following a patient impersonating another patient to obtain medication, this had been reported to the police and the patient that had been impersonated had been informed as under the duty of candour. The incident had been investigated and procedures adopted to prevent reoccurrence. This was discussed in a practice meeting with all staff and we saw the minutes to confirm this. Patient safety alerts were managed in the practice, staff were aware of recent alerts and we saw a file which contained the alerts received which had been signed by staff to confirm that the required action had been completed. We saw searches that had been completed in relation to safety alerts that showed the actions taken.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses to level 2. We saw examples of multi-disciplinary meetings that were held to discuss individual cases. The practice had monthly safeguarding meetings which the health visitor was invited to. The practice also communicated with the other agencies through the practice electronic computer system to discuss any concerns.
- A notice in the waiting room and on the doors of all treatment rooms 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)
- The practice maintained appropriate standards of cleanliness and hygiene. The Narborough Road premises which we visited was found to be visibly clean and tidy. The HCA was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice completed quarterly infection control audits and we saw evidence that action was taken to address any improvements identified as a result. The practice were not able to produce the infection control audit for Thornton Drive however this was completed and forwarded following the inspection. The HCA had not received any formal training in the infection control lead role. However they were knowledgeable about this work and had been trained informally by the previous infection control lead.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were effective systems in place to monitor their use. 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 influenza, vitamin B12 and pneumococcal vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the waiting area which identified local health and safety representatives. The Thornton Drive practice had an up to date fire risk assessment however the Narborough Road practice did not. However we saw that all the fire equipment and alarms had been checked recently at the Narborough Road practice. The practice had booked a fire risk assessment to be completed on 29 November 2016 and we saw evidence to support this. 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 did not

have a practice Legionella risk assessment however this was completed and evidence supplied after the inspection. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that the practice were running and testing the temperature of water in line with their legionella policy. The practice were not able to produce risk assessment in relation to control of substances hazardous to health at the inspection nor did we see any safety sheets relating to the products used. However these were forwarded following the inspection.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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 and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency equipment and 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, contact numbers for other agencies such as Gas and Water suppliers and the practice had a buddy practice that they could use should the need arise.

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 monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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. Exception reporting for the practice was 5% which was below national and CCG averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was comparable to CCG and national averages. (87% compared to 93% CCG average and 90% national average).

The practice population was largely Asian which were more reluctant to comply with reviews and treatments. However the practice showed evidence of increased referrals to diabetes education services. One of the GP's leads with diabetes and provides insulin initiation in the practice.

- Performance for mental health related indicators comparable to CCG and national averages. (69% compared with 97% CCG average and 93% national average).

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, two of which were two cycle audits.
- We looked at the completed audits where the improvements made were implemented and monitored. One in relation to patients on hypnotics and another on antibiotic use. Both audits showed a reduction. For example the antibiotic reduction following the use of self-help leaflets given to patients.
- Audits had been identified through safety alerts and NICE guidance.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, patient education for the reduction in antibiotic use.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice had a list of training completed for each staff member which showed the date completed and the date for review.
- The practice used two locum GPs. These staff were long term locums. We viewed the recruitment files for these staff members and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, DBS and training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Appraisals that we looked at showed training needs identified.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Referrals for patients on two week wait criteria were faxed through and then the practice followed up with a phone call to ensure the referral had been received. The practice also maintained a register of these referrals and would check prior to the two week date that the patients had received their appointment. 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.

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. 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. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 74%, which was similar to the CCG average of 79% and the national average of 76%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. The practice had a process for ensuring patients attended for the cervical screening and letters were sent by the practice to those that did not attend. Alerts were added to the patient electronic record system to show those still outstanding. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were similar when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged between 94% to 100%, (CCG averages ranged between 95% to 98%) and five year olds from 90% to 100% (CCG averages ranged between 94% to 98%).

Are services effective?

(for example, treatment is effective)

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

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect. Six of the comments whilst positive about the practice also mentioned that the practice, that was clean and tidy, would benefit from modernising and others said that they were at times kept on hold on the telephone. Comments said that the GPs were very good and that they always got an appointment when needed and if required this would be on the same day.

