

# Ibstock House Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# 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 Ibstock House Surgery on 27 October 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events however not all incidents had been recorded.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
  - Data from the national GP patient survey showed patients rated the practice lower than others for most aspects of care.

- Comments about the practice and staff were wholly positive.
- 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.
- Appointments were operated on a triage basis. Patients that rang for an appointment were added to a GPs triage list and the GP telephoned the patient to either give a telephone consultation or book the patient into an appointment with the relevant clinician.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place however not all staff felt supported by the partners and management
- The provider was aware of and complied with the requirements of the duty of candour.
- Safety alerts and alerts from Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and cascaded to the appropriate persons.

# Summary of findings

However we saw no evidence the practice carried out reviews and completed searches on the patient record system to ensure action was taken against the alerts. The practice had recently changed computer systems and it was not possible to review the older alerts.

- The practice offered extended hours with online prebookable appointments available from 7.20am Monday to Friday.
- The practice had recently changed computer systems which meant that at the time of the inspection they had identified 58 patients as carers (0.5% of the practice list). The practice waiting area did not display any support or signposting for carers services.
- The premises were visibly clean and tidy. The practice nurse who had been the infection control lead had left the practice and the practice did not have a copy of a recent infection control audit.
- Staff at the branch were not able to demonstrate their knowledge of the cold chain procedure. Although temperatures were checked and within the required range the staff we spoke with were unable to explain action they should take for any outside of this range
- All staff had received an appraisal within the last 12 months however some of the clinical staff appraisals had been completed without a clinician present.

The areas where the provider must make improvements are:

- Ensure infection control audit is completed and any actions identified are addressed.
- Ensure all staff that are part of the cold chain process understand the procedure and action that should be taken were necessary.
- Ensure processes for reporting and recording significant events, incidents and near misses is adhered to including non-clinical incidents.

The areas where the provider should make improvement are:

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.
- Clinicians to be involved in appraisals for clinical staff.
- Review and assess relevant training considered as mandatory for cleaning staff and drivers.
- Review process for staff feedback to ensure that staff feel supported and that their feedback is valued.
  - Embed new process for the management of safety alerts.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was a system in place for reporting and recording significant events. However not all incidents had been recorded.
- 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 some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Patient safety alerts were disseminated and discussed in meetings however there was no evidence to show the action that had been taken.
- The practice told us that an infection control audit at each site had been completed however the practice could not produce this to assure us that it had been completed.
- Temperature checks were in place at the practice however the staff at the branch were unsure of the action to take if the fridges went out of range.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mainly at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff however some of the clinical staff appraisals had been completed without a clinician present.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

- The practice had emergency care practitioners and pharmacists to assist with patients which then meant that the GPs had more time to see patients that had more complex needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for most aspects of care.
- Comment cards said patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had little information for carers in the practice waiting area and there was no information provided to carers as a matter of course. The practice had identified 0.5% of their patients as carers. This had been identified that they needed to improve on this.
- 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered extended hours so that appointments could be made online from 7.20am Monday to Friday.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice employed two emergency care practitioners to assist with patients that may have otherwise attended accident and emergency.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

# Summary of findings

## Are services well-led?

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions however not all incidents had been recorded.
- There was a clear leadership structure in place however not all staff felt supported by the partners and management.
- The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However the practice could not produce an infection control audit and there were processes that staff were unsure of such as action to take if the fridge temperature was raised.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The patient participation group was active.
- The practice sought feedback from patients, which it acted upon.

## Requires improvement



# 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 provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- The lead nurse visited the residential care homes where patients resided for a weekly ward round and then reviews medications with the pharmacists at the practice.
- Reviews were completed in patients home were required by the practice nurse.
- The practice hired a mini bus and employed a driver to bring patients to the surgery if they had no other way to get here.
- The dispensary at Barlestone provided a weekly delivery service to patients that are unable to get to the surgery to collect their medication.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was worse compared to the national average. (85% compared to 93% CCG average and 90% national average).
- Longer appointments and home visits were available when needed.
- Patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



# Summary of findings

## Families, children and young people

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with CCG averages for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%.
- 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.

Requires improvement



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

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Online pre bookable appointments were available from 7.20am Monday to Friday.
- Telephone triage which operated daily could be completed after 5pm if patients were at work.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Requires improvement





# Summary of findings

- 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 provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 80% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 87% and the national average of 84%.
- 93% of patients experiencing poor mental health were involved in developing their care plan in last 12 months which was better than the national average of 89%.
- 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.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above with local and national averages. 225 survey forms were distributed and 105 were returned. This represented 1% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and the national average of 73%.
- 88% 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 86% and the national average of 85%.
- 74% 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%.
- 63% 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 76% and the national average of 78%.

