Willows Medical Centre

Quality Report

184 Coleman Road
Leicester
LE5 4LJ
Tel: 0116 2461311
Website: thewillowsmc.co.uk

Date of inspection visit: 24 May 2017
Date of publication: 02/08/2017

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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Willows Medical Centre on 24 May 2017. 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 a system in place for reporting, recording and reviewing significant events.
- 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.
- 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 or raise concerns was available. Improvements were made to the quality of care because of complaints and concerns. All complaints were treated as significant events.
- 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 recently moved into a new purpose built building which provided good facilities and was well equipped to treat patients and meet their needs now and in the future
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had developed a care plan questionnaire which was being used by all the practices in the local Federation.

The area where the provider should make improvements are:

To continue to ensure that it identifies patients who are carers so that it can provide appropriate care and support.

Summary of findings

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?

Good

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting, recording, and reviewing 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 reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice treated all complaints as significant incidents.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- 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 adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were similar to local and national averages.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, several members of staff spoke community languages.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- 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. Several said they were happy to see any of the GPs working in the practice.
- The practice moved into a new purpose built building which provided good facilities and was well equipped to treat patients and meet their needsnow and in the future
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received induction training, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In three examples we reviewed we saw evidence the practice complied with these requirements.

Summary of findings

- The partners and managers encouraged a culture of openness and honesty. The practice had systems in place to ensure staff were aware of notifiable safety incidents and alerts and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- 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 and to support colleagues
- The practice had developed a care plan questionnaire which was being used by all the practices in the local Federation.

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

Good

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 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 might need palliative care as they were approaching the end of life. It involved older patients and where appropriate their families or carers in planning and making decisions about their care, including end of life care.
- The practice had developed a care plan questionnaire for completion by patients and/or their carers in advance of an appointment to discuss care needs and preferences.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any changes to their care.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- Staff knew many of the patients well and if concerned about them, for example, if they had become confused raised this with the clinical staff to help ensure care and support.
- Where older patients had complex needs, the practice shared summary care records with local care services. The practice held monthly multi-disciplinary meetings where the needs of patients, for example, receiving end of life care were discussed.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. Patients were referred to a local 'Care Navigator' service which provided practical support and advice to help people live as independently as possible in their own homes.
- The practice was involved in the Mid-frail study which was a new research project involving patients over 75 year old with type two diabetes to identify levels of frailty and to see if an exercise and education programme could improve their health.

People with long term conditions

Good

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

Summary of findings

- Patients at risk of hospital admission were identified as a priority.
- Nursing staff had lead roles in long-term disease management such as COPD and were supported by the GPs and specialist nurses.
- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 81% compared with the local average of 77% and national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any changed needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- 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.

Families, children and young people

Good

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

- From the sample of documented examples we reviewed we found 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 relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided support for premature babies and their families following discharge from hospital, working closely with the health visitor based in the building.
- The practice kept a rolling register of babies up to the age of three months so that it could offer support and advice to families and begin to encourage the take-up of immunisations.

Summary of findings

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of antenatal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Good

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, extended opening hours on a Tuesday evening from 6.30pm to 8.pm
- During these extended hours, appointments were also available for patients to see a physiotherapist for an assessment about the suitability of providing physiotherapy. ('Physio First') and nurse appointments were available until 6.30pm.
- The practice had substantially increased the number of telephone consultations available to about 50 per week to help working people in particular.
- 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.
- The practice offered proactive smoking cessation advice and referrals, and alcohol/drug abuse service referrals

People whose circumstances may make them vulnerable

Good

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 homeless people, travellers, carers and those with a learning disability.
- Carers were able to see or speak to a clinician on the same day.
- People who were homeless were directed to a local primary care service specifically designed for homeless people
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- 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 and where appropriate referred them directly.
- Staff 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.
- Staff were able to describe situations where they had had concerns for patients and took action to keep them safe.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which is above the local average of 86% and national average of 84%. Exception reporting was 8% compared with 10% locally.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia, for example, offering regular health checks and medicines reviews.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice's ratings for mental health care was comparable with other practices, for example, 94% of patients with severe mental health problems had a comprehensive agreed care plan documented in their record in the preceding 12 months compared with the local average of 93% and national average of 89%.
- 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.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia, for example, by offering longer appointments with the patient's regular GP unless in an emergency.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. 359 survey forms were distributed and 110 were returned. This represented a 31% return rate and 2.7% of the practice's patient list. The results showed the practice was performing in line with local and national averages.

