

The Jubilee Medical Practice

Quality Report

Syston Health Centre
Melton Road
Syston
Leicester
LE7 2EQ

Tel: 0116 295 0600

Website: www.jubileemedicalpractice.com

Date of inspection visit: 24 November 2016

Date of publication: 27/04/2017

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	13
Background to The Jubilee Medical Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Jubilee Medical Practice on 24 November 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice was a provider hub and delivered training in conjunction with Health Education East Midlands (HEEM) and worked in partnership with multiple universities to deliver education and training to postgraduates and undergraduates such as medical students, student nurses and student pharmacists from King's College London, University College London, University of Leicester, University of Nottingham and De-Montfort University.

- The practice manager had developed an introduction to general practice course which was commissioned across Leicester, Leicestershire and Rutland (LLR) CCGs. This course was designed for non-clinical staff to give an overall introduction to working in general practice. A further course was developed specifically for HCA's and practice nurses.
- The practice held a combined care clinic for patients who suffered with multiple long term conditions and chronic diseases. This clinic was a one stop shop for patients which were held by a team which included a GP, practice nurse and HCA to ensure patients health needs were discussed and met where possible during one appointment, reducing the amount of visits to the practice required.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Risks to patients were assessed and well managed. The practice had an effective risk register in place and had carried out numerous risk assessments which were reviewed on a regular basis.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw one area of outstanding practice:

- A GP in the practice was a 'dementia champion' and had created a template for use in the early

identification of dementia in patients which had been shared for wider use with other practices within NHS East Leicestershire and Rutland CCG (ELCCG). This template was developed in collaboration with the CCG and was shared for wider use within NHS West Leicestershire CCG (WLCCG) and NHS Leicester City CCG (LCCCG) following requests and positive feedback received.

However there were areas of practice where the provider should make improvements:

- Continue to monitor actions taken in relation to the issues highlighted in the national GP patient survey in order to improve patient satisfaction, including appointment access and care planning and involvement in decisions about care and treatment.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. The practice held a register of all significant events and incidents.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. The practice had an effective risk register in place and had carried out numerous risk assessments.
- The practice carried out regular checks to ensure that members of the nursing team were registered with the Nursing and Midwifery Council (NMC). A register was held by the practice which included full details NMC registration numbers and expiry dates. This register also held details of DBS checks and General Medical Council (GMC) registration numbers for all GPs.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- The practice held monthly 'NICE' meetings to discuss and review NICE updates and to ensure this information was disseminated to clinical staff and agree any actions that may be required as a result, we saw examples of meeting minutes during our inspection.
- Data showed that the practice was performing highly when compared to practices nationally. For example, performance for

Summary of findings

diabetes related indicators was 97% which was higher than the CCG average of 92% and the national average of 90%.

(Exception reporting rate was 8% which was lower than the CCG average of 11% and the national average of 12%).

- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- The practice held a combined care clinic for patients who suffered with multiple long term conditions and chronic diseases. This clinic was a one stop shop for these patients which were held by a GP, a practice nurse and a HCA to ensure patients health needs were discussed and met where possible during one appointment and to reduce the amount of visits to the practice required.
- A GP in the practice was a 'dementia champion' and had created a template for use in the early identification of dementia in patients which had been shared for wider use with other practices within the CCG. This template was developed in collaboration with the CCG and was being shared for wider use across other GP practices within this CCG and also within NHS West Leicestershire CCG and NHS Leicester City CCG following requests and positive feedback received.
- The practice held a daily clinical decision meeting to review the care and needs of patients with the clinical team. During this meeting, GPs reviewed patient care plans and referrals to ensure patients health needs were being met. The GPs also reviewed patients at risk of unplanned admission to hospital and reviewed hospital admissions. The practice had seen a 20% reduction in elective hospital referrals since the commencement of clinical decision meetings compared to the previous year.
- The practice held a regular 'INR' meeting to review the needs of patients who were prescribed warfarin to continually monitor their prescribing levels. (Warfarin is an anticoagulant medication used to prevent heart attacks, strokes and blood clots).
- Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds from 94% to 99%.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.
- Patients rated the practice lower than others when asked if they were treated with compassion, dignity and respect and if they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a bi-annual care homes meeting in which the practice invited care home staff to the practice to discuss what goes well, what doesn't go well, any challenges or improvements required in relation to the care and treatment of patients of the practice who reside in care homes.
- The practice took part in a teenage and young people's well-being scheme which was devised due to the increasing need for planned care for mental health/emotional problems within the local population. This scheme enabled patients up to the age of 19 to access a weekly chat zone to discuss sexual health and teenage pregnancy.
- The nursing team were awarded a 'GP Nursing Team of the Year' award for the Midlands and East region at a Royal College of Nursing (RCN) conference. The team were nominated by the practice for this award for working effectively to achieve outstanding care for patients.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered extended hours appointments on a Thursday evening until 7pm for working patients who could not attend during normal opening hours.
- Patients did not always find it easy to make an appointment with a named GP or that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

