

Barwell & Hollycroft Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Barwell & Hollycroft Medical Centre on 30 November 2016. The purpose built premises of the branch practice, Hollycroft Medical Centre were not inspected.

Our key findings across all of 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. Significant events were investigated, acted on when necessary and learning shared with staff.
- Risks to patients were assessed and well managed. There were safe systems for prescribing medicines.
- Staffing levels were monitored to ensure they reflected patients' needs. Effective staff recruitment procedures ensured that only suitable staff were employed.
- The practice worked closely with other health and social care organisations and with the local

community in planning how services were provided to ensure that they met patients' needs. For example, clinical staff had identified patients who were frail and their needs were discussed with other participating health professionals to assess and plan on-going care and treatment.

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment and any further training had been identified and planned.
- We observed that patients were treated with compassion, dignity and respect.
- The latest data published showed that patient satisfaction in respect of care and access to the service were rated mostly in line with the local and national averages. An action plan had been developed to address any results that were below average.
- Information about how to make a complaint was readily available and easy to understand. Complaints were dealt with in a timely appropriate way.

Summary of findings

- There was a clear leadership structure and staff told us they felt well supported by senior staff. Management sought feedback from patients and staff, which it acted on. The governance system monitored the quality of care and the overall performance across the practice.

We saw an area of outstanding practice:

- The practice had an established Patient Participation Group (PPG) and liaised via email. PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care. We spoke with one member of the PPG. They told us that their regular meetings were open meetings

when between 20 and 25 patients attended. A GP also attended the meetings so that explanations could be given. This had led to changes in the way that the practice worked. For example, the introduction of text telephone reminders regarding booked appointments and investigations around patients who failed to attend for their appointments. The PPG was also involved in other local initiatives such as health promotion events, for example diabetes prevention, and they were developing befriending schemes.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system for reporting and recording significant events. Staff knew of the incident reporting system and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed, reviewed and well managed.
- There was an infection control protocol and infection control audits were regularly undertaken to prevent unnecessary infections.
- Staffing levels were regularly monitored to ensure there were enough staff to keep patients safe.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and local guidelines were used routinely when planning patient care.
- Patient's needs were assessed and care was planned, delivered and appropriately recorded in line with current legislation.
- Clinical staff carried out patient referrals to non-clinical services such as Age UK and support groups for carers to improve personal lifestyles.
- Staff had received training appropriate to their role and potential enhanced skills had been recognised and planned for and training put in place.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to provide up to date, appropriate and seamless care for patients.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- The latest data from the national GP patient survey showed that patients rated the practice in line with other practices for most aspects of care. There was an action plan for any results that were lower than average.
- Staff ensured that patients' dignity and privacy were protected and patients we spoke with confirmed this. Patients had their health care needs explained to them and they told us they were involved with decisions about their treatment.
- We saw that staff treated patients with kindness and respect and maintained confidentiality.
- Information for patients about the services available to them was easy to understand and accessible.
- Carers were encouraged to identify themselves. Clinical staff provided them with guidance, signposted them to a range of support groups and ensured their health needs were met.
- Information for patients about the services available to them was readily available and easy to understand.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Staff had reviewed the needs of the local population and engaged with the Clinical Commissioning Group (CCG) and other networks to secure improvements to patient care and treatment.
- The latest data from the national GP patient survey showed that patients rated access to the practice in line with other practices. The practice always reviewed the results and if any were below average the practice had discussed them with the PPG to identify what they could do to address them.
- The practice provided enhanced services. For example, assessment and early diagnosis of dementia and arrangements made to support these patients in having an improved lifestyle.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence showed that senior staff responded quickly and appropriately when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for providing well-led services.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to the vision.

Good



Summary of findings

- There was a clear leadership structure and a strong focus on openness and transparency between staff. Staff told us they felt supported by management.
- The practice had a range of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour.
- Practice staff proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group (PPG) was active in working with staff towards making improvements.