We spoke with two members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 88% 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 96% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 69% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 92%.
- 71% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

We spoke to the practice regarding the results. The practice list had increased over a short period of time. The practice had realised that this was having an impact on patient satisfaction in relation to appointments. Following this the CCG and NHS England were approached and the practice requested that their list be closed so that they could maintain levels of care. The practice also said that patients had requested Saturday opening however this was not possible to achieve and instead offered extended hours one morning and evening per week.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards said patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. A number of comments said that they felt the GP's spent time talking to the patients. 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 below local and national averages. For example:

Are services caring?

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 69% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice had looked at the scores for this area and commented that the lack of appointments they had previously experienced had impacted on the clinicians time at one point. Extra capacity had been gained from increasing sessions for a GP and a locum practice nurse to complete extra sessions to accommodate demand.

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. Most of the staff were also able to speak a variety of languages that enabled communication with the ethnic population.

- The practice had a hearing loop for those that required it.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients as carers (1% of the practice list). The practice had a form to complete for patients that were identified as carers. These patients were offered for example flu vaccinations and were flagged on the computer system so that appointments could be more flexible to help them with their caring role. The practice could refer to local caring support agencies which could help with equipment and finances for example.

Staff told us that if families had suffered bereavement a GP may contact the families and phone calls were either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.

- Patients could book and cancel appointment on line, by phone and in person.
- There were longer appointments available for patients with a learning disability or any patient that felt they required it.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A bypass telephone was provided for patients that were identified at risk of unplanned admission to the hospital.
- The practice offered extended hours appointments one evening and one morning per week to facilitate access for working patients.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- Patients were able to receive travel vaccinations available on the NHS.
- Minor surgery and joint injections were offered for patients which reduced the need for patients to travel further afield to access these services.
- A phlebotomy service was provided for patients.

Access to the service

The practice was open between 8am and 6pm Monday to Friday other than Thursday when Narborough Road closed at 1.30pm and Thornton Drive closed at 12.30pm. Appointments were available from 9am to 6pm with extended hours Tuesday 7am to 8am and Friday 6.30pm to 7pm at the Narborough Road site. GP appointments were available on the day and pre-bookable appointments could be booked up to four weeks in advance.

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

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

We spoke to the practice about this and this had been identified as an issue. The practice had since the survey contacted the CCG and NHS England to close the list to new patients as the demand had increased due to other practices in the area closing which had impacted on the appointment system. The practice had also added another GP session once a week and a practice nurse.

Comment cards said that patients were able to get an appointment and were also able to be seen on the day if required.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a complaints poster in reception.
- The practice recorded all complaints even if they were made verbally.

We looked at three complaints received in the last 12 months and found these were handled accordingly in line with the practice policy and dealt with in a timely way. Apologies were given where appropriate and action was taken to as a result to improve the quality of care. We saw that all complaints were discussed with all the staff at the next available practice meeting.

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 vision to deliver good care and to meet patient expectations.
- The practice was active in the CCG five year forward plan and were looking at ways to work with other practices and other stakeholders.

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 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 on the shared drive.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the 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. Staff told us the GP's and management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings of which minutes were available.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff said that they enjoyed working at the practice and that they had strong support from their colleagues.

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

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

- The PPG had not met recently due to other commitments however the last meeting in February 2016 showed that they had discussions about how the practice could be improved.
- The PPG members that we spoke with said that they were looking at ways to decrease the amount of appointments wasted by patients not attending and not cancelling them. They also said that they made suggestions to the practice for improvements such as the flooring in the waiting area had looked tired and this had then been replaced by the practice.

Are services well-led?

Good 

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

- The practice had surveys available in the practice waiting area for patients to complete and a suggestion box for patients to make any comments.
- The practice had gathered feedback from staff through staff meetings and annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

were keen to develop the staff. For example the HCA had started at the practice as a receptionist and the practice had provided training and support for the HCA role. The GP was a representative on the CCG board working on projects to improve the care for patients in the Leicester area.

The GP was involved with four other practices in the area and were looking toward the future of working together to provide better availability to access for patients across all sites.