

East Leicester Medical Practice - Dr S Longworth and Partners

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

East Leicester Medical Practice provides a range of primary medical services to approximately 13,000 patients from their surgery at Uppingham Road Health Centre, 131 Uppingham Road, Leicester.

We carried out a comprehensive inspection on 4 November 2014.

During the inspection we spoke with patients that used the practice and met with members of the patient participation group (PPG). A PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care. We also reviewed comments cards that had been provided by CQC on which patients could record their views.

The overall rating for this practice is good. We also found the practice to be good in the safe, effective, caring and well led domains. We found the practice required improvement in the responsive domain and also required

improvement in the care they provided to the population groups of older people, people with long term conditions, working age people, people experiencing poor mental health and people in vulnerable circumstances.

Our key findings were as follows:

- Evidence we reviewed demonstrated that most patients were satisfied with how they were treated and this was with compassion, dignity and respect. The information also demonstrated that the GPs were good at listening to patients and treated them with care and concern.
- The practice had on-going issues relating to maintenance of the premises which were owned by NHS Property Services. They had been in negotiations for some time to secure a tenancy agreement and hoped that this would soon be finalised and responsibilities relating to maintenance defined and agreed.
- The practice had robust arrangements in place to manage emergencies. Staff had received relevant

Summary of findings

training and there was equipment available for staff to use in the event of an emergency. Emergency medicines were available and all staff knew of their location.

- The practice had achieved and implemented the gold standards framework for end of life care. It had a palliative care register and had regular multi-disciplinary meetings to discuss the care and support needs of patients and their families.
- The practice had recognised that there was a lack of patient satisfaction in respect of access to appointments and telephone access to the practice. They had recently managed to recruit new GPs and told us this would increase appointment availability. The practice had been working with the PPG to address the issue of telephone access and had plans in place to increase the number of staff available to answer calls at the busiest times of the day.
- There was clear leadership with all staff being aware of their role and responsibilities. There was a strong team ethos and staff felt well supported and valued.

There were areas of practice where the provider needs to make improvements.

The provider should :

- improve access to appointments.
- ensure patients have appropriate telephone access to the practice.
- ensure that privacy curtains are replaced at least every six months.
- ensure that an up to date legionella risk assessment is in place.
- have in place generic risk assessments relating to health and safety.
- ensure that all outstanding actions from the infection control audit are completed.
- ensure all policies are reviewed and updated.
- ensure that minutes of all meetings are more comprehensive and include actions and required follow up where relevant.

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 safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated to support improvement. There were safe systems in place for repeat prescribing. Information about safety was recorded, monitored appropriately, reviewed and addressed. There were enough staff to keep people safe. There were plans in place to manage emergencies which could have disrupted the continuity of the service provided by the practice.

There were systems in place to assess the risk of, to prevent, detect and control the spread of health care associated infections but the practice should ensure there is a current legionella risk assessment in place and actions from the most recent infection control audit completed.

Good



Are services effective?

The practice is rated as good for effective. Data showed patient outcomes were at or above average for the locality. NICE guidance is referenced and used routinely. People's needs are assessed and care is planned and delivered in line with current legislation. This includes assessment of capacity and the promotion of good health. Staff have received training appropriate to their roles and further training needs have been identified and planned. The practice had carried out appraisals including a personal development plan for all staff. Multidisciplinary working was evidenced.

Good



Are services caring?

The practice is rated as good for caring. Data showed patients rated the practice well for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for responsive. The practice had reviewed the needs of their local population and worked with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. The practice acknowledged there was dissatisfaction amongst patients in respect of access to

Requires improvement



Summary of findings

appointments and telephone access to the practice. The practice had recently managed to recruit new GPs and told us that once they commenced employment this would increase appointment availability. The practice also had plans in place to increase the number of staff available to answer telephone calls at the busiest times of the day.

The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

Are services well-led?

The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver this. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, however some of these were overdue a review. Regular governance meetings had taken place but some meetings were not regularly minuted. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings.

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 requires improvement for the care of older people. The provider was rated as good for safe, effective caring and well led overall and this includes for this population group. The provider was rated as requires improvement for responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered proactive, personalised care to meet the needs of the older people in its population with patients over 75's having a named GP. There were a range of enhanced services, for example in dementia and end of life care. The practice was responsive to the needs of older people, including offering home visits by both GPs and nurses and rapid access appointments for those with enhanced needs. Practice pharmacists monitored poly pharmacy in the elderly. Polypharmacy is the use of four or more medications by a patient, generally adults aged over 65 years. The practice recognised the needs of carers and followed a carers policy.