The practice were reviewing the patient survey and had an action plan in place to address the issues in the results. This included a new telephone system which would enable the practice to monitor peak times and to review staffing accordingly.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all highly positive about the standard of care received. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect.

The practice participated in the NHS Friends and Family Test (FFT). We reviewed the results of the survey and responses were generally positive. Patients were complimentary about staff and most said they would recommend their friends and family to the practice.

We spoke with care home staff that had residents that were patients at this practice. The care home staff said that the practice was very good and that they had a good working relationship. The nurse came each week to see the residents and that if the home requested a GP call to visit a patient then they would attend.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure infection control audit is completed and any actions identified are addressed.
- Ensure all staff that are part of the cold chain process understand the procedure and action that should be taken were necessary.
- Ensure processes for reporting and recording significant events, incidents and near misses is adhered to including non-clinical incidents.

### Action the service **SHOULD** take to improve

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.
- Clinicians to be involved in appraisals for clinical staff.
- Review and assess relevant training considered as mandatory for cleaning staff and drivers.
- Review process for staff feedback to ensure that staff feel supported and that their feedback is valued.
- Embed new process for the management of safety alerts.

# Ibstock House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, practice nurse specialist adviser and a practice manager specialist adviser.

## Background to Ibstock House Surgery

Ibstock House Surgery is a five partner practice which provides primary care services to approximately 10000 under a General Medical Services (GMS) contract.

- The practice is situated in Ibstock in a purpose built building and has a branch surgery in Barlestone which are both fully accessible to patients with wheelchairs and those with limited mobility
- There is a large car park at Ibstock House and Barlestone with disabled spaces available.
- Services are provided from Ibstock House, 132 High Street, Ibstock, Leicestershire, LE67 6JP and Barlestone Surgery, Westfields, Barlestone, CV13 0EN.
- The practice consists of five partners (three male and two female) and two salaried GPs.
- The practice also employed two emergency care practitioners, two pharmacists and three dispensers.
- The all female nursing team consists of a lead nurse prescriber and two practice nurses with four health care assistants (HCA).
- The practice has an operations manager and a business manager supported by 18 clerical and administrative staff to support the day to day running of the practice.
- This practice provides training for doctors who wish to become GPs and at the time of the inspection had one doctor undertaking training at the practice. (training practices have GP trainees or F2 doctors).
- The branch at Barlestone has a dispensary that dispenses to approximately 2500 patients.
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice has a higher than average number of patients aged 40 to 54 years of age and lower than average number of patients over 20 to 39 years of age.
- The practice has lower than average deprivation and sits in the third least deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures; family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.
- The practice lies within the NHS West Leicestershire 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.
- Ibstock House is open between 8.30am and 6.30pm Monday to Friday. Appointments are from 7.20am to 5.50pm Monday to Friday. Barlestone is open 8.30am to 4.30pm other than Thursday when it closes at 12.30pm. Both of the surgeries close for one hour at lunch 12.30pm to 1.30pm. Patients can attend either sites.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 October 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice management, nursing staff, pharmacists, emergency care practitioners and administrative staff).
- Spoke with a member of the patient participation group (PPG).
- Spoke with staff from local residential care homes.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw that the incidents recorded were more clinical and staff we spoke with described incidents such as a disturbance in the waiting area where the receptionist had raised the alarm. This had not been recorded as a significant event and we saw other incidents that had been reported and looked into. However not all been recorded and investigated with suggested actions to take to prevent reoccurrence.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had carried out an analysis of the significant events that had been recorded.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an actions such as ensuring vaccination clinics were not disturbed and new standard operating procedures had been written. Patient safety and medication alerts were disseminated and discussed in practice meetings. However we saw no evidence the practice carried out reviews and completed searches on the patient record system to ensure action was taken against the alerts. The practice had recently changed computer systems and it was not possible to review the older alerts. The new computer system showed some evidence for the more recent alerts although the practice had not re run the older searches which would have been good practice. Following the inspection the practice forwarded a process for managing alerts in the future and a recording sheet to be used to evidence actions taken and by whom.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. We saw examples of safeguarding concerns raised and multi-disciplinary meetings that were held to discuss individual cases.
- A notice in the waiting room and on the doors of all treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse who had been the infection control lead had left the practice and the practice did not have a copy of a recent infection control audit. The new infection control clinical lead was booked to attend a two day training course in January 2017 to enable them to carry out this role. We discussed the infection control audit with the management who said that they would ensure one was completed at both sites.
- There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice mostly 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 two pharmacists that worked in the practice, to ensure prescribing was in line with