- 80% of patients described the overall experience of this GP practice as good compared with the CCG average of 80% and the national average of 85%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 78% 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 71% and the national average of 80% .

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. Patients said they felt that everyone, from reception staff to the GPs provided an excellent service and that staff were helpful, polite and caring.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice's friends and families test results showed that over the previous 12 months 100% were likely or very likely to recommend the practice to family and friends.

Willows Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Willows Medical Centre

The Willows Medical Centre is located at 184, Coleman Road, Leicester, LE5 4LJ, in the Rowlatts Hill area of Leicester. It is a modern purpose built building with a lift, and parking, including disabled parking and on street parking. It has automatic doors, a hearing loop, an on-site wheelchair, and both on-screen and audio announcement of appointments.

- There are two GP partners and two associate GPs providing 2.6 whole time equivalents. There are also two trainee GPs. There is a full-time primary care practitioner (with a paramedic background) a part-time nurse and part-time health care assistant.
- There are three male and three female GPs (including the trainee GPs).The nurse and primary care practitioner are female and the health care assistant is male.
- There is a range of support staff including receptionists, a practice manager, business manager and specialist roles, including a compliance facilitator and a data quality manager who work part-time but also undertake similar roles at two other GP practices.
- Willows Medical Centre is a training and teaching practice with GP trainees who are fully qualified doctors training to be a GP and also post-graduate medical students (Foundation 2)
- The practice is open between 8am and 6.30pm Monday to Friday.Routine appointments are from 9am to midday and 3pm to 6pm. The duty doctor is available from 8am to 6.30pm. Extended hours appointments are offered from 6.30pm to 8pm on Tuesdays; this includes assessment appointments with a physiotherapist.
- Out of hours services are provided by Derbyshire Health United (DHU) via the 111 telephone number.
- Patients registered with Leicester City practices can also access (initially by telephone) three 'Healthcare Hubs' (located at health centres/GP practices) during evenings and weekends.
- The number of patients registered with the practice has been increasing and is now 5000.
- 70% of the practices patients are Asian or Asian British, 22% are White British, and 7% are Black or Black British.
- The number of patients registered with the practice aged 34 or under is above the national average with a relatively high proportion of young children.
- Leicester is the 25th most deprived local authority area in England and the practice catchment area includes patients living in the most deprived 20% of areas in England. The practice estimates that about 74% of its patients live in areas that are in the most deprived 40% in England.

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. We carried out an announced visit on 24 May 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 and talked with carers and/or family members where possible.
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of three 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 reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed.
- All patient safety alerts (including MHRA alerts) were received by the practice manager who arranged for patient record searches to identify any patients potentially affected. They were then discussed at the weekly clinical meetings and actions decided on. We checked a sample of recent alerts and, for example, we saw one that related to a medicine used to treat epilepsy had been actioned appropriately.
- All complaints were treated as significant events. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient had not seen a copy of a report before it was sent to their employer. The patient received an apology and was told of system improvements put in place to ensure a patient was contacted before any such report was sent.
- The practice also monitored trends in significant events and evaluated any action taken.

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. There was a lead member of staff for safeguarding. From the sample of three documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. The practice also had developed good working relationships with health visitors and school nurses and shared any concerns with them.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. They were able to describe situations where they had raised concerns about a patient and a GP had contacted the patient and helped ensure they received much-needed support. GPs were trained to child protection or child safeguarding level three.
- 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. The compliance facilitator managed and monitored cleaning schedules and also ensured that treatment rooms were checked at least twice a day.
- The practice manager was the infection prevention and control (IPC) lead who liaised with the local infection prevention teams to keep up to date with best practice. They were assisted in this role by the compliance

facilitator. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

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 such as warfarin and methotrexate. 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. Blank prescription forms and pads were securely stored and there were systems 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 vaccines and medicines and patient specific directions from a prescriber were produced appropriately.