Patients found difficulty with access to appointments and the practice had started to take steps to address the issue but their actions had not yet been fully implemented.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the population group of people with long term conditions. The provider was rated as good for safe, effective, caring and well led overall and this includes for this population group. The provider was rated as requires improvement for responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Emergency processes were in place and referrals were made for patients in this group that had a sudden deterioration in health. When needed longer appointments and home visits were available. All these patients had a named GP and structured annual reviews to check their health and medication needs were being met. For those people with the most complex needs the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. GPs had special interests in a variety of long term conditions and there were chronic disease clinics at the practice with an effective recall system in place.

Requires improvement



Summary of findings

Patients found difficulty with access to appointments and the practice had started to take steps to address the issue but their actions had not yet been fully implemented.

Families, children and young people

The practice is rated as requires improvement for the population group of families, children and young people. The provider was rated as good for safe, effective, caring and well led overall and this includes for this population group. The provider was rated as requires improvement for responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. There was a designated lead for safeguarding children. Immunisation rates were high for all standard childhood immunisations. Children and young people were treated in an age appropriate way and recognised as individuals. Appointments were available outside of school hours every day. We were provided with good examples of joint working with midwives and health visitors. Health visitors were aligned to the practice and held weekly clinics there. Emergency processes were in place and referrals made for children and pregnant women who had a sudden deterioration in health.

Patients found difficulty with access to appointments and the practice had started to take steps to address the issue but their actions had not yet been fully implemented.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the population group of the working-age people (including those recently retired and students). The provider was rated as good for safe, effective, caring and well led overall and this includes for this population group. The provider was rated as requires improvement for responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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 offer continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. Telephone appointments were available in advance and the practice provided

Requires improvement



Summary of findings

extended hours to enable to patients to attend appointments outside of normal working hours. The number of NHS health checks carried out was relatively low although the practice had plans in place to address this.

Patients found difficulty with access to appointments and the practice had started to take steps to address the issue but their actions had not yet been fully implemented.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the population group of people whose circumstances may make them vulnerable. The provider was rated as good for safe, effective, caring and well led overall and this includes for this population group. The provider was rated as requires improvement for responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including those with learning disabilities. The practice had carried out annual health checks for people with learning disabilities and held a learning disability clinic. The practice offered longer appointments for people with learning disabilities.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. 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 and out of hours.

Patients found difficulty with access to appointments and the practice had started to take steps to address the issue but their actions had not yet been fully implemented.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the population group of people experiencing poor mental health (including people with dementia). The provider was rated as good for safe, effective, caring and well led overall and this includes for this population group. The provider was rated as requires improvement for responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice took part in the local enhanced service for dementia screening and had in place advance

Requires improvement



Summary of findings

care planning for patients with dementia. Regular reviews of patients with mental health needs were carried out by the practice mental health co-ordinator. Active depression screening was in place for patients with long term conditions or post natal mothers.

The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations. Staff had received training on how to care for people with mental health needs and dementia.

Patients found difficulty with access to appointments and the practice had started to take steps to address the issue but their actions had not yet been fully implemented.

Summary of findings

What people who use the service say

East Leicester Medical Practice had carried out a patient survey of 216 patients during January 2014. This showed that 93% of patients felt they were treated with dignity and respect when they contacted the practice. Results from the national GP NHS patient survey showed that 85% of their patients described their overall experience of the surgery as good.

The national survey also reflected that 76% of patients would recommend the practice to others. This figure was higher than the average for practices in the CCG.

The patients we spoke with on the day of our visit were very positive about the care and support they received at the practice. Some commented on difficulty in getting through to the surgery on the phone.

We received two comment cards on the day of our inspection. Comments relating to the level of service provided by staff were positive and described the service as excellent with staff being polite. Other comments which related to the appointment system were negative and described patients having to queue outside before opening time to make an appointment. We met with two members of the patient participation group (PPG). The PPG is a group of patients who highlight patient concerns and needs and work with the practice to drive improvement within the service. The PPG members told us they had worked with the practice to address issues patients had raised.