- The practice had access to 'Language Line' interpreter services for patients whose first language was not English.
- The practice offered flu vaccination clinics on Saturdays and during evening extended hours appointments.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had a very engaged patient participation group which influenced practice development.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice held an employee of the month scheme and rewarded staff for recognition of their hard work.
- The practice was a provider hub and delivered training in conjunction with Health Education East Midlands (HEEM) and worked in partnership with multiple universities to deliver education and training to postgraduates and undergraduates such as medical students, student nurses and student pharmacists from King's College London, University College London, University of Leicester, University of Nottingham and De-Montfort University.
- The practice manager had developed an introduction to general practice course which was commissioned across Leicester, Leicestershire and Rutland (LLR) CCGs. This course was designed for non-clinical staff to give an overall introduction to working in general practice. A further course was developed specifically for HCA's and practice nurses.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- 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.
- An integrated care lead provided regular visits to patients in their own homes in response to their needs, and carried out reviews and referrals where necessary to ensure their health and social care needs were being met.
- The practice held a bi-annual care homes meeting in which the practice invited care home staff to the practice to discuss what goes well, what doesn't go well, any challenges or improvements required in relation to the care and treatment of patients of the practice who reside in care homes.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice held a combined care clinic for patients who suffered with multiple long term conditions and chronic diseases. This clinic was a one stop shop for these patients which were held by a team which included a GP, practice nurse and a HCA to ensure patients health needs were discussed and met where possible during one appointment, reducing the amount of visits to the practice required.
- Performance for diabetes related indicators was 97% which was higher than the CCG average of 92% and the national average of 90%. (Exception reporting rate was 8% which was lower than the CCG average of 11% and the national average of 12%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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.

Summary of findings

Families, children and young people

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

Good



- 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 relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and 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, health visitors and school nurses.
- The practice took part in a teenage and young people's well-being scheme which was devised due to the increasing need for planned care for mental health/emotional problems within the local population. This scheme enabled patients up to the age of 19 to access a weekly chat zone to discuss sexual health and teenage pregnancy.

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).

Good



- 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 offered extended hours appointments on a Thursday evening until 7pm for working patients who could not attend during normal opening hours.
- The practice offered on-line services for patients which included ordering repeat prescriptions, booking routine appointments and viewing patient summary care records.

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.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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. 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.

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



- Performance for mental health related indicators was 100% which was higher than the CCG average of 97% and the national average of 92%. (Exception reporting rate was 39% which was higher than the CCG average of 30% and the national average of 11%).
- Performance for depression related indicators was 100% which was higher than the CCG average of 96% and the national average of 92%. (Exception reporting rate was 19% which was lower than the CCG average of 23% and the national average of 22%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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

- All clinicians had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). All practice staff had completed dementia awareness training.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing lower than local and national averages. 236 survey forms were distributed and 115 were returned. This represented 1% of the practice's patient list.

- 50% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 75% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 90% of patients said the last appointment they got was convenient compared to the CCG average of 92% and the national average of 92%.

- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 78%.

The practice was aware of lower than average patient satisfaction scores and were actively carrying out an in-house patient survey in conjunction with the patient participation group to gain patient feedback. The practice had implemented an action plan to address concerns in relation to access to appointments and telephone access.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 55 comment cards which were all positive about the standard of care received. Patients told us that staff were caring, treated them with dignity and respect and were always helpful and polite. Other patients told us about their positive experiences of care received by GPs and members of the nursing team. We did not speak with patients during our inspection.