We reviewed three 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 DBS.

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 and had carried out regular fire drills. 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.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 via the practice intranet 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 and regular discussion at clinical meetings.

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 98% of the total number of points available compared with the local average of 94% and national average of 95%.

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 similar to the CCG and national averages. For example, the percentage of patients in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 81% compared with the local average of 77% and national average of 78%.
- Performance for mental health related indicators at 94% was similar to the CCG average of 93% and national average of 89%.

There was evidence of quality improvement including clinical audit:

- There had been eight clinical audits commenced in the last two years, five of which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring patients prescribed non-steroidal anti-inflammatory drugs (NSAIDs) were also prescribed appropriate gastro protection.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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. For example, all staff had been trained how to use a spills kit so that they knew how to safely clear up any bio-hazardous waste.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions such as chronic obstructive pulmonary disease (COPD) attended regular updating training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending training, 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 told us that they felt encouraged and supported to develop new skills. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, and 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

Good

Are services effective?

(for example, treatment is effective)

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice had designed a care plan questionnaire (with funding from a local charity) which was given or sent to patients and/or carers in advance of an appointment to discuss the patient's care needs and preferences. This helped patients express their own wishes and to identify their needs. This questionnaire had been adopted by the local GP Federation.
- From the sample of three documented examples we reviewed we found that 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. 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits, for example, through an audit of joint injections.

Supporting patients to live healthier lives

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

- Patients who were experiencing difficulties in their home environment were referred to a local Care Navigator service, which provided practical help and support to help people live safely in their own home. The service was provided by Leicester City Council and Leicester Clinical Commissioning group (CCG).
- Patients were also referred to the local 'Health Trainer' service for advice and practical support with smoking cessation, dietary advice, and generally achieving a healthier lifestyle.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/ national averages. For example, rates for the vaccines given to under two year olds ranged from 93% to100% and five year olds from 92% to 93%.
- The practice's uptake for the cervical screening programme was 79%, which was comparable with the CCG average of 78% and the national average of 81%.

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 using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. 75% had attended for breast cancer screening in the last 36 months, which was similar to the CCG and national average of 73%.

40% had attended for bowel cancer screening in the last 30 months, which was similar to the CCG average of 45% but

Good

Are services effective?

(for example, treatment is effective)

below the national average of 58%. The CCG was planning a local initiative to improve these rates which would involve GPs contacting patients to encourage them to have the screening test before it was sent to patients. The practice welcomed this initiative and planned to be fully involved with it.

There were 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.

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. There were appropriate follow-ups for the outcomes of health assessments and checks where abnormalities or risk factors were identified.

Good

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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the seven patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt that everyone, from reception staff to the GPs provided an excellent service and that staff were helpful, polite and caring.

We spoke with six patients including four members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. Several told us that they did not mind which of the GPs they saw.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's scores were comparable or slightly below for its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 87%.
- 76% of patients said the GP gave them enough time compared with the CCG average of 81% and the national average of 87%.
- 79% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 88% and the national average of 92%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared with the local average of 80% and national average of 85%.
- 88 % of patients said the nurse was good at listening to them compared with the CCG average of 87% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared with the CCG average of 80% and the national average of 92%.
- 96% % of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the local average of 86% and national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%.

The practice were concerned about the figures related to GPs and had asked the patient participation group for confidential feedback about the GPs including locums and trainees GPs. They also looked at their family and friends test results for comparison. Ways to improve the patient experience were discussed in clinicl meetings and during supervision. This led the to introduce customer care training for all clinical and administrative staff. It had also decided to add questions about these areas to its next patient survey. The patient survey was also helpful in gaining patient feedback about any changes or improvements made.