Areas for improvement

Action the service **SHOULD** take to improve

- improve access to appointments.
- ensure patients have appropriate telephone access to the practice.
- ensure that privacy curtains are replaced at least every six months.
- ensure that an up to date legionella risk assessments in place.
- have in place generic risk assessments relating to health and safety.
- ensure that outstanding actions from infection control audit are completed.
- ensure all policies are reviewed and updated.
- ensure that minutes of all meetings are more comprehensive and include actions and required follow up where relevant.

East Leicester Medical Practice - Dr S Longworth and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and the team included a GP, a GP practice manager and another CQC inspector.

Background to East Leicester Medical Practice - Dr S Longworth and Partners

East Leicester Medical Practice is a GP practice which provides a range of primary medical services to around 13,000 patients from a surgery in the city of Leicester. The practice's services are commissioned by Leicester City Clinical Commissioning Group (CCG). The service is provided by five GP partners, five practice nurses and four health care assistant and three part time pharmacists. They are supported by a management team and reception and administration staff. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice has one location registered with the Care Quality Commission (CQC) which we inspected at Uppingham Road Health Centre, 131 Uppingham Road, Leicester, LE5 4BP.

The surgery is in a two storey building with a car park. Car parking spaces are designated for use by people with a disability near the surgery entrance.

We reviewed information from the CCG and Public Health England which showed that the practice population had similar deprivation levels compared to other practices within the CCG and higher than the average for practices in England.

The practice had opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided to Leicester City, Leicestershire and Rutland by Central Nottinghamshire Clinical Services.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal

Detailed findings

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.

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.

How we carried out this inspection

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

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

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

- Older people

- People with long-term conditions
- Families, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We also reviewed information we had requested from the practice prior to our visit, as well as information from the public domain including the practice website and NHS choices.

We carried out an announced visit on 4 November 2014. During and subsequent to our visit we spoke with a range of staff including GPs, registrars, the management team, nurses, a healthcare assistant and a pharmacist as well as reception and administration staff. We also spoke with patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

During our visit we spoke with representatives of the patient participation group to gain their views on the service provided by the practice.

Are services safe?

Our findings

Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke to were aware of their responsibilities to raise concerns, and how to report incidents and near misses.

We reviewed safety records and incident reports and minutes of meetings where these were discussed.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We saw records of significant events that had occurred during the last 12 months and were told that significant events were discussed at staff meetings. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff. The practice kept a log of significant events which recorded that some incidents had been discussed at clinical meetings, however this could not be evidenced as clinical meetings were not minuted. Staff including receptionists, administrators and nursing staff were aware of the system for raising issues. Staff we spoke with were able to describe incidents they had raised as a significant event and the process for dealing with it, including how the learning from the incident had been communicated to practice staff.

Incident forms were available and once completed these were sent to the deputy practice manager who showed us the system they used to oversee how these were processed. They told us that significant events were monitored by one of the GP partners as well as the non clinical management team. We looked at significant events recorded in 2014 and saw that they had been dealt with appropriately and saw examples where changes in practice or procedure had been implemented as a result of incidents raised. There was no system in place to review the significant events to identify themes or trends but following our inspection the executive manager informed us that there was now a system in place to record root cause analysis and training needs on a monthly basis and to provide an annual summary to identify themes or trends.

National patient safety alerts were disseminated by the executive manager and lead nurse to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Practice training records made available to us showed that all staff had received relevant role specific training on safeguarding. We asked members of administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies. Contact details were easily accessible.

The practice had a dedicated GP appointed as lead in safeguarding vulnerable adults and children who had been trained to an appropriate level to enable them to fulfil this role. All staff we spoke to were aware who these leads were and who to speak to in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments.

A chaperone policy was in place. Posters advised patients that chaperones were available and were visible in various locations in the practice. A formal chaperone is a person who serves as a witness for both a patient and a medical practitioner as a safeguard for both parties during a medical examination or procedure and is a witness to continuing consent of the procedure. Family members or friend may be present but they cannot act as a formal chaperone.

Chaperone training had been undertaken by two healthcare assistants which was insufficient to allow for chaperone availability during staff absence. The chaperone policy was not up to date with current procedures. We

Are services safe?

discussed these issues with the executive manager and following our visit we were provided with an updated and appropriate policy and advised that all staff would receive chaperone training in January 2015.

Patient's individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system, SystmOne which collated all communications about the patient and included scanned copies of communications from hospitals.

There was a system in place for reviewing repeat medications for patients with co-morbidities and multiple medications.

GPs appropriately used the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. The lead safeguarding GP was aware of vulnerable children and adults and the practice held monthly meetings with health visitors and the midwife to discuss child protection cases or concerns.