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

Good



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

- Patients who required on-going care were assessed and clinical staff developed personalised care plans to meet the needs of older patients. Care plans were regularly reviewed to ensure they met patients' needs.
- Staff kept up to date registers of patients' health conditions and information was held to alert staff if a patient had complex needs.
- Home visits were provided for those who were unable to access the practice.
- Patients with enhanced needs were given prompt access to appointments.
- Practice staff worked with other agencies and health providers to provide patient support. For example, Age UK.
- Older patients were offered annual health checks and where necessary, care, treatment and support arrangements were implemented.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and carrying patient reviews.
- Patients with long-term conditions had structured annual reviews to check that their health and medicine needs were being met. Where necessary reviews were carried out more often.
- Data for 2015-2016 showed the percentage of patients with atrial fibrillation (irregular heart beat) who had received a review was 96%, which was higher than the CCG average of 90% and the national average of 87%. The practice exception rating was 7%, compared with the CCG and national averages of 7%.
- Clinical staff worked with health care professionals to deliver a multidisciplinary package of care for patients.
- Where necessary patients in this population group had a personalised care plan in place which were regularly reviewed.
- Longer appointments and home visits were available when needed.

Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Alerts were put onto the electronic record when safeguarding concerns were raised.
- There was regular liaison and regular meetings with the health visitor to review those children who were considered to be at risk of harm.
- All children were given a same day telephone or face to face consultation.
- Patients and their children told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Pre-bookable appointments were available after school hours until 5.30pm each weekday.
- Childhood vaccinations for two and five year olds were above the anticipated 90% requirement.

Good



Working age people (including those recently retired and students)

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

- Telephone consultations were available for those patients who found it difficult to attend the practice or if they were unsure whether they needed a face to face appointment.
- Online services were available for booking appointments and ordering repeat prescriptions.
- Health promotion advice was available and there was a full range of health promotion material available in the practice. The practice website gave advice to patients about how to treat minor ailments without the need to be seen by a GP.
- Staff actively encouraged patients to attend for health screening, such as, breast and bowel cancer. Data for 2015-2016 informed us that the cervical screening rate of 78% was in line with the local average and above the national average of 73%.

Good



People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable.

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

Good



Summary of findings

- Annual health checks were offered to who had a learning disability. There were a total of 43 patients on the register and at the time of the inspection 41 of these patients had received their annual health check.
- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- There was a process in place to signpost vulnerable patients to additional support services.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for dealing with vulnerable adults and children.
- The practice kept a register of the 1.3% of patients who were carers. Clinical staff offered them guidance, signposted them to support groups and offered them a flu vaccination each year.

People experiencing poor mental health (including people with dementia)

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

- Patients who experienced poor mental health were offered an annual physical health check.
- GPs carried out assessments of patients who experienced memory loss in order to capture early diagnosis of dementia. This enabled staff to put a care package in place that provided health and social care support systems to promote patients well-being.
- Practice staff regularly worked with multi-disciplinary teams in the case management of patients who experienced poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Referrals to other health care professionals were made when necessary such as the community psychiatric nurse team.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed how the practice was performing in comparison with local and national averages. A total of 273 surveys had been distributed and there had been 106 responses, this equated to a 39% response rate which represented 0.9% of the practice total population.

- 69% of patients said they found it easy to get through to this surgery by phone compared with the CCG average of 71% and the national average of 73%.
- 87% of patients said they found the receptionists at this surgery helpful compared with the CCG average of 86% and the national average of 87%.
- 99% of patients said the last appointment they got was convenient compared with the CCG average of 92% and the national average of 92%.
- 64% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

- 87% of patients said last time they spoke with a GP they were good at giving them enough time compared with the CCG average of 86% and the national average of 87%.

Following the patient survey results senior staff developed an action plan to address any results that were below averages. The number of staff answering the telephone had been increased from 8am until 9am each morning as this was the busiest telephone time. Patients were also encouraged to use the on line booking facility.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards (both sites) all were positive about the standard of care they received. One patient commented that it was sometimes difficult to get an appointment.

We also spoke with one member of the Patient Participation Group (PPG) who was also a registered patient. A PPG is a group of patients registered with a practice who work with the practice via email to improve services and the quality of care. They told us they were very satisfied with the care they received.

Outstanding practice

The practice had an established Patient Participation Group (PPG) and liaised via email. PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care. We spoke with one member of the PPG. They told us that their regular meetings were open meetings when between 20 and 25 patients attended. A GP also attended the meetings so that explanations could be given. This

had led to the way that the practice worked. For example, the introduction of text telephone reminders regarding booked appointments and investigations around patients who failed to attend for their appointments. The PPG was also involved in other local initiatives such as health promotion events, for example diabetes prevention, and they were developing befriending schemes.

Barwell & Hollycroft Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, specialist advisor.

Background to Barwell & Hollycroft Medical Centre

Barwell Medical Centre is located in the centre of Barwell village and Hollycroft Medical Centre is located in Hinckley. The practice area includes Barwell, Stapleton, Earl Shilton, Burbage, Stoney Stanton, Kirkby Mallory, Stoke Golding and Hinckley.