Friends and Family Test results showed that 92% of patients who had responded said they would recommend this practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor actions taken in relation to the issues highlighted in the national GP patient survey in order to improve patient satisfaction, including appointment access and care planning and involvement in decisions about care and treatment.

Outstanding practice

- A GP in the practice was a 'dementia champion' and had created a template for use in the early identification of dementia in patients which had been shared for wider use with other practices within NHS East Leicestershire and Rutland CCG (ELCCG).

This template was developed in collaboration with the CCG and was shared for wider use within NHS West Leicestershire CCG (WLCCG) and NHS Leicester City CCG (LCCCG) following requests and positive feedback received.

The Jubilee Medical Practice

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 practice nurse specialist advisor.

Background to The Jubilee Medical Practice

The Jubilee Medical Practice provides primary medical services to approximately 11,071 patients in Syston, East Leicestershire. The practice also provides services to patients residing in six residential care homes in the surrounding area, one of which cares for patients with learning disabilities.

The practice is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning, maternity and midwifery services and surgical procedures.

The practice is a training practice and delivers training to GP registrars. A GP registrar is a fully qualified doctor who is training to become a GP.

The practice is a provider hub delivering training in conjunction with Health Education East Midlands (HEEM) working in partnership with multiple universities to deliver education and training to postgraduates and undergraduates such as medical students, student nurses and student pharmacists from King's College London, University College London, University of Leicester, University of Nottingham and De-Montfort University.

At the time of our inspection the practice employed a team of male and female GPs which consisted of eight GP partners (three female and five male) two salaried GPs and two GP registrars. They are supported by a practice manager, one advanced nurse practitioner, three practice nurses, one lead health care assistant (HCA) and three HCAs, one finance and HR assistant, one reception manager, one senior receptionist and eight receptionists which includes one apprentice, one operations lead, one secretary/IT lead, one data co-ordinator and health and safety lead and three administration apprentices.

The Jubilee Medical Practice is open from 8am until 6.30pm Monday to Friday with the exception of a Thursday evening when the practice is open until 7pm. The practice also offers a combination of face to face and telephone consultation appointments from 7.30am until 8am Monday to Friday.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering care services to local communities.

The practice has a higher population of patients between the ages of 45 and 65 years of age and the patient list has low levels of deprivation.

The practice has an active patient participation group (PPG) who meet on a regular basis. The practice offers on-line services for patients including ordering repeat prescriptions, booking routine appointments and viewing patient summary care records.

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

Detailed findings

When the practice is closed patients are able to use the NHS 111 out of hour's service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 November 2016.

During our visit we:

- Spoke with a range of staff which included three GPs, a practice manager, nurse practitioner, health & safety lead, operations lead, two apprentices, secretary, assistant practice manager, a health care assistant/receptionist, a practice nurse and members of the reception and administration team, we also spoke with two members of the facilities management team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 55 CQC comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- During our inspection, we reviewed fifteen significant events (SEAs). We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that a thorough analysis was carried out of all SEAs reported and lessons were shared and action was taken to improve safety in the practice. For example, one SEA we looked at was in relation to a two week wait urgent referral for suspected cancer for a patient who had not received an appointment by the relevant outpatient department within the two week timeframe. As a result of this, the practice reviewed its processes and implemented a new system to ensure all two week wait referrals were checked on a weekly basis to ensure all patients had been appointed. GPs also gave patients who required this type of referral an information leaflet to explain to them why they had been referred and if they had not received an appointment within four days to contact the practice. The practice also carried out an SEA identified from complaints received which constituted this. SEAs were discussed in regular multi-disciplinary team meetings.
- Clinical staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts were co-ordinated and disseminated to the practice team by the practice manager. Staff we spoke

with were able to tell us about recent alerts received. We saw numerous examples of these alerts and actions taken as a result during our inspection which showed that an effective system was in place. We saw evidence that members of staff were required to sign alerts when they had been received and acted upon.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Safeguarding concerns were discussed in monthly in-house, multi-disciplinary team meetings which included health visitor and school nurse input. Safeguarding concerns were also discussed during daily clinical decision meetings. During our inspection we observed a meeting which had taken place which included a review of a safeguarding concern which followed the practice safeguarding procedures. We saw minutes of these meetings which evidenced that all patients who were recorded as having safeguarding concerns were reviewed during these meetings, we saw evidence of social services input in meeting minutes. Staff demonstrated they understood their responsibilities and all had received training in safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- The practice had a discreet and effective system in place to alert clinical staff via the electronic patient care record of any patients who were either vulnerable, had safeguarding concerns or suffered with a learning disability. We saw evidence of this during our inspection.
- 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.

