

St Elizabeth's Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Elizabeth's Medical Centre on 21 July 2016. Overall the practice is rated as good.

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

- 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.
- Most risks to patients were assessed and managed, however the practice had not carried out an electrical installation safety check.
- There were limited arrangements in place to deal with medical emergencies and major disruptions to the service.

- Data regarding patient outcomes were monitored on a regular basis and care plans were adjusted accordingly.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff were aware of and understood their responsibilities under the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).
- 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 had time to discuss their concerns
- Patients told us that they were able to get appointments when they needed them, including on the same day for an urgent appointment, and were satisfied with the opening hours.
- The practice had a system in place to ensure home visits were carried out effectively and efficiently.

Summary of findings

- The practice had specific values to provide high quality care and promote good outcomes for patients. Staff were aware of the values and their responsibilities in relation to it.
- There was a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk, although not all risks had been identified.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

- Ensure all appropriate arrangements are in place to deal with medical emergencies and major disruptions to the service, including relevant risk assessments.

- Ensure the premises are safe to use by carrying out appropriate safety checks in relation to the electrical installation.

The areas where the provider should make improvement are:

- Ensure clinical refresher training is carried out in a timely manner.
- Review national figures for exception reporting against practice data.
- Ensure continued review of prescribing data in line with local and national prescribing guidelines.
- Review the ongoing process to ensure all carers have been identified.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- 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.
- When things went wrong patients were provided with an explanation and a verbal apology, as well as any actions to improve processes to prevent the same thing happening again.
- The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice was visibly clean and had good infection prevention and control procedures.
- Most risks to patients were assessed and managed, however the practice had not carried out an electrical installation safety check.
- There were limited arrangements in place to deal with medical emergencies and major disruptions to the service.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Data regarding patient outcomes were monitored on a regular basis and care plans were adjusted accordingly.
- Clinical audits were carried out and action was taken to improve the services provided.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for clinical staff and a plan was in place with specific timescales to ensure all administrative and reception staff received an appraisal.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff were aware of and understood their responsibilities under the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- We observed staff members were polite and helpful to patients and treated them with dignity and respect.
- Data from the national GP patient survey showed the practice was comparable to local and national averages for several aspects of care.
- 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 had time to discuss their concerns
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Patients told us that they were able to get appointments when they needed them, including on the same day for an urgent appointment, and were satisfied with the opening hours.
- The practice had good facilities, which were accessible to all patients.
- The practice had a system in place to ensure home visits were carried out effectively and efficiently.
- Information about how to complain was available and easy to understand. We saw the practice responded quickly to issues raised and learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had specific values to provide high quality care and promote good outcomes for patients. Staff were aware of the values and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings, which were well documented.
- There was a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk, although not all risks had been identified.

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 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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- High risk patients were discussed at monthly meetings with the relevant health and social care professionals.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management.
- Patients at risk of hospital admission were identified as a priority and reviewed all unplanned admissions and readmissions on a weekly basis.
- 75% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

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

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 75%, which was above the CCG average of 69% and comparable to the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services to book appointments and request repeat prescriptions. This was available through NHS Choices as the practice did not have a website.
- A full range of health promotion and screening services were offered that reflected 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 practice offered longer appointments for patients with a learning disability and an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding safeguarding concerns.

Good



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).

Good



Summary of findings

- 89% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 88%.
- 82% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and referred patients to relevant health and social care professionals.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 330 survey forms were distributed and 110 were returned. This represented 2% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 45 comment cards, 43 of which were positive about the standard of care received. Patients spoke positively about the service they received and the staff, including reception, nurses and GPs. Two of the comment cards mentioned that appointments could run late.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received. The NHS Friends and Family Test results for June 2016 showed that 100% of patients were likely to recommend the practice, this was from a total of 13 returns.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Ensure all appropriate arrangements are in place to deal with medical emergencies and major disruptions to the service, including relevant risk assessments.
- Ensure the premises are safe to use by carrying out appropriate safety checks in relation to the electrical installation.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure clinical refresher training is carried out in a timely manner.
- Review national figures for exception reporting against practice data.
- Ensure continued review of prescribing data in line with local and national prescribing guidelines.
- Review the ongoing process to ensure all carers have been identified.

St Elizabeth's Medical Centre

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.