The practice holds a General Medical Services (GMS) contract, this is a nationally agreed contract commissioned by NHS England. Between both sites that are 11800 registered patients. There is a slightly higher than average number of female registered patients aged 25 to 34 years and 45 to 49 years of age.

Hollycroft Medical Centre is located at Clifton Way, Hinckley, Leicester, LE10 0XN. The telephone number is 01455 234414. The premises are purpose built and there is good access for people with restricted mobility. There is a dedicated car park.

Barwell Medical Centre consists of a converted and extended private residence; patients could be seen on the

ground floor for ease of access. There is a small car park with two spaces for disabled parking. There is also on street parking and another public car park nearby. Senior staff have secured funding to build new premises.

The practice is managed by six GP partners who are assisted by two salaried GPs. There is one lead nurse and two practice nurses who carry out reviews of patients who have long term conditions such as asthma and hypertension. They also provide cervical screening and contraceptive services. There are two healthcare assistants (HCAs) who carry out duties such as, phlebotomy (taking blood for testing), health checks and vaccinations. There is a practice manager who is supported by a deputy operations manager, one finance administrator, two administrators and six reception staff.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, joint injections and vaccinations.

The practice is a designated training practice for trainee GPs. These are qualified doctors who are learning the role of a GP.

Both practice sites are open from 8am until 6.30pm every weekday.

Appointments times at both sites are:

- From 8.30am until 11.30am each weekday. For patients who need an urgent appointment, telephone calls and triaging and if necessary appointments are offered.
- From 3pm until 5.30pm each weekday. If necessary telephone calls to patients beyond the practice closing time until all calls have been completed.

Detailed findings

Patients who request a home visit may be contacted by telephone to enable GPs to prioritise which patients should be visited first.

The practice has opted out of providing GP services to patients out of hours. When the practice is closed, there is a recorded message providing details of the out of hours' provider, Derbyshire Health United (DHU). The practice leaflet includes contact information and there are out of hours' leaflets in the waiting area for patients to take away with them. Information was also on the practice website.

Why we carried out this inspection

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

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
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before the inspection, 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 inspection on 30 November 2016. During our inspection we spoke with a range of staff including GP partners and other clinical staff. We also spoke with the practice (business) manager and other non-clinical staff to gain an oversight about how the services were provided. We spoke with one member of the Patient Participation Group (PPG) who was also a registered patient. We observed how people were being cared for and talked with carers and/or family members and reviewed relevant records. We reviewed 11 comment cards where patients shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice demonstrated an effective system for reporting and recording significant events and we saw examples which had been reported, recorded and shared with some staff.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- There had been five significant events recorded since January 2016. The practice carried out a thorough investigation of the significant events and took appropriate action when necessary. These had been reviewed regularly and shared with relevant staff to identify trends or if further action was required.
- When there were unintended or unexpected safety incidents, patients received reasonable support, clear information, a verbal and written apology and were told about any actions taken.
- Safety was monitored using information from a range of sources, including the Medical and Healthcare products Regulatory Agency (MHRA) alerts and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and provided an accurate overview of safety. These were routinely included as an agenda item in practice meetings to ensure that no further actions were required.
- Patient safety alerts were sent to all relevant staff and if necessary actions were taken in accordance with the alerts such as individual reviews of patients who may have been prescribed a particular medicine. We saw that prescribing changes had been made where necessary following an alert to protect patients from inappropriate treatment.
- We reviewed safety records and incident reports and saw that appropriate actions had been taken to minimise risks to patients. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, a patient fell whilst on the premises and required urgent care. The premises were inspected to ensure that they were safe for patient access.