The views of external stakeholders were positive and in line with our findings. For example, a local care home had found having the care plan questionnaire very helpful.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed

decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised and used information provided by the patient and carers in the care plan questionnaire designed by the practice.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 76% and national average of 82%.(data published since the inspection showed an improvement in this figure)
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 81% and national average of 85%

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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read formats and in several community languages.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)
- There was a care plan questionnaire that helped patients and their carers understand some of the areas a care plan might cover and to think about these in advance of their appointment.

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 television screen. Support for isolated or housebound patients included signposting to relevant support and volunteer services and where appropriate a referral to a local Care Navigator service which supported people to remain in their own homes.
- The practice's computer system alerted GPs if a patient was also a carer.The practice had previously identified 84 patients as carers (2% of the practice list) but had recently undertaken a project to ensure this data was correct. Staff telephoned patients to ask about their current situation and it was found that only 24 (0.6% of the patient list) still had caring responsibilities. As a result of this, the practice was working to identify more carers with information in different languages on the reception screen as well as leaflets and posters. Staff were also encouraged to be aware of situations where elderly patients were in caring roles and might need support, for example, from the Care Navigator service. There was also written information available to direct carers to the various avenues of support available to them.
- Older carers were offered timely and appropriate support, for example, flu and other appropriate vaccinations and annual health checks.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on support services.

Good

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 had a good understanding about the age, ethnicity and deprivation factors affecting its patients. It was able to provide us with the ethnic breakdown of its patients and how many were living in areas considered deprived.

- The practice offered extended hours on Tuesday evenings until 8.30pm for working patients who could not attend during normal opening hours. GP and nurse appointments were available.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs that resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS. Patients were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, lift and disabled parking. Interpretation services were available and clinical and support staff spoke a range of community languages.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to midday every morning and 3pm to 6pm every afternoon. The on-call doctor was available from 8am to 6.30pm Monday to Friday. Extended hours appointments were offered on Tuesdays from 6pm to 8pm. Pre-bookable appointments could be booked up to six weeks in advance, and same day appointments were available for patients that needed them.

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

- 88% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and national average of 73%.
- 69% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 66% and the national average of 76%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.

Information from the practice's patient survey showed that 66% of patients were seen within 15 minutes of their appointment time. The practice had decided to make some appointment slots for 15 minutes instead of 10 minutes as it recognised that patients with, for example, several long-term conditions needed longer appointments and it hoped this would help with delays experienced by other patients.

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

The practice had a system to assess:

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

Reception staff used their guidance and training to obtain relevant information about the patient's condition and passed this to the on-call GP who would telephone the patient to discuss their problem. In cases where the urgency of need was so great that it would be

Good

Are services responsive to people's needs?

(for example, to feedback?)

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.
- 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, there was a leaflet that asked patients to give feedback and complain if they wished to.

We looked at four complaints received in the last 12 months and found that lessons were learned from individual concerns and complaints and from analysis of trends and that action was taken to as a result to improve the quality of care. Staff were encouraged to consider informal negative feedback as a complaint and all complaints were dealt with as significant events so that the practice maximised its learning opportunities. Staff told us they were comfortable about raising any area of concern or complaint, as they knew it would be treated as an opportunity for learning

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 that was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans that 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 had lead roles in key areas, for example, safeguarding.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- 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.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice manager and compliance facilitator ensured robust checks relating to the safety of staff and patients, for example, related to legionella and COSHH (control of substances hazardous to health).
- We saw evidence from minutes that the practice had a meetings structure that allowed lessons to be learned and shared following significant events and complaints.
- Staff told us they felt comfortable raising any issues or concerns at these meetings.

Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and managers were approachable and always took the time to listen to all members of staff.

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 three 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, information and a verbal and written apology.
- The practice encouraged staff to record any verbal complaints or concerns so the practice could learn from these as well as from complaints raised formally.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs regularly met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners and managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good

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

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 met regularly, reviewed the results of patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had installed a new telephone system following feedback about the difficulties patients experienced getting through to the practice. There had been positive feedback from patients about the new system.
- The NHS Friends and Family test, complaints and compliments received and an annual patient survey
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, it had been a pilot healthcare HUB, providing weekend and evening access to GP services for patients registered with GPs in Leicester City and it had shared its care-planning questionnaire with the local Federation.