Medicines Management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. The protocol complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed. This helped to ensure that patient's repeat prescriptions were still appropriate and necessary.

There was a system in place for the management of high risk medicines which included regular monitoring in line with national guidance.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness and infection control

The East Leicester Medical Practice occupied a number of rooms and waiting areas within Uppingham Road Health Centre. The property was owned by NHS Property Services.

During the inspection we looked at the areas of the health centre used by the practice which included the GP consulting rooms, treatment rooms, store rooms, patient toilets and waiting areas.

We observed the areas to be clean and tidy. We saw there were daily cleaning schedules in place and cleaning records were kept.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy. Staff we spoke with told us the practice areas used were kept clean and tidy.

We saw evidence that the lead had carried out an audit for infection control in June 2013. Actions included change of fabric chairs in some clinical rooms and soap dispensers required in each room. At the time of the inspection these actions were still outstanding.

An infection control policy and supporting procedures were available for staff to refer to. It was reviewed in April 2014 and was a comprehensive policy which enabled staff to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were readily available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy.

Each clinical room had clinical waste bins which were foot operated and lined with the correct colour coded bin liners. We saw waste was stored in locked bins within an outside shared locked compound. A waste audit had been carried out by an external company in March 2014. Sharps bins had been identified as being over three months old and cotton wool was found in the sharps bins. Action was taken by the practice and staff were reminded to dispose of waste in line with the practice's policy.

Are services safe?

We saw disposable curtains were in each clinical room to ensure that patients had privacy when being examined. Some had been replaced in line with the infection control policy but we found a number that were over the six month date for being changed. We spoke with the management team and were told that this had previously been the responsibility of the landlord but the service was suddenly withdrawn. They told us it was now an on-going issue with NHS property services who owned the premises and they were trying to resolve it. We spoke with NHS property services following our inspection and were told that they did not consider this to be part of the cleaning contract with the practice.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

Sharps bins were correctly assembled and labelled and there was also a policy for needle stick injury,

We saw that the practice used a recognised coloured coded cleaning system for mops and cloths as stated in current hygiene guidance.

All cleaning materials and chemicals were stored securely. Control of substances hazardous to health (COSHH) information was available to ensure their safe use. We saw the COSHH policy which was last reviewed in January 2013.

The practice had a legionella risk assessment which had established that the building had medium levels of risk in relation to legionella bacteria. However this was dated January 2013 and actions had been identified and we saw no evidence that these had been implemented. The executive manager told us this was the responsibility of the landlord, NHS property services and would follow it up.

We saw the practice had a designated isolation room which was equipped for patients who have the symptoms of Ebola. There was a white line on the floor from reception to the room to direct patients who were suspected of having Ebola. There was a box with personal protective clothing ready for staff in readiness to treat a patient. A policy was also in place for the treatment of suspected Ebola patients.

Equipment

We looked at equipment available in the practice together with arrangements in place that ensured equipment was serviced and safe to use.

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of yearly testing was in place. We saw evidence of calibration and certificates of equipment for 2014; for example weighing scales, D Dimer machine and the fridge thermometer.

Single use examination equipment was stored hygienically and was disposed of after use. Other equipment was wiped down, cleaned or sterilised after use.

Staffing & Recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting staff. Records we looked at contained evidence that recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service (DBS). Some staff files we looked at contained DBS checks which related to a previous employer. We raised this with the executive manager and following our visit were informed that new applications for DBS checks had been made for these staff members.

The practice used locum GPs on a regular basis and had a policy and appropriate procedures in place relating to this. The executive manager gave examples of when they had not accepted a locum in the interests of safety if the locum had been unable to provide the required documentation.

Monitoring Safety & Responding to Risk

The practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the areas of the building used, the environment, medicines management, staffing, dealing with emergencies and equipment.

The practice had a health and safety policy which had no review date. Health and safety information was displayed for staff to see and there was an identified health and safety representative. Regular health and safety meetings were held. MHRA alerts, infection control, review of any accidents and Control of Substances Hazardous to Health (COSHH)

Are services safe?

were on the agenda. We saw the agendas but found that the meetings were not fully minuted. We spoke to the management team who told us they would ensure that the meetings were minuted in full going forward.