Overview of safety systems and processes

We saw that the practice operated a range of risk management systems for safeguarding, health and safety and medicines management.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals who were responsible for investigating allegations. There was a lead member of staff for safeguarding and all GPs had received appropriate (level three) training. All other staff had received training that was appropriate to their role. GPs attended safeguarding meetings when possible and when requested, provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff demonstrated they understood their responsibilities in relation to safeguarding processes. We saw documentation which confirmed that appropriate action had been taken.
- A notice was displayed in the waiting room and in each consulting room advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and had undergone a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff we spoke with demonstrated that they would carry out the role appropriately.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises of Barwell Medical Centre to be visibly clean and tidy. There was a lead nurse for infection control who liaised with the local infection prevention teams to keep up to date with best practice. All staff had received training in infection control and regular refresher training to keep them updated. There was an infection control protocol in place for staff to follow. Regular infection control audits were carried out at both sites and we saw that any actions identified had been addressed.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Patients who received high risk medicines, such as lithium and warfarin were monitored at recommended intervals by blood test results and health reviews to check that the medicine dosage remained appropriate. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice also had Patient Specific Directives (PSDs) that permitted healthcare assistants (HCAs) to administer medicines by injection and vaccinations.
- Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Practice staff had access to written policies and procedures in respect of safe management of medicines and prescribing practices. When hospitals requested a change to a patient's prescription, the changes were checked by a GP for accuracy before the prescription was issued to the patient.
- We reviewed five personnel files including a GP partner, a registrar and a healthcare assistant (HCA) and two agency reception staff. We found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. We saw that appropriate checks were carried out when the practice used locum GP cover and that a role specific induction was provided.
- There were systems in place to ensure test results were received for all samples sent for analysis and the practice followed up patients who were referred as a result of abnormal results.
- There were procedures in place for the monitoring and management of risks to patient and staff safety. A health and safety policy was available to all staff. There were up to date fire safety risk assessments, staff carried out regular fire drills and weekly fire alarm testing.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), clinical waste and legionella. (Legionella is a term used for particular bacteria which can contaminate water systems in buildings.)
- Staff told us the practice was well equipped. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated in accordance with the supplier's instructions.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Non-clinical staff absences were covered by other staff re-arranging shifts or working extra shifts or agency staff. GPs were covered by locum GPs who were familiar with the practice.

Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training. There were appropriate emergency medicines available in the treatment room including those required to treat patients if they had adverse effects following minor surgery.
- The practice had a defibrillator available at both sites and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of both sites and all staff knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this was kept off site for eventualities such as; loss of computer or essential utilities.

Monitoring risks to patients

- There were systems in place to promptly deal with abnormal test results to prevent delays in patient care.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and sample checks of patient records.
- An enhanced service was in place which included detailed assessments of patients who presented with memory problems. This ensured timely diagnosis of dementia and appropriate support plans to promote improved life styles.
- Patients of all unplanned hospital admissions were reviewed within three days of discharge and where necessary care plans put in place to reduce the risk of re-admission.
- Regular meetings were held with the multidisciplinary team where very ill patients were discussed and their care need reviewed to promote seamless care and treatment.
- Clinical staff provided an in-house warfarin clinic so that patients did not need to attend the local hospital for assessment and treatment.
- GPs had received specialist training in some long-term conditions that enabled them to utilise their skills for the benefit of registered patients. For example, chronic obstructive pulmonary disease (COPD).

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality

of general practice and reward good practice).

Comparisons were also made with the local Clinical Commissioning Group (CCG). The practice's overall QOF achievement for 2015-2016 was 99% of available points.

Exception reporting is the exclusion of patients from the list who meet specific criteria. For example, patients who choose not to engage in screening processes or accept prescribed medicines.

QOF data published in July 2016 showed the practice was performing in line with CCG and national averages;

- The review rate for patients who were diagnosed with dementia whose care plan had been reviewed during the preceding 12 months was 84%, which was comparable with the CCG average of 87% and the national average of 84%. The practice exception rating was 7% compared with the CCG average of 12% and the national average of 7%.
- Performance for chronic obstructive airways disease (COPD) related indicators were 92%, which was comparable with the CCG average of 91% and the national average of 90%. The practice exception reporting rate was 6% compared with 12% for the CCG and 12% nationally.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90 mm Hg or less was 84%, which was comparable with the CCG average of 83% and the national average of 83%. The practice exception reporting rate was 4% compared with the CCG and national averages of 4%.
- The percentage of patients with diabetes, on the register, whose last measured cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 85% which was comparable with the CCG average of 83% and the national average of 80%. The practice exception reporting rate was 12% compared with the CCG of 12% and national average of 13%.

Clinical audits had been carried out that demonstrated relevant changes had been made that led to improvements in patient care. They included:

- An audit dated 2014 regarding the management of gestational (during pregnancy) diabetes had been

Are services effective?

(for example, treatment is effective)

repeated in September 2016. This demonstrated that effective changes had been made to patient care and that clinical staff were adhering to the National Institute for Health and Care Excellence (NICE) guidance.