Are services safe?

(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 held a register of all chaperones in the practice which detailed all training carried out in 2015-2016.

- 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 clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all practice staff had received up to date training. Annual infection control audits were undertaken by an external organisation and also by the practice, and we saw evidence that action was taken to address any improvements identified as a result. The last audit had been carried out by the practice in April 2016 and by an external organisation in August 2016.
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps. The practice carried out regular checks to ensure that members of the nursing team were registered with the Nursing and Midwifery Council (NMC). A register was held by the practice which included full details NMC registration numbers and expiry dates. This register also held details of DBS checks and General Medical Council (GMC) registration numbers for all GPs.
- During our inspection we observed that all vaccinations and immunisations were stored appropriately. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place which had been reviewed in February 2016. (cold chain is the maintenance of refrigerated temperatures for vaccines).
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice had developed their own pathology test request form and information leaflet for patients. The leaflet had been introduced to ensure patients were fully informed of when blood tests were required ensuring patients were involved in their own care and treatment. This system had been shared for wider use within other GP practices within ELCCG.
- The practice carried out thorough reviews of patients who were prescribed high risk medicines. We saw evidence of a high risk drug action log during our inspection. This log detailed actions taken between March 2015 and November 2016. Actions included searches being undertaken of patients prescribed a particular high risk medicines to enable clinicians to check whether the patient required blood monitoring to ensure the continued safe prescribing of these medicines.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. This nurse received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had a health and safety lead in place who had implemented a comprehensive risk register. We saw evidence of numerous risk assessments during our

Are services safe?

inspection such as to monitor the health and safety of service users, staff and visitors, car parking and severe weather risks. A health and safety inspection had been carried out of the premises in September 2016, we saw evidence of an inspection report which included details of actions to be taken. We also saw risk assessments for various patient clinics offered by the practice such as wound and travel clinics. 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence of a certificate provided by an external contractor to evidence that routine water sample testing had been carried out to ensure the prevention of Legionella. Routine water temperature checks had been carried out on a weekly basis.

- The practice had up to date fire risk assessments in place and carried out regular fire drills. The practice had effective fire procedures in place which were co-ordinated by the facilities management team who were permanently located in the premises. We saw evidence of a fire policy which had last been reviewed in February 2016 and a fire evacuation procedure. The facilities management team organised regular fire drills and carried out documented de-briefs of these drills. They also carried out regular fire training for staff which included use of the evacuation chair in an emergency. The practice had adequate fire protection equipment in place which had last been checked in April 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- We saw evidence that all members of staff had undertaken display screen equipment (DSE) assessment.

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

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. A first aid kit and accident book were available.
- Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This plan had last been reviewed in February 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice held monthly 'NICE' meetings to discuss and review NICE updates and to ensure this information was disseminated to clinical staff and agree any actions that may be required as a result, we saw examples of meeting minutes during our inspection.

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 for 2015-16 were 99% of the total number of points available. Overall clinical exception reporting rate was 7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was 97% which was higher than the CCG average of 92% and the national average of 90%. (Exception reporting rate was 8% which was lower than the CCG average of 11% and the national average of 12%).

- Performance for mental health related indicators was 100% which was higher than the CCG average of 97% and the national average of 92%. (Exception reporting rate was 39% which was higher than the CCG average of 30% and the national average of 11%).
- Performance for depression related indicators was 100% which was higher than the CCG average of 96% and the national average of 92%. (Exception reporting rate was 19% which was lower than the CCG average of 23% and the national average of 22%).