The practice did not have robust arrangements for identifying, recording and managing risks. The executive manager showed us the risk log, which addressed a few potential issues, such as risk of ebola and fire safety for Christmas decorations. We did not see any evidence of generic risk assessments, for example, slips, trips and falls, manual handling, display screen equipment, lone working or violence and aggression. We spoke to the management team on the day of inspection who told us they would complete a generic risk assessment.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. The notes of the practice's significant event meetings showed that staff had discussed a medical emergency concerning a patient and that practice had learned from this appropriately.

Emergency medicines were available in an area of the practice and all staff knew of their location. The practice did not have a risk assessment for the security of these medicines. We spoke to the management team and after the inspection we received a risk assessment of the area.

Anaphylaxis kits were kept in each clinical room and had guidance for staff to follow in the event of an emergency. Anaphylaxis is an acute allergic reaction to an antigen (e.g. a bee sting) to which the body has become hypersensitive.

All medicines were in date and checked on a monthly basis. The practice had a list of medicine expiry dates and had a procedure for replacing medicines at that time. The medicines included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. All the medicines we checked were in date and fit for use.

The staff we spoke with were aware of what action to take in the event of an emergency and how they could access additional help, for example 999 services, if required.

A service continuity plan was in place to deal with a range of emergencies that may have impacted on the daily operation of the practice. Areas identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed. The service continuity plan had not been reviewed and updated since 2013. We spoke with the management team on the day of inspection and they told us they would review the policy.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. A fire assembly point had been identified. On the day of the inspection the fire exits were clear and ramps were available for patients with reduced mobility. Records showed that staff were up to date with fire training and that they practised regular fire drills. A fire procedure produced by the Leicester Partnership Trust was reviewed in July 14 and made available for staff to refer to. Fire extinguishers we looked at had not been serviced since October 2013. We spoke to the management team who told us they were the responsibility of NHS property services. Following our inspection we spoke with NHS property services who told us the fire extinguishers were scheduled to be serviced in December 2014.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence and from local commissioners. We saw minutes of meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. We found from our discussions with the GPs that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work which allowed the practice to focus on specific conditions. Clinical staff felt able to ask colleagues with advice and support.

The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes.

National data showed the practice was in line with referral rates to secondary and other community care services for all conditions. We reviewed referrals and saw that appropriate and timely action had been taken. We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, child protection alerts management and medicines management. The information staff collected was then collated by the executive manager and deputy practice manager to support the practice to carry out clinical audits.

The practice showed us a number of clinical audits that had been undertaken in the last year. Some of these were completed audits where the practice was able to demonstrate the changes which had resulted since the

initial audit. An example of this was an audit of the practice death book to establish if there was a cause and place for each death recorded of a patient. Two audit cycles had been completed and learning and changes to be made as a result of the audit were recorded. For example, a new system was introduced for the storage of death certificate counterfoils in order to record more accurately the cause of death of patients. Other examples included clinical audits to confirm that the GPs who undertook minor surgical procedures were competent to do so.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). QOF is a national performance measurement tool. For example we saw an audit regarding the prescribing of antibiotics. Following the audit the GPs carried out reviews for patients who were prescribed these medicines and altered their prescribing practice, in line with the guidelines. GPs maintained records which showed how they had carried out evaluations and documented the outcomes.

The practice also used the information they collected for QOF, enhanced services and immunisation programmes to monitor outcomes for patients. An annual quality review of the practice's performance was carried out by the CCG which indicated how the practice was performing within the CCG in comparison to other local practices. Patients with long term conditions such as diabetes had an annual medication review, and the practice met all the minimum standards for QOF in diabetes, asthma and chronic obstructive pulmonary disease (lung disease). The practice was not an outlier for any QOF (or other national) clinical targets.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. Referrals were monitored within the practice and at meetings with other local practices. The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes comparable to other services in the area.

The practice employed three part time pharmacists who had responsibility for prescribing audits and oversaw repeat prescribing in order to improve communication and safety. Staff checked that patients receiving repeat

Are services effective?

(for example, treatment is effective)

prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP went to prescribe medicines. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the list with the General Medical Council).

All staff undertook annual appraisals which identified learning needs. Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses. As the practice was a training practice, doctors who were in training to be qualified as GPs were offered extended appointments and had access to a senior GP throughout the day for support. Feedback from those trainees we spoke with was positive.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of influenza vaccines and cervical screening. Those with extended roles, for example the nurse prescribers were also able to demonstrate that they had received appropriate training to fulfil these roles. Nurse Prescribers are specially trained nurses allowed to prescribe any licensed and unlicensed drugs within their clinical competence.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries, out of hours providers and the 111 service were received both electronically and by post. The GP responsible for seeing these documents and results was also responsible for the action required.

