

# Pasley Road Health Centre - G Singh

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pasley Road Health Centre - G Singh on 17 November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff reflected on incidents and discussed ways to learn for the future.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example the Patient Participation Group were involved in the development of the new building and looking at other organisations and services could make use of the building.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- Risks to patients were assessed and well managed.
- The practice manager reviewed capacity and patient demand daily and appointments were flexed accordingly to ensure demand was a priority.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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.

# Summary of findings

- The practice regularly audited processes. There had been 12 audits/reviews completed in the past two years where improvements made were implemented and monitored.
- The practice had appointments every Saturday from 7am to 12pm with the GP or nurse. These could be used for routine appointments or for vaccinations, immunisations if patients were unable to attend during the week.
- Same day appointments were available for children and those with serious medical conditions and to any other patients that telephoned at 8.30am or 12pm.

We saw two areas of outstanding practice including:

- The practice had patient champions. These were two patients that had received treatment from the practice following diagnosis of cancer following screening programmes. Both patients had their photograph on the notice board and their story of

how the screening programme and the practice had saved their lives. The patients wanted to share their stories to promote screening and for cancer. The review on screening that had been completed by the practice had seen an increase in all of the screening programmes since the champions had been promoted.

- The practice held an open day each year for all patients. The last open day was attended by approximately 300 patients. The practice provided a lunch on the day and patients were able to access information and have the flu vaccines. This was supported by the PPG and other agencies were invited to attend, for example, Age UK, Police, and Fire Service. This gave the patients and the staff opportunity to meet on an informal basis.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff reflected on incidents and discussed ways to learn for the future.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Policies and procedures were regularly reviewed and easy to access either electronically by staff or on paper copies.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Reviews in relation to processes followed and areas of concern had improved areas such as cancer screening uptake.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs this was either face to face in the practice or virtually via the electronic patient record system.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for almost all aspects of care.

Good



# Summary of findings

- 100% of patients in the most recent national survey said that they had confidence and trust in the last nurse they saw or spoke with compared to 96% CCG average and 97% national average.
- 97% of patients surveyed said that they found the receptionists at this surgery helpful compared to 83% CCG average and 87% national average.
- 93% of patients described the surgery as good compared to 79% CCG average and 85% national average.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. The GP would stay late to see patients that were unable to make appointment within the hours that they open and would if needed work until 3pm on Saturdays.
- Views of external stakeholders were very positive and aligned with our findings.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- There were innovative approaches to providing integrated person-centred care. The annual open day provided support and information and also enabled patients to attend for flu vaccination.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. The PPG worked with the practice to construct questions for surveys each year and were consulted in relation to any future changes at the practice.
- The practice had same day appointments available in the morning and afternoon. The practice was open from 7am to at least midday every Saturday and also until 6.30pm each weekday.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



## Are services well-led?

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

Good



# Summary of findings

- It 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings where governance was discussed.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older people who were at risk of admission due to age or co-morbidity were identified and flagged on the practice electronic system.
- Practice held an annual 'open day' for all patients to attend. The practice provided food and refreshments and patients were able to attend and discuss concerns with practice staff or other agencies and receive vaccinations, such as flu. This helped those people that may feel isolated.

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 and patients at risk of hospital admission were identified as a priority.
- Diabetes related indicators were 84.9% which was similar to the CCG average 85.2% and national average 89.2%.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice was a small long established practice and staff were able to identify changes when they saw the patients.
- The practice held regular staff meetings which gave all staff the opportunity to discuss any patients of concern.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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 reviewed and clinics had been changed to enable better access for all standard childhood immunisations.
- Patients were able to book for immunisations on Saturday mornings.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme for 2014/15 was 82% which was the same as the national average and above the CCG average of 78.6%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice were attempting to engage younger people and had held a young people's open day, this had a relatively poor turnout which was thought to be due to it been on a Saturday morning. The practice was working with the PPG and local youth centres to establish a more appropriate day and time for this demographic for 2016.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice opened up to 6.30pm every weekday and also provided a surgery on Saturday mornings which was from 7am to 12pm, although if required the GP would stay until 3pm.
- Same day appointments were available by telephoning at 8.30am for a morning appointment and then 12pm for an afternoon appointment.
- Bookings could be made up to two weeks in advance.
- Telephone consultations were available with a GP or nurse.
- Appointments could be booked online.

Good



# Summary of findings

## 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.
- It offered longer appointments for people with a learning disability and ensured that appointments ran concurrently where required.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## People experiencing poor mental health (including people with dementia)

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

- The dementia diagnosis rate was above the CCG and national average at 100% compared with 90.7% and 94.5% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice worked with a mental health nurse who they were able to refer patients to and would visit the patients in their own home if they wished.
- It 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 people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing above local and national averages. 387 survey forms were distributed and 28.4% were returned.