Background to St Elizabeth's Medical Centre

St Elizabeth's Medical Centre is a GP practice, which provides primary medical services to approximately 5,200 patients living in the Netherhall area north-east of the city. All patient facilities are accessible. Leicester City Clinical Commissioning Group (LCCCG) commission the practice's services.

The practice has two GP partners (male) and a long-term locum GP (female). The nursing team consists of a practice nurse and a long-term locum nurse. They are supported by a Practice Manager, an IT Manager and a team of reception and administrative staff.

The practice has a branch site at Evington Surgery, 10 The Common, Evington, Leicester. The branch site was not inspected as part of this inspection.

The practice is open between 8am and 1pm and 2pm and 6.30pm Monday to Friday, however the practice closes at 1pm on a Thursday. The branch surgery at Evington Surgery is open from 8am to 10.30am and 4pm to 6.30pm Monday to Friday, however opens in the morning only on a Thursday. Appointments are from 9am to 11.30am every morning and 4pm to 6pm. In addition to pre-bookable appointments that can be booked up to 12 weeks in advance, urgent appointments are also available for people that need them.

The practice does not have a website, however there were plans in place and we could see that the practice were taking steps to design a website.

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

The practice is currently not registered for the regulated activity for surgical procedures and provides services under this regulated activity. The practice were advised of the immediate actions needed to apply to the Care Quality Commission to add this to their registration.

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 21 July 2016. During our visit we:

- Spoke with a range of staff, including GPs, Practice Manager, IT Manager, nursing staff and reception staff.

Detailed findings

- Spoke with patients who used the service.
- Spoke with a member of the Patient Reference Group.
- Observed how patients were being cared for.
- 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.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, provided with an explanation and a verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough investigation and analysis of significant events and discussed them at practice meetings. As a result of one significant event, receipts from fax referrals were to be checked and signed by the staff member sending the fax.

Safety records, including medicine and medical device alerts, were populated onto the practices' intranet system which all staff could access. We saw evidence that lessons were shared at practice meetings and action was taken to improve safety in the practice.

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:

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Staff were aware of the lead staff members for safeguarding and knew how to access local policies if they had any concerns. Policies reflected relevant legislation and local requirements and outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and provided reports if they were unable to attend. The practice also had regular meetings with the health visitor linked to the practice to discuss child safeguarding issues.

- 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)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice and attended local study days. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken on a six monthly basis 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 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 medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The same checks were carried out on locum staff before they began work at the practice.

Monitoring risks to patients

Most risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire

Are services safe?

drills and checks on fire equipment and emergency lighting. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), infection control, prescription security and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice had not had a routine check of the electrical installation which should be carried out every five years. The practice manager confirmed they were had made contact with an external contractor to book a date, however had not got confirmed date at the time of our inspection.
- There was a rota system in place for the different staffing groups to ensure enough staff were on duty and the rota identified staff responsibilities whilst on duty. There was dedicated reception staff for the branch surgery and nursing staff and GPs alternated between the main site and the branch surgery. Any sickness or annual leave for administrative and reception staff was covered by the practice manager and IT manager. The practice also used a locum GP to cover GP workload as and when needed.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies. However, there was not a formal protocol to follow in the event of a major incident and not all risk assessments had been completed to assess whether all emergencies could be responded to.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency, as well as an emergency button in the reception.
- Most staff had received basic life support training and additional training dates had been booked for those that had not received their annual update.
- The practice confirmed they did not have a defibrillator or oxygen available on the premises. The practice management also confirmed that a risk assessment had not been completed to ascertain if a defibrillator or oxygen was required on site and what actions could be taken to mitigate potential risks.
- A first aid kit and accident book were available.
- The practice stocked limited emergency medicines which were accessible to staff in a secure area of the practice. All staff knew of their location and all the medicines we checked were in date and stored securely. The practice management team confirmed that a risk assessment had not been carried out to identify medicines that were not suitable for the practice to stock.
- The practice confirmed they did not have a business continuity plan in place for major incidents such as power failure or building damage. Practice management told us if they were unable to access the building due to a major event they would use the branch. However, there was no guidance for all staff to follow.

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.
- New guidelines from NICE were cascaded through local neighbourhood meetings, as well as from the practices' IT manager.
- The patient record system had templates for patient care that adhered to national and local protocols.
- The practice monitored that these guidelines were followed through risk assessments and audits.