The practice was commissioned for the new enhanced service to prevent unplanned admissions to hospital and had a process in place to follow up patients discharged from hospital. (Enhanced services are services which require an enhanced level of service provision above what is normally required under the core GP contract). We saw that the process for actioning hospital communications was working well in this respect.

The practice held multidisciplinary team meetings to discuss the needs of complex patients such as those with end of life care needs or children on the at risk register. Meetings were attended by various health care professionals such as district nurses, health visitors or palliative care nurses. Decisions about care planning were documented in patient records and shared with relevant professionals.

Information Sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use.

The practice had systems in place to provide staff with the information they needed. An electronic patient record SystemOne was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system and found it easy to use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that clinical staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice. One GP explained to us how patients should be supported to make their own decisions and how these should be documented.

Guidance and templates were available for staff to support them to ensure patient's best interests were taken into

Are services effective?

(for example, treatment is effective)

account if a patient did not have capacity. Clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). There was a 'pop-up' on the practice's computerised system which reminded clinicians to consider Gillick competencies where relevant.

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure.

Health Promotion & Prevention

The practice gave all new patients who registered with the practice a health check questionnaire. Any health concerns identified would be followed up. We were told that GPs and practice nurses used each consultation as an opportunity to identify risks to patients' health and offered health promotion advice, screening and referrals such as for smoking cessation or chlamydia screening.

The practice offered NHS Health Checks to all its patients aged 40-74. The practice data showed that the number of patients who had received a health check were low in comparison to other practices locally. We discussed this with the management team who told us this was due to lack of staff but planned to address this once the new staff they had recently recruited were in place.

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with learning disabilities and

patients on the register were invited for an annual physical health check at the practice's learning disability clinic. Similar mechanisms of identifying at risk groups were used for patients who were receiving end of life care. These groups were offered further support in line with their needs.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for childhood immunisations was at least 95% for each immunisation which was either above or in line with the average for the CCG, and again there was a process for following up non-attenders.

The practice kept registers of patients who were identified as being at high risk of an unplanned admission to hospital or those receiving end of life care. Up to date care plans were in place and were shared with relevant providers as necessary. Patients over 75 had been informed by letter of their named GP with a view to providing continuity of care.

The practice held clinics for various long term conditions such as diabetes, heart failure and diabetes and there was a recall system in place to enable structured annual reviews to take place for patients with long term conditions.

Alcohol and substance misuse services held clinics at the practice which patients could be referred to.

People who were experiencing poor mental health had regular reviews with the practice mental health co-ordinator and the practice provided an enhanced service for dementia screening.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey and a survey of 216 patients undertaken by the practice in partnership with the patient participation group (PPG). The evidence from these sources showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the practice's survey showed that 93% of patients felt they were treated with dignity and respect when they contacted the surgery. The practice was also above the CCG average for its satisfaction scores on consultations with doctors. 90% of practice respondents to the national GP patient survey said the GP was good at listening to them and 80% said the last GP they saw or spoke to was good at treating them with care and concern.

Patients completed CQC comment cards to tell us what they thought about the practice. We received two completed cards. One was negative in respect of a specific GP and the second praised the staff and service received but was negative about the appointment system and difficulty in obtaining an appointment. The service was described as excellent with polite staff. We also spoke with five patients on the day of our inspection. All of them told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk and was shielded by glass partitions which helped keep patient information private. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that they had received training in conflict resolution which helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national GP patient survey showed 75% of practice respondents said the last GP they saw was good at involving them in care decisions and 84% felt the GP was good at explaining treatment and results. Both these results were slightly above the national average.

Patients we spoke to on the day of our inspection told us that their health issues were discussed with them and what their options were. They felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and usually there was enough time during their consultation to make a decision about the treatment they wished to receive. However, patient feedback from one comment card described some consultations as rushed.

Staff told us that translation services were available for patients who did not have English as a first language. We were also told that a wide range of languages were spoken by staff and this was used to support patients when necessary and patients often brought a family member with them to translate for them.

We saw evidence of care plans for older patients and those with long term conditions which had been compiled with the involvement of the patient and carers where appropriate. Patients were given a copy of their personalised care plan to refer to at home.