- 95% of patients said they found it easy to get through to this surgery by phone compared to the CCG average of 68% and a national average of 73%.
- 97% of patients said they found the receptionists at this surgery helpful (CCG average 83%, national average 89%).
- 94% of patients said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 97% of patients said the last appointment they got was convenient (CCG average 90%, national average 92%).
- 94% of patients described their experience of making an appointment as good (CCG average 68%, national average 73%).

- 78% of patients usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all positive about the standard of care received. Patients said that you could always get an appointment when you needed one and that the staff were excellent and professional.

Staff we spoke with at care homes in the area told us that they had a good relationship with the practice and that they were easily able to get to speak to the GP for advice and guidance. If a home visit was required and the GP was unable to attend quickly then the GP would arrange for the Clinical Response Team to call to the patients home. The Clinical Response Team is a national initiative that aims to reduce hospital admissions delivering health and social care services.

## Outstanding practice

We saw two areas of outstanding practice including:

- The practice had patient champions. These were two patients that had received treatment from the practice following diagnosis of cancer following screening programmes. Both patients had their photograph on the notice board and their story of how the screening programme and the practice had saved their lives. The patients wanted to share their stories to promote screening and for cancer. The review on screening that had been completed by the practice had seen an increase in all of the screening programmes since the champions had been promoted.
- The practice held an open day each year for all patients. The last open day was attended by approximately 300 patients. The practice provided a lunch on the day and patients were able to access information and have the flu vaccines. This was supported by the PPG and other agencies were invited to attend, for example, Age UK, Police, and Fire Service. This gave the patients and the staff opportunity to meet on an informal basis.

# Pasley Road Health Centre - G Singh

## 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 advisor and a second CQC inspector.

### Background to Pasley Road Health Centre - G Singh

Pasley Road Health Centre - G Singh is a single handed practice in a purpose built building located in Eyres Monsell on the south side of the city. The practice list size is approximately 4600 patients. The practice has purchased some land nearby and will be relocating to a new building in 2016.

The site has car parking and pedestrian access and additional parking is available on the streets near to the practice.

The practice has one GP lead (male) and a salaried GP (female) and a long term locum GP. The practice employs a practice manager, two practice nurses along with four administration staff.

The practice provides GP services under a (GMS) General Medical Services contract.

The practice has an ethnic population and offers interpreters for those that have language difficulties. The practice also covers patients in four care homes.

The surgery is open from 8.00am until 18.30pm Monday to Friday. Extended hours surgeries are on a Saturday from 7am to 12pm. Appointments are available from these times and the GP will stay later to see patients if necessary. Appointments are booked on the day with advance bookable appointments also available with the nurse or GP up to two weeks in advance.

The practice lies within the NHS Leicester City Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice had not previously been inspected by the Care Quality Commission.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 November 2015. During our visit we:

- Spoke with a range of staff (GP, Nursing and administrative).
- Spoke with a member of the PPG.
- Spoke with care home staff.
- Observed how people were being cared for.
- Reviewed 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 are provided for specific groups of people and what good care looks 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, staff had reflected on incident that had been classed as a difficult conversation, options had been discussed on how this could have been dealt with differently and if the outcomes would have then changed.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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 practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription 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 nine personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. 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

## Are services safe?

also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice manager reviewed capacity and patient demand daily and appointments were flexed accordingly to ensure demand was a priority.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs. For example, a patient was assessed for the cause of memory loss and was screened appropriately in the practice and then referred to the memory clinic as per NICE guidelines.

- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had carried out numerous reviews in relation to treatment to ensure best practice had been followed.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 97.7% of the total number of points available, with 6.6% exception reporting. Exception reporting is the percentage of patients who would normally be monitored. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included. Data from 2014/15 showed;

- Performance for diabetes related indicators was 84.9% which was similar to the CCG average 85.2% and national average 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was better than the CCG average 94.9% and national average 97.8%.

- Performance for mental health related indicators was 100% which was better than the CCG average 90.5% and national average 92.8%.
- The dementia diagnosis rate was above the CCG and national average at 100% compared with 90.7% and 94.5% respectively.

High rates of prescribing in some areas such as hypnotics had also been identified and the practice had implanted plans to reduce inappropriate prescribing. The action plans had already shown improvements and reductions.

A high rate of exception reporting had been highlighted in relation to mental health (24%) compared with overall domains exception reporting of 3.6% practice felt that this may be a coding error and were planning a clinical meeting to discuss the issue and agree an action plan which would be audited.

- Clinical audits demonstrated quality improvement.
- Findings were used by the practice to improve services.
- There had been 12 audits/reviews completed in the past two years, one of these was a two cycle completed audits where the improvements made were implemented and monitored. This was an audit on better promotion of screening programmes. The results from changes made in practice showed a 4.7% improved uptake between 2013/14 and 2014/15 for cervical screening with bowel screening uptake improved by 1.6% in the same period and breast screening by 13%.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- The practice had also completed several medicine management reviews of prescribing with a focus on hypnotics and antibacterial.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. Multi-disciplinary team discussions took place virtually and task were sent to discuss patients and more formal conversations from when district nursing staff, health visitor and midwives were in the practice.