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed in the last two years, the practice had an ongoing audit programme in place. During our inspection, we saw evidence of audits which included antibiotic prescribing, inadequate cervical smear results and leg ulcer clinic audits. We looked at eight audits during our inspection. Two of these were completed audits which had been carried out over two cycles. One audit we looked at was to ensure that gluten free products were prescribed in line with local guidelines. The second cycle audit showed that gluten free items were being ordered and prescribed appropriately.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

The practice held a combined care clinic for patients who suffered with multiple long term conditions and chronic diseases. This clinic was a one stop shop for these patients which were held by a GP, a practice nurse and a HCA to ensure patients health needs were discussed and met where possible during one appointment and to reduce the amount of visits to the practice required.

A GP in the practice was a 'dementia champion' and had created a dementia template for use in the early identification of dementia which had been shared for wider use with other practices within NHS East Leicestershire and Rutland CCG. This template was developed in collaboration with the CCG and was being shared for wider use across other GP practices within this CCG and also within NHS West Leicestershire CCG and NHS Leicester City CCG following requests and positive feedback received.

In 2015, the practice held a 'memory matters' flu vaccination clinic. During this clinic, 1233 patients were

Are services effective?

(for example, treatment is effective)

screened for possible memory concerns. 134 patients were identified and coded within the clinical care record system as having a memory concern. 23 Patients were referred to secondary care services following identification of memory concerns. In July 2015, 87 patients were coded as having dementia, at the time of our inspection, the practice had seen an increase to 100 patients as having dementia which equated to 0.9% of the patient population which was higher than the CCG average of 0.8% and the national average of 0.6%.

The practice held a daily clinical decision meeting to review the care and needs of patients with the clinical team. During this meeting, GPs reviewed patient care plans and referrals to ensure patients health needs were being met. The GPs also reviewed patients at risk of unplanned admission to hospital and reviewed hospital admissions. The practice had seen a 20% reduction in elective hospital referrals since the commencement of clinical decision meetings compared to the previous year.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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 and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice held regular multi-disciplinary meetings which included standing items for discussion such as the gold standard framework to continually review and plan the needs of those patients who were receiving palliative care or were at end of life to ensure their health needs were being met. Other items included safeguarding reviews of all vulnerable adults and children. These meetings included various professionals such as district nurses, diabetes nurse specialist, integrated care representatives, GP partners and Macmillan nurses.

The practice held a regular 'INR' meeting to review the needs of patients who were prescribed warfarin to continually monitor their prescribing of this medicine. (Warfarin is an anticoagulant used to reduce the risk of heart attacks, strokes and blood clots).

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and the national average of 74%. There was a policy to

offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 74% of female patients aged 50-70 years of age had attended for breast cancer screening within six months of invitation compared to the CCG average of 79% and the national average of 74%. 59% of patients aged 60-69 years of age had been screened for bowel cancer within six months of invitation compared to the CCG average of 61% and the national average of 56%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds from 94% to 99%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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.

All of the 55 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. The practice was lower than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient satisfaction scores were lower than local and national averages when asked if they felt involved in decision making about the care and treatment they received. Satisfaction scores were also lower than local and national averages when asked if they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was positive. We also saw that care plans were personalised.

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

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 90% of patients said they had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 94% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and the national average of 97%.
- 85% of patients said the last GP they saw was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.

Are services caring?

- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice was aware of lower than average satisfaction scores and continually strived to review and improve services for patients. The practice carried out their own in-house patient surveys and worked in conjunction with the patient participation group. The practice used patient feedback as part of their six monthly business planning sessions to assess this information and agree any actions required.

The practice carried out an annual patient survey which commenced in September 2016 and ended in November 2016. 1069 responses were received which represented 10% of the patient population which reflected positive feedback. For example:

- 99% of patients who responded rated the quality of care by doctors as good or better.
- 97% of patients who responded rated the overall quality of services as good or better.
- 99% of patients who responded rated the overall quality of care by nurses as good or better.
- 97% of patients who responded rated the helpfulness of the reception staff as good or better.

GPs also carried out their own patient satisfaction surveys based up the quality of care and treatment provided to patients. We saw evidence of a report based upon the feedback results received for each GP.

Following our inspection, the nursing team were awarded a 'GP Nursing Team of the Year' award for the Midlands and East region at a Royal College of Nursing (RCN) conference. The team were nominated by the practice for this award for working effectively to achieve outstanding care for patients.

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

- Staff told us that Language Line telephone 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.