Patient/carers support to cope emotionally with care and treatment

Patients we spoke with on the day of our inspection described staff as compassionate and supportive.

Notices in the patient waiting room, on the TV screen and patient website also told people how to access a number of support groups and organisations. Some of this information was in languages used by the practice

Are services caring?

population. The practice had noticeboards which had a wide variety of information. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the support available to them.

Staff told us families who had suffered bereavement were contacted by their usual GP. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or signposting to a support service.

The practice recognised the potential for depression in those patients with long term conditions and routinely carried out depression screening for patients with long term conditions.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs. The practice had signed up to the new enhanced service to prevent unplanned admissions to hospital. GPs had profiled patients in order to identify those most at risk in order to help detect and prevent unwanted outcomes for patients and produced personalised care plans for each patient in this group.

The NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. The practice had started work on leading on a GP federation with neighbouring practices to address improving access, teaching and training and extra services. The executive manager told us the practice had worked on developing a GP recruitment scheme with the LAT which was then made available to other practices.

Longer appointments were available for people who needed them and those with long term conditions. This also included appointments with a named GP or nurse. Home visits were made to 14 local care homes as required.

The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the Patient Participation Group (PPG). For example members of the PPG we met with described how following their suggestion the practice had introduced a separate window for prescriptions at the reception. This had reduced waiting times for patients.

The practice had achieved and implemented the gold standards framework for end of life care. They had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss patient and their families care and support needs. The practice worked collaboratively with other agencies and regularly shared information to ensure effective and timely communication of changes in care and treatment.

Home visits were available for older people and people with long term conditions and longer appointments provided when needed.

Appointments were available outside of school hours for children and young people.

The mental health needs of patients was monitored by the practice mental health co-ordinator with longer appointments available when required.

Tackle inequity and promote equality

The practice had recognised the needs of different groups in the planning of its services.

The practice had a population with a high percentage of patients whose first language was not English and catered for this by means of information in different languages, translation services and multilingual staff. The practice were also aware of and respected the different religions and cultural diversity of their patients and took them in to account as part of the care and treatment provided. Patients were offered the choice of a female or male GP or a GP who spoke their language when requested.

There were alerts on certain patient records such as for patients with a visual impairment, non English speakers or those who had a nominated carer with consent to act on their behalf. These alerts helped staff to offer appropriate support.

The premises and services had been adapted to meet the needs of people with disabilities. There was automatic doors and ramps for patients with reduced mobility. There was also a low reception desk. There was a hearing loop installed to support patients with hearing problems.

The practice was situated on the ground and first floors of the building with all services for patients on the ground floor. There were turning circles in the wide corridors for patients with mobility scooters. This made movement around the practice easier and helped to maintain patients' independence.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities. We found that one of the disabled toilets was out of order. There was an alternative disabled toilet in another

Are services responsive to people's needs?

(for example, to feedback?)

area of the building. We discussed this with the management team who told us it had been reported to NHS property services some months ago and they were still waiting for it to be repaired.

Access to the service

Appointments were available from 8 am to 6.30 pm on weekdays. The practice provided extended opening hours on a Monday evening until 8pm. The appointment system offered a mixture of pre-bookable appointments for patients who wished to see a specific GP which could be made in advance. Same-day appointments were also available.

The practice's extended opening hours on Monday evenings was particularly useful to patients with work commitments. This was confirmed by patients we spoke with during our visit. Telephone appointments were also available for patients who found it difficult to get to the practice whether due to work commitments or other circumstances. Text messaging was used to remind patients of appointments.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

There was a high level of patient dissatisfaction with the appointment system which was acknowledged by the practice. Patients reported difficulties with contacting the practice by telephone to make an appointment and by the time they got through, being unable to get an appointment. Patients also felt that there was often a long wait to see the doctor of their choice. This was also reflected by data from the national patient survey which showed that only 23% of practice patients with a preferred GP were usually able to get to see or speak to that GP. The average for the CCG was 49%. Similarly only 48% of respondents said they found it easy to get through to this surgery by phone, compared to the CCG average of 69%.

The practice were aware of these issues and they had plans in place to address them. The executive manager told us the problems had been compounded by having trouble recruiting new GPs when others had left and therefore less appointments being available. They had recently managed to recruit new GPs and were confident this would increase appointment availability.

The practice had carried out an audit of incoming telephone calls and had plans in place to increase the number of staff available to answer calls at the busiest times of the day.