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 85% of the total number of points available.

QOF data from 2014/15 showed:

- Performance for some diabetes related indicators was comparable to the national average. For example, 75% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to 78%. However, performance for diabetes related indicators specific to the recording of a blood pressure within a specific range (60% compared to the national average of 78%) and recording of cholesterol within a specific range (65% compared to the national average of 81%) was lower than the national average. The practice were aware of this and taken action to ensure patients' blood pressure and cholesterol was monitored and recorded.

- Performance for mental health related indicators was better compared to the national average. For example, 89% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 82% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.

QOF data for 2014/15 showed exception reporting was higher than local and national averages for six clinical domains, including heart failure, cancer, dementia, depression, rheumatoid arthritis and cardiovascular disease. (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). The practice reviewed the data during the inspection and did a search on the patient record system. The data on the patient record system did not reflect the data we had received and the practice showed evidence of minimal exception reporting.

The practice followed local prescribing guidelines and data from 2014/15 highlighted three areas where prescribing was higher compared to the local and national averages. This included the prescribing of hypnotic medicines, the number of antibacterial prescription items prescribed and the percentage of antibacterial items prescribed that were Cephalosporins or Quinolones (broad spectrum antibiotic medicines that should be reserved to treat resistant disease). The practice were aware of these particular indicators and had worked with the local medicine managements teams to ensure prescribing was in accordance with local guidance. The practice supported various nursing homes in the local area, as well as a neurological and specialist care unit. Data for the period December 2015 to February 2016 evidenced that there was some minor improvement, which had been discussed with the local clinical commissioning group.

There was evidence of quality improvement including clinical audit.

- We reviewed two clinical audits where the improvements made were implemented and monitored. We saw that this information was also discussed at health needs neighbourhood meetings.
- The practice participated in local audits and peer review.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result included increased patient education regarding self management of infections and delayed prescribing with the use of patient advice leaflets.

Information about patients' outcomes was reviewed to ensure care and treatment was appropriate. Data from the local clinical commissioning group (CCG) identified the practice mortality rate was 50% higher than the CCG. The practice had discussed this with Public Health England who investigated the mortality rate and found no concerns. During discussions it was identified that the number of care homes the practice supported would increase the mortality rate, and the practice also supported one care home which specialised in end of life care.

The practice carried out a weekly review of all unplanned admissions and readmissions and made adjustments to patient care plans as a result. We also saw an example where a GP carried out a home visit following receipt of a discharge letter to ascertain appropriate care and treatment.

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. Locum staff were provided with specific guidance which included useful telephone numbers, guidance on making referrals and ordering investigations.
- 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 and those taking blood samples. One of the GPs had also completed additional diabetes training called Effective Diabetes Education Now (Eden), which aimed to upskill healthcare professionals to provide high levels of diabetes care and reduce hospital admissions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, discussion at practice meetings, local training and attendance at protected learning time events hosted by the clinical commissioning group.

- The learning needs of staff were identified through 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 and nurses.
- Administration and reception staff had not received an appraisal, however the practice provided us with a scheduled plan of completion dates to ensure all staff received an appraisal.
- Staff received training that included: safeguarding, fire safety awareness, health and safety and information governance. Staff had access to 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.
- GP partners were responsible for reviewing and actioning pathology results. Although there was no formal documented protocol, all staff were aware of this process.

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

Are services effective?

(for example, treatment is effective)

referred, or after they were discharged from hospital. 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.
- Staff were aware of and understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS) and there was a process in place to notify the coroner if a patient had passed away and were subject to a DoLS application.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation.
- STOP smoking services were available at the practice.

The practice's uptake for the cervical screening programme was 75%, which was above the CCG average of 69% and comparable to the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 88% to 100%. CCG averages for vaccinations given to under two year olds ranged from 95% to 98% and five year olds from 87% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40–74 and annual reviews for patients with a learning disability. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.

Forty-three of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. Feedback included that staff were caring and patients were treated with respect. Patients said they were very happy with the service provided and one told us that the practice had been recommended to them.