## Are services safe?

best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored however the systems in place to monitor their use needed to be strengthened as the process that the practice had started to use did not track each prescription to the room or printer it had gone to. Following the inspection the practice forwarded two registers for prescription security to be used going forward. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Temperature checks were taken of the fridges at both surgeries and were in the required range of between 2 and 8 degrees. However the dispensing staff at the branch surgery were not fully aware of their responsibilities for this process, including the process of what to do if the fridge temperatures were outside of the recommended range. Since the inspection the practice forwarded a new cold chain protocol including action to take if temperatures are not in range.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The dispensary at the branch practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed nine 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. However the practice employed two drivers and five

cleaners none of whom had a DBS nor had the practice completed a risk assessment in relation to this. Following the inspection we were informed that a DBS had been applied for these staff.

### 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 area of both the main and branch site which identified local health and safety representatives. 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 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms.
- 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 defibrillator available on the premises and oxygen with adult and children's masks.

## Are services safe?

- 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. The practice held a copy electronically and staff also held a copy accessible at home.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. Exception reporting for the practice was 6% which was lower than national and CCG averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was worse compared to the national average. (85% compared to 93% CCG average and 90% national average).
- Performance for mental health related indicators was better compared to the national average. (100% compared with 97% CCG average and 93% national average).

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, improved adherence to guidance had resulted from an audit.

The practice undertook individual patient audit for every patient death. This included for example if the patient had died in their preferred place of death and if the patient was palliative had they been discussed at multi-disciplinary meetings. The practice then reviewed the end of life care provided as to what went well and what could be improved.

### 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. HCA's had completed care certificates and the HCA that had recently started would also be enrolled on this course.
- 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 and nurses. All staff had received an appraisal



# Are services effective?

## (for example, treatment is effective)

within the last 12 months however some of the clinical staff appraisals had been completed without a clinician present. This was discussed with the partners who agreed that the clinical staff appraisals conducted by the operations manager would also include a GP or nurse for the HCA's going forward. Appraisals that we looked at showed training needs identified and praise for work completed.

- 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. The practice employed five cleaners, and two drivers. The practice had not considered what training was mandatory for this staff group for example basic life support, safeguarding and fire safety. The practice management said following the inspection that they would ensure the training for these staff was identified and completed.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group and the practice held sessions in the surgery at Ibstock.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% which was comparable to the CCG average of 93% to 97% and five year olds from 95% to 99% which was comparable to the CCG average of 90% to 98%.

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. There was a sign at reception that offered this.

All of the 29 patient Care Quality Commission comment cards we received were highly positive about the service experienced with no negative comments. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required and how had treated them with kindness. Many comments said that the GP's always had time for you and would listen to your concerns.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 87% 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%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

We spoke with the practice in relation to the survey results. The practice had planned to run the same survey in the practice to see if the results differed. Following the inspection the practice sent a detailed action plan in relation to the patient survey results. These included communications to patients, a new telephone system and also ongoing work with the PPG. Actions had named leads and deadlines for completion.

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

Patients told us they felt involved in decision making about the care and treatment they received. Comment cards 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. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients did not all respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or below local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.

## Are services caring?

- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

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

### **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 however the practice had changed in June 2016 to a new computer system and therefore the list of

carers was inaccurate. The system showed that the practice had 58 patients recorded as carers (0.5% of the practice list). We spoke with the practice management about this and they had identified prior to the inspection that this was an area that they needed to look at. There was no information available in the waiting area for carers and there were no signs asking if patients were carers. The new patient checklist asked if patients were carers which enabled them to be given information and signposting to other services. The practice were looking at ideas of how to improve this figure. The practice offered flu vaccinations to those patients that they had identified as carers. Following the inspection the practice contacted a local voluntary organisation that provide support for carers and arranged a meeting to discuss how the practice can identify and support carers in the future.

Staff told us that if families had suffered bereavement, a letter was sent to the bereaved. The letter offered sympathy to the bereaved and said that if needed they could contact the practice for any support required. 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 was available if required.