Listening and learning from concerns and complaints

The practice had a 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 deputy practice manager was designated as the responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. There was a practice complaints leaflet available in the reception area and on the practice website. The deputy practice manager told us that complaints information was available in Hindi as well as English. The complaints procedure gave guidelines to patients as to how to raise a complaint and what they could expect from the practice in response to a complaint. There were details of advocacy support available for help with raising a complaint and details for the Clinical Commissioning Group and the Health Service Ombudsman for patients to contact if they were not satisfied with the outcome of their complaint to the practice.

There had been eight written or verbal complaints received by the practice in the last 12 months. We looked at three of these and saw they had been dealt with appropriately and were responded to in a timely manner. The complaints had been reviewed and details of actions recorded. The deputy practice manager was able to describe how lessons learned from individual complaints had been acted on. For example, as a result of one of the complaints we looked at, it had been identified that further training would be useful for clinicians regarding allergies and rashes and this had been implemented.

The practice held a log of complaints and this recorded how each complaint had been resolved and any learning

Are services responsive to people's needs?

(for example, to feedback?)

identified as a result of complaints and how this had been implemented. The deputy practice manager told us that

complaints were discussed at weekly executive meetings. However these meetings were not minuted. We saw minutes of a practice meeting from September 2014 when an update on complaints had been discussed.

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 vision and values included the aim to be a happy, effective, well organised practice which delivered a high quality service for patients with high job satisfaction for all staff.

The members of staff we spoke with could relate to the vision and values and knew what their responsibilities were in relation to these.

Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at 15 policies. Eleven of these had not been reviewed and were therefore not up to date.

The executive manager told us and it was confirmed by other staff members that the practice held regular governance meetings which included quality meetings which were attended by clinicians and the management team, weekly executive meetings and weekly clinical meetings. This was confirmed by other members of staff. However some of these meetings were not minuted so we were unable to review what had been discussed. The practice, therefore, could not evidence the steps they had taken to ensure patient safety and how risks were managed. The practice also held meetings which we saw had been minuted and these included a monthly practice meeting attended by clinical staff and the management team and regular staff meetings for non clinical staff. Following our inspection the business manager informed us that the chair of each meeting was now responsible for ensuring the meeting was minuted.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice did not have robust arrangements for identifying, recording and managing risks. The executive manager showed us the risk log, which addressed a few potential issues, such as risk of ebola and fire safety for Christmas decorations. We did not see any evidence of

generic risk assessments, for example, slips, trips and falls, manual handling, display screen equipment, lone working or violence and aggression. We spoke to the management team on the day of inspection who told us they would complete a generic risk assessment.

Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and one of the GP partners was the lead for safeguarding. The staff we spoke with were all clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that staff meetings were held regularly, usually monthly. Staff told us that there was an open no blame culture within the practice and they were able and confident to raise issues for discussion at team meetings.

There were various human resource policies and procedures in place to support staff. We were shown the staff handbook which was available to all staff, this included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from users, public and staff

The practice had gathered feedback from patients through patient surveys and complaints received. We looked at the results of the annual patient survey and 50% of patients had reported difficulty in telephone access to the practice. As a result of this the practice had carried out an audit of incoming calls. They had considered different options and they had plans in place to make more staff available to deal with phone calls at peak times to improve the system.

The practice had an active patient participation group (PPG). The PPG contained representatives from various population groups. The PPG were involved in the annual patient survey and met every two months. The executive manager showed us the analysis of the last patient survey which was considered in conjunction with the PPG. The results and actions agreed from these surveys were available on the practice website and at the practice reception.

Are services well-led?

Good 

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

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Members of staff we spoke with told us that when they asked for specific training at their appraisal it was facilitated. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients and that this was enhanced by the good working environment.

The practice had a whistleblowing policy which was available to all staff via the practice's intranet site. The policy was available on any computer within the practice. The policy had not been reviewed and updated since May 2012 and did not provide staff with enough guidance. We spoke with the management team on the day of inspection and following the inspection they provided us with an updated policy which gave appropriate guidance for staff.

Management lead through learning & improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training. The executive manager told us that the practice encouraged staff to extend their roles. For example nursing staff had been supported to take on advanced roles by means of advanced diabetes training.

The practice was a GP training practice. Registrars were supported with regular debriefs and were encouraged to develop by having responsibility within the practice for example, by leading palliative care meetings.

The practice had completed reviews of significant events and other incidents and shared learning with staff to ensure the practice improved outcomes for patients.