- A further audit concerned the care and treatment of patients who had clostridium difficile (a particular bacteria). This led to the development of a range of actions, the most appropriate treatment and the need for GPs to review each case.
- The clinical commissioning group (CCG) carried out regular audits of GPs prescribing practices. The latest audit dated February 2016 concerned prescribing of antibiotics which were above the CCG guidance. A GP partner meeting was held and an action plan developed. An in-house audit had been scheduled to be carried out at the end of 2016.

Effective staffing

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

- The practice had an induction programme for newly appointed staff that was role specific. This included a dedicated induction for locum GPs. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, policies and procedures and confidentiality.
- The practice had a training programme in place and extra courses were provided that were relevant to specific roles to enhance staff skills. For example, a healthcare assistant (HCA) had achieved a level three diploma in Health and Social Care.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. They told us they could ask for additional support at any time. All staff had received an appraisal within the last 12 months.
- The practice held regular protected learning time when all staff discussed clinical issues, safeguarding, patient care, operational matters and training.

Coordinating patient care and information sharing

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

This included care and risk assessments, care plans, medical records and investigation and test results.

- Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and the out of hours care team.
- Care plans were in place for patients who had complex needs and these were regularly updated. The assessments and care planning included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that these patients were discussed during the multi-disciplinary team meetings.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. All GPs had received MCA and Deprivation of Liberties training. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- GPs we spoke with understood the Gillick competency test. It was used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through records and audits to ensure the practice met its responsibilities with legislation and national guidelines. Written consent was obtained before each minor surgery procedure commenced.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- These included patients who received palliative (end of life) care, carers of patients, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. All eligible patients who attended the practice had received advice on obesity and smoking cessation. Patients were signposted to relevant services.
- Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.
- The uptake for the cervical screening programme was 78%, where the CCG average was 77% and the national average 73%. The practice exemption rate was 3% compared with 4% for the CCG average and 7% for the national average.
- Patients who had not attended reviews were followed up and contacted and asked to make an appointment.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening:
 - Data showed us that 80% of eligible female patients had attended for breast screening during a 36 month period, the CCG average was 81% and the national average 76%.
 - Also 57% of eligible patients had undergone bowel screening in the last 30 month period, where the CCG average was 63% and the national average 58%.
 - Newly registered patients received health checks and their social and work backgrounds were explored to ensure holistic care could be provided. If they were receiving prescribed medicines from elsewhere these were also reviewed to check they were still needed. Part of the enhanced service provided by clinical staff was the review of all new patients aged 16 years or above. This was a means of identifying those who consumed excess alcohol and to provide them with guidance and support in leading a healthy lifestyle.
 - Childhood immunisation rates for the vaccinations given were comparable with the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 99%, this was above CCG target of 90%. Practice data for five year olds was from 93% to 99%, the CCG average was 93% to 98% and the national average was 88% to 94%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients and treated them with dignity and respect. This included face to face contact and on the telephone.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consulting and treatment room doors were closed during consultations.
- Reception staff told us they responded when patients wanted to discuss sensitive issues or appeared distressed by offering them a private room to discuss their needs.
- The patient we spoke with was complimentary about the way in which all staff communicated with them.
- All of the 11 patient comment cards we received were positive about the service they received.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The results were in line with CCG and national averages. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 92%.
- 87% of patients said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG and national average of 85%.
- 88% of patients said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 99% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG and national average of 97%.

- 91% of patients said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG and national average of 91%.

Care planning and involvement in decisions about care and treatment

We spoke with one patient who was also a PPG member and reviewed 11 comment cards on the day of our inspection which confirmed that patients felt involved with decisions about their healthcare and treatment.

Results from the national GP patient survey published July in 2016 shared how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were generally comparable with national average but some results were below the local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice had responded to the lower than average patient survey results with the development of an action plan. For example, GPs held a clinical meeting and agreed a way of ensuring that patients understood the explanations given to them.

We saw a range of health promotion advice and information leaflets about long term conditions in the waiting area that provided patients with information and support services they could contact.

Staff told us that translation services were available for patients who did not have English as their first language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations including a bereavement service. Following a bereavement a GP contacted the family/carer and offered them support and if necessary referral to a counselling service.