# 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 so that appointments could be made online from 7.20am Monday to Friday.
- All other appointments were operated on a triage basis. Patients that rang for an appointment were added to a GPs triage list and the GP telephoned the patient to either give a telephone consultation or book the patient into an appointment with the relevant clinician.
- The practice employed two pharmacists to assist the practice with medicines management. The pharmacists were able to speak to patients to advise on medication and to assist the GPs with medication reviews. They also performed audits in relation to prescribing.
- The practice employed two emergency care practitioners to assist with patients that may have otherwise attended accident and emergency.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice nurse had attended patients homes to deliver flu vaccines and to ensure that reviews were completed for those patients that required it.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had online booking facilities and patients could book on the day or up to four weeks in advance.
- The practice had a mini bus that they utilised twice a week and a driver was employed by the practice to transport patients to the practice twice a week.
- The dispensary at Barlestone employed a delivery driver that delivered medication to the dispensary patients once a week.

### Access to the service

Ibstock House was open between 8.30am and 6pm Monday to Friday. Appointments were from 7.20am to 5.50pm

Monday to Friday. Barlestone was open 8.30am to 4.30pm other than Thursday when it closed at 12.30pm. Both of the surgeries close for one hour at lunch 12.30pm to 1.30pm. Patients can attend either sites.

Pre-bookable appointments could be made on-line all other appointments were triaged by the GP.

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

- 55% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.

The practice had looked at the appointment time and had appointments from 7.20am although none in the evening and weekends. The practice had planned to discuss this further with the PPG. The practice also had plans for a new telephone system which would enable the practice to monitor peak times and to review staffing accordingly.

Comment cards that we received said that they were able to get an appointment on the day. Some comments mentioned the triage process and that since it had been explained and used they had found it efficient.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a complaints poster in reception.
- The practice did not record verbal complaints however after the inspection the practice said they would be recording them.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Response letters that were sent included

## Are services responsive to people's needs? (for example, to feedback?)

details of lessons learned and how learning would be shared in the practice. The practice procedure stated that complaints would be responded to by letter including details of the ombudsman, however some complaints had been resolved over the telephone. The operations manager said that they would follow this up with a final letter going forward with the details of the ombudsman for patients that were not satisfied. Apologies were given where appropriate. The practice had completed quarterly reviews of the complaints and the practice had identified trends. The practice had a checklist to show actions taken and lessons learned with prompts for learning to be shared

with, for example, nursing staff, reception staff and the branch at Barlestone. Some of the complaints had been recorded as not applicable to be shared with Barlestone however the practice management decided that in the future they would be shared with everyone for information. Action was taken as a result to improve the quality of care. For example, the website had been updated to include further information. The practice were in the process of purchasing a new phone system that would mean that all calls would be recorded. The practice thought that this would be useful in relation to complaints relating to staff attitude.

# Are services well-led?

Requires improvement 

(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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement.
- The practice had identified challenges for the future and were looking at ways to develop the practice.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, we found that some of this required strengthening to ensure processes and protocols were followed.

- 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 either on the shared drive or hard copy in a folder.
- 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions however not all incidents were been recorded, such as non clinical incidents.

### 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.

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

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

There was a clear leadership structure in place however not all staff felt supported by the partners and management.

- The practice held regular meetings each week of which minutes were available.
- There were meetings for GPs, nursing staff and heads of staff separately and quarterly the practice held full team meetings at practice learning events, although not all staff attended.
- Some staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings however other staff said that the management did not listen and take into consideration their views and feelings.
- Some staff said they felt respected, valued and supported, however others said that they felt that they were not valued.

The partners and management told us that they were fully committed into working with the staff to ensure they were listened to and supported. From immediate effect the governance meetings would be extended so that one staff member would attend from each staff group. This would enable staff to attend on rotation if they wished and enable them to share any comments, views or suggestions. This would give greater opportunity for them to be involved in the running of the practice.

- Staff suggestions including having more nurse/HCA appointments in the mornings had been implemented.
- The practice was a training practice and had one registrar working at the time of our inspection. They were not working on the day of the inspection.

### 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.

# Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys.
- Suggestions implemented as a result of patient feedback included music played in reception to assist with confidentiality and opening the doors a bit earlier in the morning if it was bad weather especially.
- The PPG had raised funds for the practice and had purchased equipment for the practice such as a portable defibrillator and a phlebotomy chair. Fundraising was done from selling second hand books, coffee mornings and raffles.
- The practice had gathered feedback from staff through staff meetings and annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, however some staff said that not all suggestions were listened to and did not feel confident in making suggestions.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The practice had not completed an infection control audit at either site.</p> <p>Not all staff were aware of the cold chain process and actions to take.</p> <p>This was in breach of regulation 12(1)(2)(d)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice did not have thorough governance systems in place.</p> <p>Not all significant events had been recorded and there was no evidence that patient safety alerts were actioned.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>