

Drs Davies, Hadley, Kuncewicz, Cook & Jameson

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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Drs Davies, Hadley, Kuncewicz, Cook & Jameson (also known as The Central Surgery) on 18 June 2015 in order to look

Summary of findings

into concerns which had been raised with the Care Quality Commission about the service. As this was a focused inspection and the practice had not been inspected before we were unable to rate the practice.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients said they felt safe and were treated with compassion, dignity and respect.
- Patients said they usually found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- In January 2015 the national patient survey showed that out of 118 patients that responded 85% described their overall experience of the practice as good and 98% had confidence or trust in the last GP they spoke with.
- There were sufficient staff with the right skill mix to provide a safe service.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a robust system in place to deal with incoming pathology results appropriately and in a timely manner.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The GPs and long term locum practice managers took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Update the practice safeguarding policies to include details of the lead and ensure all staff are aware who the lead is.
- Ensure patient group directions (PGDs) are in place and signed by relevant staff.

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?

We found that staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice had used locum GPs to ensure sufficient appointments were available for patients. They had considered continuity of care and whenever possible used long term locums or alternatively regular locums to address this. There were enough staff to keep patients safe.

Are services responsive to people's needs?

We found that the practice was providing a responsive service. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG). Patients said they found it easy to make an appointment with a named GP and that urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. In January 2015 the national patient survey showed that out of 118 patients that responded 85% described their overall experience of the practice as good and 98% had confidence or trust in the last GP they spoke with.

Are services well-led?

We found the practice to be well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The GPs and long term locum practice managers took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective.

Summary of findings

The six population groups and what we found

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

Summary of findings

What people who use the service say

We reviewed 18 comments cards that had been completed by patients on the day of our visit. The comment cards enabled patients to express their views on the care and treatment received.

The majority of comment cards reviewed were extremely positive about the care and treatment provided. Patients said they felt the practice offered a very good service and staff were polite, accommodating, understanding and

caring. They said staff treated them with dignity and respect. Two respondents commented negatively on some aspects of the appointment system but overall were still positive about the service they had received.

In January 2015 the national patient survey showed that out of 118 patients that responded 85% described their overall experience of the practice as good and 98% had confidence or trust in the last GP they spoke with. Additionally 82% of respondents describe their experience of making an appointment as good.

Areas for improvement

Action the service **SHOULD** take to improve

- Update practice safeguarding policies to identify the lead and ensure all staff aware who the lead is.

- Ensure patient group directions (PGDs) are in place and signed by relevant staff.

Drs Davies, Hadley, Kuncewicz, Cook & Jameson

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, a second CQC Inspector, a GP practice manager specialist advisor and an Expert by Experience.

Background to Drs Davies, Hadley, Kuncewicz, Cook & Jameson

Drs Davies, Hadley, Kuncewicz, Cook & Jameson (The Central Surgery) is located in the town of Oadby, Leicestershire and consists of a single location. They provide primary medical services to a practice population of approximately 8500 patients.

It is located within the area covered by East Leicestershire and Rutland Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

The practice has one location registered with the Care Quality Commission (CQC) which is Drs Davies, Hadley, Kuncewicz, Cook & Jameson (The Central Surgery) Brooksby Drive, Oadby, Leicester.LE2 5AA

At the time of our inspection the practice was staffed by two male and one female GP partners, a female salaried GP and three long term locum GPs. There was also a GP

trainee (a GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. They are closely supervised by a senior GP or trainer). The practice also employed an advanced nurse practitioner with prescribing privileges, two practice nurses and two health care assistants. They were supported by two long term locum practice managers, a management associate, an IT manager and a team of administration and reception staff.

The surgery was open from 08:00 until 18.30 on weekdays. Appointments were available from 07:30 to 17:50 on Mondays and Fridays and 08:00 to 17:50 on Tuesdays, Wednesdays and Thursdays.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The

out-of-hours service is provided by Leicester, Leicestershire and Rutland Out of Hours Service.

We carried out an announced focused inspection in order to look into concerns which had been raised with the Care Quality Commission about the service.

Why we carried out this inspection

We carried out a focused inspection on 18 June 2015 to look into concerns about the service. Specifically we had received concerns regarding:

- Staffing levels.
- The effect on continuity of care for patients when using locum GPs.

Detailed findings

- Lack of a robust fail safe system for the checking of pathology results.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to

share what they knew. We carried out an announced visit on 18 June 2015. During our visit we spoke with GP partners, a management associate, nurses, a health care assistant and administration and reception 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.

Are services safe?