We spoke with a member of the patient reference group (PRG). They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff treated patients with warmth and empathy.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Satisfaction scores on consultations with GPs and nurses was comparable to the local and national averages. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

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 had time to discuss their concerns. Patient feedback from the comment cards we received said GPs listened attentively and responded to provide the best possible care. 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 comparable to the local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

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

Are services caring?

a number of support groups and organisations. This included the Leicester City Care Navigator Service and stress management courses which were organised by Open Mind.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 38 patients as carers (0.7% of the practice list). Although the practice had double the national average of patients aged over 85, which would traditionally increase the number of carers,

the practice supported a number of local care homes where patients resided. The practice also told us the carers register was in its infancy and work was being carried out to ensure all appropriate patients had been captured.

Staff told us that if families had suffered bereavement, their usual GP contacted them. We saw GPs visited families following a bereavement to provide support and also provided advice on alternative support services, if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice was an accredited Yellow Fever Centre.
- There were disabled facilities and baby changing facilities available.
- The practice had a portable hearing loop and were able to access translation services.
- Weekly antenatal clinics were hosted by the practice.
- In-house anticoagulation monitoring was available at the practice.
- GPs were able to initiate and adjust insulin with support from a diabetic specialist nurse.

Access to the service

The practice was open between 8am and 1pm and 2pm and 6.30pm Monday to Friday, however the practice closed at 1pm on a Thursday. The branch surgery at Evington Surgery was open from 8am to 10.30am and 4pm to 6.30pm Monday to Friday, however opened in the morning only on a Thursday. Appointments were from 9am to 11.30am every morning and 4pm to 6pm. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were also available for people 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.

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 93% of patients said the last appointment they got was convenient compared to the local average of 90% and national average of 92%.

Patients told us that they were able to get appointments when they needed them, including on the same day for an urgent appointment, and were satisfied with the opening hours. The practice had recognised that although the satisfaction scores from the national GP patient survey were similar to the national scores regarding opening times, 77% were satisfied. The practice continued to review the opening hours and the other services available outside of the practice hours to ensure patients were able to access appropriate services as they needed.

The practice had a system in place to assess:

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

The practice had a system in place which meant a GP was available for home visits throughout the majority of the day. Once the morning appointments had finished at the branch site, the GP was then available for home visits until the afternoon appointments began. 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 an effective system in place for handling complaints and concerns.

- Staff were aware of the complaints process and how to support a patient if they wished to raise a concern or complaint.
- 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.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, including a poster in the main waiting area.

We looked at three complaints received in the last 12 months and found that the concerns were investigated and

a detailed explanation was provided to the complainant in a timely manner. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had specific values to provide high quality care and promote good outcomes for patients by ensuring a face to face consultation was provided at a time and place of patient's request.

Staff knew and understood the values of the practice and their roles in delivering the vision.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Minutes of practice meetings and meetings with other health and social care professionals were well documented evidencing specific discussions, agreed actions and lessons learnt from significant events and complaints.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, not all risks had been identified and relevant assessments carried out.

Leadership and culture

On the day of inspection it was evidence that the practice was led by an established team and the partners demonstrated they had the experience and capability to run the practice and ensure quality care. The partners encouraged all staff members to be a mutually supportive team in a calm atmosphere.

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 practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people an explanation and a verbal apology.

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

- Practice meetings were held every three months.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. They also told us if they were unable to attend the meeting, colleagues would raise any matters, as necessary, on their behalf.
- Staff said they felt respected and enjoyed working at the practice. We saw that there was a small turnover of staff and all staff shared the same ethos working at the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice gathered feedback from patients through a virtual patient reference group (PRG) and through surveys and complaints received.

- The PRG contributed to service improvement through an informal process. The Practice Manager and GPs spoke to members of the PRG when they attended for appointments and discussed issues relating to the practice. For example, an extension to the practice, the use of and size of the practice car park and recruitment. We spoke to a member of the PRG who felt they were always able to raise issues and talk freely about the practice to the management team and GPs and told us the practice always responded to ideas and suggestions.
- The practice gathered feedback from staff generally through practice meetings and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues, management and GPs and were assured feedback would be acted upon. For example, staff told us they

Are services well-led?

Good 

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

had requested additional time to ensure work was completed efficiently including for care plan assessments and this had been organised by the practice.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>There was limited arrangements in place to deal with medical emergencies and major disruptions to the service.</p> <p>An electrical installation safety check had not been carried out within the required timeframe in accordance with statutory requirements.</p> <p>This was in breach of regulation 12(1)(2)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>