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 206 patients as carers (2% of the practice list). Information was available to direct carers to the various avenues of support available to them. Voluntary Action South Leicestershire area (a charity who provide to support to over 4,200 carers in Leicestershire) provided in-house clinics to provide advice and signposting for carers. The practice had seen a significant increase in their carers register over a six month period as a result of a carers campaign to identify and support patients who were carers. The list had increased from 82 to 206 carers during this timeframe. At the time of our inspection, we observed a carers event being held in the waiting room to provide advice and signposting to support services for carers.
- The practice held a bi-annual care homes meeting in which the practice invited care home staff to the practice to discuss what goes well, what doesn't go well, any challenges or improvements required in relation to the care and treatment of patients of the practice who reside in care homes.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent bereavement cards. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice took part in a teenage and young people's well-being scheme which was devised due to the increasing need for planned care for mental health/emotional problems within the local population. This scheme enabled patients up to the age of 19 to access a weekly chat zone to discuss sexual health and teenage pregnancy.

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 offered extended hours appointments on a Thursday evening until 7pm for working patients who could not attend during normal opening hours.
- 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/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had devised a pre-appointment questionnaire specifically for patients who were attending for a learning disability health check. This questionnaire explained to patients the reason why they were attending for their health check and asked patients if they had a carer and if they required interpreter or sign language services to ensure the needs of the patients were met during their appointment.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered on a Thursday evening until 7pm. The practice also offered a combination of face to face and telephone consultations between 7.30am until 8am Monday to Friday. During extended hours sessions, patients could book an appointment for minor surgical procedures such as joint injections and contraceptive implants. In addition to pre-bookable appointments that could be booked up to two 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 with the exception of ease of getting through to the practice by phone which was lower than local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 78%.
- 90% of patients told us the last appointment they received was convenient compared to the CCG average of 92% and the national average of 92%.
- 50% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 67% of patients told us that they usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 65% and the national average of 66%.

The practice were aware of low patient satisfaction particularly in relation to telephone access. Following low satisfaction results published in January 2016, the practice conducted its own in house patient survey over a four week period. Results showed that 82% of patients found it very easy to get through by telephone however, reception staff members felt there were issues with telephone access at particular times of the day. Following this survey the practice implemented the following action plan:

- Installation of additional telephone lines and an additional computer terminal.
- Installation of a 24 hour appointment cancellation telephone line to enable patients to cancel their appointment at any time of the day.
- Re-programming and re-recording of practice telephone messages and options for clarity.
- Recruitment of a new full-time patient services apprentice.
- Reviewed reception roles and rotas to incorporate an additional member of staff to answer the telephones in the morning and afternoon.

Following implementation of the action plan, and further national patient survey results published in July 2016,

Are services responsive to people's needs?

(for example, to feedback?)

although there had been a slight increase in patient satisfaction, results were still low in relation to telephone access. As a result of this, the practice had initiated a further practice patient survey in conjunction with the patient participation group (PPG). At the time of our inspection, 970 responses had been received however, the survey was not due to be completed until the end of November 2016. The partners had incorporated this concern into the annual business plan and had agreed further actions for implementation such as updating the practice website to incorporate social media tools, the purchase of new information screens and patient appointment call systems, and installation of two automated self-service check in screens to allow patients to arrive themselves at the practice for their appointment. This screen also allowed patients the opportunity to complete patient satisfaction feedback each time they attended for their appointment. The practice website also enabled patients to complete patient feedback on line.

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

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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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. The practice had a complaints policy in place and information was available to patients to advise them on how to make a complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve.
- 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, a complaints leaflet was available for patients in the reception area.

We looked at 11 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. All complaints we looked at received a formal written response which included details of any investigations undertaken and an apology where necessary. The practice held a register of complaints received both verbally and in writing and carried out a significant event analysis on complaints which required this.

The practice also held a register of all compliments and positive feedback received. We saw 31 examples of feedback which included compliments for the care shown towards a patient and early identification of a stroke which had led to the patient being admitted to Leicester Royal Infirmary (LRI) and had received a lifesaving operation. Another compliment related to a patient who had suffered a cardiac arrest and had been admitted to LRI and had also received a lifesaving operation. Feedback was shared with all practice staff.