### 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients that lived alone with little or no support, those requiring advice on their diet, smoking and alcohol cessation and patients with a learning disability. Patients were then signposted to the relevant service.
- One of the practice nurses was trained in smoking cessation therefore advice was available in house.
- Invitations to the practice open days were made to the Alzheimer's Society /Dementia UK who sent patient information leaflets which were duly displayed.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.2% to 100% and five year olds from 87.3% to 92.7%. Flu vaccination rates for the over 65s were 70.37%, and at risk groups 51.09%. These were also comparable to national averages of 73.24% and 52.29%.

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

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

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme for 2014/15 was 82% which was the same as the national average and above the CCG average of 78.6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice had patient champion's details in the waiting area. There were two patients that had received treatment from the practice following diagnosis of cancer following screening programmes. Both patients had their photograph on the notice board and their story of how the screening programme and the practice had saved their lives. The patients wanted to share their stories to promote

screening and for cancer. The review on screening that had been completed by the practice had seen an increase in all of the screening programmes since the champions had been promoted.

The practice held an open day each year for all patients. The last open day was attended by approximately 300 patients. The practice provided a lunch on the day and patients were able to access information and have the flu vaccines. This was supported by the PPG and other agencies were invited to attend, for example, Age UK, Police, and Fire Service. This gave the patients and the staff opportunity to meet on an informal basis.

The practice were attempting to engage younger people and had held a young people's open day, this had a relatively poor turnout which was thought to be due to it been on a Saturday morning. The practice was working with the PPG and local youth centres to establish a more appropriate day and time for this demographic for 2016.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

All of the 46 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a professional service and staff were helpful, caring and welcoming and treated them with dignity and respect.

We also spoke with a member of the patient participation group. They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% of patients said that the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 92% of patients said that the GP gave them enough time (CCG average 83%, national average 87%).
- 100% of patients said that they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 86% of patients said that the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).

- 93% of patients said that the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 90%).
- 97% of patients said that they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

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

Patient feedback on the comment cards we received said that 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 and discuss any concerns they may have.

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:

- 87% of patients said that the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 89% of patients said that the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 81%)

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.5% of the practice list as carers. All these patients were offered the flu vaccination. Written information was available to direct carers to the various avenues of support available to them for example social services within Leicester City Council and a Dementia Nurse.

## Are services caring?

Staff told us that if families had suffered bereavement, the GP contacted them and a consultation was offered at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice had appointments every Saturday from 7am to 12pm with the GP or nurse. These could be used for routine appointments or for vaccinations, immunisations if patients were unable to attend during the week.
- There were longer appointments available for people with a learning disability and appointments were possible were booked concurrently.
- Home visits were available for older patients / patients who would benefit from these and the practice were also able to access the clinical response team who would be able to attend patients home rather than the patient waiting for the GP to finish his surgery. The GP would telephone the Clinical response team directly if it was required.
- Same day appointments were available for children and those with serious medical conditions and to any other patients that telephoned at 8.30am or 12pm.
- There were disabled facilities, hearing loop and translation services available.
- A disability audit had taken place to ensure the building and car park was accessible. The practice had spoken with a wheelchair user to discuss access and to ensure that it was suitable.

Other audits that had been completed were for example, review of booster immunisations rates for five year olds. The practice had audited this following performance showing the practice to below CCG average. The practice then looked at the possible causes for this and implemented an action plan after discussion at a practice meeting to allow more flexible appointments for these patients. The child immunisation clinic was moved to an afternoon clinic from a morning and this improved uptake rates between 2013/14 and 2014/15 by 1.6% for MMR and 3.7% for Dtap/IPV.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from these times. Extended hours surgeries were offered every Saturday from 7am to 12pm. Appointments were booked on the day with advance bookable appointments also available with the nurse or GP.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 95% of patients said that they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 94% of patients described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 78% of patients said that they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system such as a poster on the notice board in the waiting area.

The practice had not received any complaints in the last 12 months. The practice had reflected on this and congratulated themselves however also understood that complaints were important and to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The GP in the practice had the experience and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The lead GP and the manager were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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

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

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, the practice shared complaints with the PPG to discuss ways that they could improve.
- Patient surveys were discussed prior to implementation for PPG members to look at the questions with the practice to ensure that all areas were covered.
- The practice had also gathered feedback from staff through practice meetings and adhoc conversations.
- As the practice staff were a small team the conversations were informal and staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Reception staff told us of situations where they have spoken with the GP about patients that they have noticed changes within their normal behaviour and this had led to the GP been able to recognise this and refer to other professionals such as the mental health nurse for patients that have become more confused. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

# Are services well-led?

Good 

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

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

team was forward thinking and were looking at involving other members of the community and having other services in house when they had moved to their new building.