Our findings

Safe track record

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

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last year. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a robust system in place for reporting, recording and monitoring significant events, incidents and accidents. The system for reporting incidents had been updated in April 2015 and all staff had received training regarding this. We reviewed records of four significant events that had occurred during the last year and saw they had been dealt with appropriately. One of the GP partners completed a monthly report of significant events and these were discussed at the executive team meetings, staff meetings and clinical meetings attended by GPs and nurses. There was evidence that the practice had learned from these and that the findings were shared with relevant staff.

National patient safety alerts were disseminated to all clinical staff and the practice managers. Any urgent alerts were discussed at the GPs daily morning meeting and acted upon. We also saw evidence from meeting minutes that alerts were discussed at clinical meetings which were attended by GPs and nurses.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information,

properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed a dedicated GP as lead in safeguarding vulnerable adults and children. However the safeguarding policies which the practice had in place did not identify the lead.

Staff had received training in both adult and child safeguarding and the lead could demonstrate they had the necessary competency and level of training to enable them to fulfil the role. Not all staff we spoke with were aware who the safeguarding lead was.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

We saw minutes of recent clinical meetings where safeguarding concerns and referrals had been discussed.

Staffing and recruitment

One of the GP partners told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

The practice had found it necessary over the last year to employ locum GPs as a result of long term sickness but had taken steps to ensure continuity by using either long term or regular locum GPs. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to locums working at the practice. There was also a locum pack which gave information to guide and support locums regarding the practices and procedures they should follow.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. One of the GP partners showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements. We also saw that there were systems in place to audit the level of staffing and this was regularly monitored and adjusted to ensure that patients needs were met.

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 patient'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 in the way services were delivered.

The NHS England Area Team 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.

Access to the service

The surgery was open from 08:00 to 18:30 Monday to Friday. Appointments were available from 07:30 to 17:50 on Mondays and Fridays and 08:00 to 17:50 on Tuesdays, Wednesdays and Thursdays. The practice operated a triage system. If patients required an on the day appointment and there were no suitable appointments available with a specific GP the on call doctor would call the patient back to triage their healthcare needs. The practice told us this meant that patients would be seen on the same day if needed. Telephone consultations were also available with a preferred GP.

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 to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring dependent on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to a number of local care homes as required.

The patient survey information we reviewed showed patients responded positively to questions about access to appointments and generally rated the practice well in these areas. For example:

- 95% said the last appointment they got was convenient compared to the CCG average of 93% and national average of 92%.
- 74% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.
- 82% said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 74%.

We saw evidence that the practice had systems in place to carry out analysis of the appointment system to monitor capacity and demand and adapt as necessary. Patients we spoke with were satisfied with the appointments system and said it was easy to use. They confirmed that they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice. Routine appointments were available for booking in advance. Comments received from patients also showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

Are services well-led?

(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. We found details of the vision and practice values were part of the practice's strategy and business plan and one of the GP partners had responsibility for and was overseeing restructuring of systems within the practice. We saw evidence that the practice's strategy and business plan were regularly reviewed by one of the GP partners and shared with staff.

We spoke with eight members of staff and they knew and understood the vision and values and knew what their responsibilities were in relation to these.

Governance arrangements

There was a clear leadership structure with 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, although some staff were not aware who the lead was. We spoke with eight members of staff and they were all clear about their own roles and responsibilities. They told us it had been a difficult year for the practice as a whole but they felt the practice had turned a corner and there was now more stability. They told us they felt valued, supported and knew who to go to in the practice with any concerns.

The GPs and long term locum practice managers took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. The included using the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was discussed at team meetings and action plans were produced to maintain or improve outcomes.

The practice also had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. Evidence from other data from sources, including incidents and complaints was used to identify areas where improvements could be made.

The practice held staff meetings where governance issues were discussed. We looked at minutes

from these meetings and found that performance, quality and risks had been discussed.

The practice had a robust system in place to deal with incoming correspondence and results from other providers. These included discharge summaries and information from out-of-hours GP services and the 111 service both electronically and by post. We saw that results, discharge summaries and letters were all actioned in a timely manner and by the appropriate member of staff.

During our inspection we asked to look at patient group directions (PGDs) but the nurses we spoke with were only able to show us three, all of which were out of date. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

The practice had a whistleblowing policy which was available to all staff and staff had recently undertaken training on whistleblowing.

Leadership, openness and transparency

The partners in the practice were available in the practice. Staff told us that they were approachable and listened to members of staff.

We saw from minutes that team meetings were held regularly. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.