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 practice and staff we spoke with knew and understood the values. The practice also displayed the roles of the practice leadership team within the practice.

- The practice had a robust strategy and supporting five year business plan in place which covered various areas of the practice such as improving patient experience, education and training and quality and performance. This plan commenced in 2014 which reflected the vision and values and were regularly monitored. We saw a copy of this business plan during our inspection which had been developed by the whole practice team and included clear objectives and action plans to deliver this plan. This was a living document and was continually updated to record progression and continual development of this plan.
- The practice was innovative and strived to continually improve the services provided to patients and to continually inspire, motivate and develop their staff to achieve their aims.

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. We looked at 12 policies which included business continuity, health and safety, fire safety, consent, safeguarding and complaints. All policies had been regularly reviewed and updated. Staff we spoke with were aware of these policies and procedures and how to access them.
- A comprehensive understanding of the performance of the practice was maintained.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were rigorous arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. We saw evidence of a very thorough approach to risk assessment.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings. The practice also held daily clinical decision meetings and regular multi-disciplinary, business, nursing and other staff meetings. The practice also held regular 'INR' meetings to review patients who were prescribed warfarin medication.
- Staff in the practice including clinicians had lead roles for example in dementia, safeguarding, carers, health and safety and learning disabilities. During our inspection, we saw evidence that these roles were effective and we looked at examples of work undertaken in these areas.

Are services well-led?

Good 

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

- The practice held an employee of the month scheme and rewarded staff for recognition of their hard work.
- The practice acknowledged and rewarded their staff for their contribution to the practice, one member of staff we spoke with had received a gift from the partners to acknowledge 25 years' service to the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- The partners and management team attended away days twice a year. A previous away day in October 2016 included planning of financial and staffing arrangements and the employee of the month scheme as well as planning the key priorities of the practice such as succession planning, patient services and training capacity for medical students and registrars. We saw evidence of meeting minutes during our inspection which reflected this.
- One of the GP partners was actively involved in academic research and had authored and published two national poster presentations for a 2016 RCGP conference regarding the education of pharmacy students in general practice and collaborative learning between registrars and undergraduate pharmacists.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had approximately six members who met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following a recommendation by the PPG, the

practice had purchased a bench for patients to sit outside whilst waiting to be collected following their attendance at the practice. The practice also implemented a 24 hour appointment telephone cancellation line. The PPG had worked together to produce a section on the practice website to raise awareness to patients of local support groups available to them for advice and support for example Alcoholics Anonymous, Age Concern, counselling care and support in crisis and carers services. The PPG carried out fund raising events which included annual Macmillan coffee mornings for patients and used donations to purchase portable hearing loops for the practice, portable hearing loops were available on the reception desk but also in consultation rooms. The PPG also produced regular news articles which were published within the local press regarding the practice to enable those patients who did not visit the practice very often to be kept up to date with initiatives and changes within the practice. The PPG actively updated the practice Twitter and Facebook page to help promote the practice and the services it provides, whilst also encouraging patient feedback.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion.
- The practice carried out regular staff satisfaction surveys, during our inspection we saw an example of a survey carried out in September 2016. It was documented within the staff survey that the results of this survey would be shared with all practice staff and would also help the practice with the development of their future strategic business plan.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was a provider hub delivering training in conjunction with Health Education East Midlands (HEEM) and worked in partnership with multiple universities to deliver education and training to postgraduates and

Are services well-led?

Good 

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

undergraduates such as medical students, student nurses and student pharmacists from King's College London, University College London, University of Leicester, University of Nottingham and De-Montfort University. The aim of this scheme was to build capacity and capability for education in primary care and community settings to improve recruitment retention within general practice and to develop innovative workforce solutions.

The practice manager had developed an introduction to general practice course which was commissioned across Leicester, Leicestershire and Rutland (LLR) CCGs. This

course was designed for non-clinical staff to give an overall introduction to working in general practice. A further course was developed specifically for HCA's and practice nurses. Since 2014, 123 non-clinical staff across LLR had completed this course since its development and 18 HCA's and 10 practice nurses had completed the clinical course.

The practice was also responsible for organising practice learning events within ELR CCG which included staff from other GP practices. Topics included female genital mutilation (FGM), domestic violence and adult safeguarding.