The practice's computer system alerted GPs if a patient was also a carer. There were 1.3% of registered patients who

were also carers. We were told that practice staff regularly checked the data to ensure it was correct. There was information on display within the practice and the practice leaflet asked patients to identify themselves if they were carers. Clinical staff signposted carers to various support groups and offered them annual flu vaccinations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Patients who requested an urgent same day appointment were offered a telephone consultation and if needed a face to face consultation.
- There were longer appointments available for people with a learning disability and patients with other long-term conditions.
- GPs provided care and treatment for patients living in three local care homes. One of these was for younger people with learning disabilities and the other two were for elderly people where a GP visited weekly to promote continuity of care.
- There was a dedicated telephone line for emergency contact with the practice for external agencies such as the ambulance and out of hours' services and the care homes.
- Home visits were triaged to enable GPs to prioritise them.
- Patients who were at risk of unplanned admission to hospital were closely monitored.
- Practice nurses had received specialist training and saw patients with a range of conditions such as; wound care, asthma and smoking cessation.

Access to the service

Both practice sites were open from 8am until 6.30pm every weekday.

Appointments times at both sites were:

- From 8.30am until 11.30am each weekday. Patients who needed an urgent appointment, telephone calls and triaging and if necessary appointments were offered.
- From 3pm until 5.30pm each weekday. If necessary telephone calls to patients beyond the practice closing time until all telephone calls had been completed.

Routine appointments could be pre-booked in advance in person, online or by telephone. Requests for repeat prescriptions could be achieved via the same ways.

Results from the national GP patient survey published July 2016 showed the level of patients' satisfaction with how they could access care and treatment. For example:

- 69% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 88% of patients said they were able to get an appointment to see or speak with someone last time they tried compared to the CCG average of 76% and the national average of 76%.
- 73% of patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 79% reported they were satisfied with the opening hours compared to the CCG average of 74% and national average of 76%.

The practice always reviewed these results and if any were below local averages devised plans to improve them for example, by ensuring that all phone lines were answered from 8am until 9am each morning as this was the busiest telephone time. Patients were also encouraged to use the on line booking facility.

Of the 11 comment cards we received one patient reported that it was sometimes difficult to get an appointment.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available on the practice's website, in the practice leaflet and in the waiting area.

- The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy informed who the patient should contact if they were unhappy with the outcome of their complaint.

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

- The practice kept a complaints log and there had been a total of 25 formal complaints from both sites received during 2016 and these had been risk rated. They were reviewed by senior staff for the purpose of identifying trends or whether further action was needed.
- We saw that complaints had been dealt with in an effective and timely way. Complaints were discussed with staff to enable them to reflect upon them and any actions taken to reduce the likelihood of future incidents.

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

Senior staff had a vision to deliver quality care and promote positive outcomes for patients. There was a statement of purpose with clear aims and objectives which staff understood.

- Clinical staff met regularly with other practices through the local Federation meetings to share achievements and to make on-going improvements where possible.
- There was a five year written business plan that included the future needs of patients. For example, the practice had secured funding to replace Barwell Medical Centre with purpose built premises to improve patient access and the practice facilities.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Staff worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals disseminated best practice guidelines and other information.
- All staff attended a range of meetings to discuss issues, patient care and further develop the practice.
- There was a comprehensive understanding of the practice's performance. Partners had responsibility for different areas such as finance, management of long-term conditions, safeguarding and clinical performance.
- Practice specific policies were implemented and were available to all staff.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice effectively and promote high quality care. All staff we spoke with during the inspection demonstrated that they made positive contributions towards the running of the practice.

- They prioritised safety, on-going service improvements and compassionate care. The partners were visible in the practice and staff told us they were approachable at all times.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff we spoke with told us they were encouraged to consider their training needs with a view to enhancing their roles.
- The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents practice staff gave affected people reasonable support, information and if necessary, written apology. We saw evidence of where 'duty of candour' had been applied when staff had openly explained and gave apologies to patients.

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

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

- It had an established Patient Participation Group (PPG) and liaised via email. PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care. We spoke with one member of the PPG. They told us that their regular meetings were open meetings when between 20 and 25 patients attended. A GP also attended the meetings so that information and explanations could be given. This had led to changes in the way that the practice worked. For example, the introduction of text telephone reminders regarding booked appointments and investigations around patients who failed to attend for their appointments. The PPG was also involved in other local initiatives such as health promotion events, for example diabetes prevention, and they were developing befriending schemes.
- Information was gathered from patients and staff through meetings and appraisals about issues, concerns or where improvements could be made. Staff members were asked to comment before the changes were implemented.

Continuous improvement

Are services well-led?

Good 

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

There was focus on continuous learning and improvement at all levels within the practice. For example, the proposed new build of the Barwell Medical Centre to improve patient access.