

# Community Health 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Outstanding practice	11

### Detailed findings from this inspection

Our inspection team	12
Background to Community Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Community Health Centre on 07 June 2016. Overall the practice is rated as good.

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

- There was an effective system in place to report and record significant events. They were investigated, discussed at staff meetings and lessons were shared to improve safety in the practice.
- The practice followed clear and comprehensive infection prevention and control procedures. Areas of good practice were shared with other practices in the area.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were completed to review the quality of the service and make improvements.
- Personal development was encouraged for all staff members.

- Patients were supported to live healthier lives and information was provided to ensure they could self-manage their medical conditions safely.
- Patient feedback said staff were polite and respectful. Patients said staff were co-operative and all care and treatment was fully explained.
- Information for patients about the services available was easy to understand and available in the most commonly used languages.
- The practice worked with local community groups to meet the needs of the local population. For example, the Muslim Burial Council of Leicestershire.
- The practice had a clear vision to deliver a comprehensive health care service, empowering patients to manage their own health and using a range of health promotion.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

# Summary of findings

- The patient participation group was active and involved in the development of patient education material, including what services were available at the practice and how to use them.

We saw one area of outstanding practice:

- The patient participation group worked with the practice to develop patient education material. This included producing a mock video of patients telephoning for an appointment with a specific GP

and the practice explaining the services provided to alleviate demand pressures on GPs; a video of a mock consultation and the information to be provided at an appointment and a video explaining how to label specimen bottles. The videos had been displayed in waiting areas and the practice had seen an improvement in patient awareness.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place to report and record significant events. They were investigated, discussed at staff meetings and lessons were shared to improve safety in the practice.
- When things went wrong patients were given an explanation, informed of the actions taken and a written or verbal apology.
- The practice had a safeguarding lead and staff were knowledgeable about what to do if they had any safeguarding concerns.
- The practice followed clear and comprehensive infection prevention and control procedures. Areas of good practice were shared with other practices in the area.
- Risks to patients were assessed and well managed.
- There were arrangements in place to deal with an emergency or major incident.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Clinical audits were completed to review the quality of the service and make improvements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Personal development was encouraged for all staff members.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff were knowledgeable about the Mental Capacity Act 2005.
- Patients were supported to live healthier lives and information was provided to ensure they could self-manage their medical conditions safely.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice on average compared to others.

# Summary of findings

- Patient feedback said staff were polite and respectful. Patients said staff were co-operative and all care and treatment was fully explained.
- Information for patients about the services available was easy to understand and available in the most commonly used languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice worked with local community groups to meet the needs of the local population. For example, the Muslim Burial Council of Leicestershire.
- Most patients said they found it easy to make an appointment. The practice had taken action to address areas for improvement identified through the national patient survey regarding getting through to the practice by telephone.
- 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. The practice responded in a timely manner to issues raised and learning from complaints was shared with staff.

Good



## Are services well-led?

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

- The practice had a clear vision to deliver a comprehensive health care service, empowering patients to manage their own health and using a range of health promotion.
- There was a clear leadership structure and staff felt supported by management.
- There was an overarching governance framework which supported the delivery of the strategy and 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. The partners encouraged a culture of openness and honesty.

Good



## Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was active and involved in the development of patient education material, including what services were available at the practice and how to use them.

# 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 as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Personalised care plans were in place to address medical and social needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 have a named GP.
- The practice worked with the Muslim Burial Council of Leicestershire (MBCOL) to provide death certificates for families who wish to have an earlier funeral.

### People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 76% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and structured annual reviews were planned to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- An annual Ramadan seminar was offered to diabetic patients to teach them to safely manage their diabetes for those that wished to fast.

# Summary of findings

- Advanced care planning was in place for patients with asthma and chronic obstructive pulmonary disease (COPD).

## Families, children and young people

Good



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, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to local averages for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 65%, which was lower than the CCG average of 69% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- Baby changing facilities and a breast feeding room were available.
- Prenatal, antenatal and postnatal care was provided by midwives and GPs onsite.

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

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours were offered at the weekend for those who could not attend during normal working hours.
- The practice was proactive in offering online services to book an appointment and request repeat prescriptions.
- A full range of health promotion and screening was available that reflected the needs for this age group.



# Summary of findings

## People whose circumstances may make them vulnerable

Good



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

- The practice signposted patients living in vulnerable circumstances including homeless people and asylum seekers to relevant support when they registered at the practice.
- The practice offered longer appointments for patients with a learning disability.
- Annual reviews were available for patients with a learning disability,
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities.

## People experiencing poor mental health (including people with dementia)

Good



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

- 98% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 88%.
- 100% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was generally performing in line with local and national averages. Some aspects were lower, however the practice had already identified this. 399 survey forms were distributed and 114 were returned. This represented 1% of the practice's patient list.

- 56% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 42 comment cards, 36 of which were positive and comments included that the service was fantastic from reception to the GP. Six comment cards were both positive and negative about the service and commented that it was difficult to getting an appointment.

Patient feedback said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Outstanding practice

We saw one area of outstanding practice:

- The patient participation group worked with the practice to develop patient education material. This included producing a mock video of patients telephoning for an appointment with a specific GP and the practice explaining the services provided to

alleviate demand pressures on GPs; a video of a mock consultation and the information to be provided at an appointment and a video explaining how to label specimen bottles. The videos had been displayed in waiting areas and the practice had seen an improvement in patient awareness.

# Community Health 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 adviser and a second CQC inspector.

## Background to Community Health Centre

Community Health Centre is a GP practice, which provides primary medical services to approximately 10,935 patients living in the Spinneyhill area of Leicester City. All patient facilities are accessible. Leicester City Clinical Commissioning Group (LCCCG) commission the practice's services.

The practice has three GP partners and four GPs (four male and three female). The nursing team consists of an advanced nurse practitioner, four practice nurses and a healthcare assistant. They are supported by a Practice Manager and a team of reception staff and administrative staff.

Community Health Centre is a training practice and offers training to medical students and doctors.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 8am and 11.30am and 3.30pm and 5.30pm. Extended hours appointments are offered on a Saturday from 9am to 11.30am. In addition to pre-bookable appointments, telephone triage and urgent appointments are also available.

Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest walk-in centre at Merlyn Vaz Health Centre, as well as accident and emergency departments.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 07 June 2016. During our visit we:

- Spoke with a range of staff, including the practice manager, GPs, members of the nursing team and administrative and reception staff.
- Spoke to a member of the patient participation group.
- Spoke to a local care home manager.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager and GP partners of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received an explanation and a written or verbal apology. They were also told about any actions to improve processes to prevent the same thing happening again.
- Staff told us significant events and incidents were discussed at practice meetings to ensure lessons were learnt. We also saw a member of the administration team had completed an analysis of all significant events in 2015.

Safety alerts and medicine alerts were distributed to all clinical staff by email. Any actions taken as a result were documented and filed. We saw records to confirm this.

### Overview of safety systems and processes

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

- Staff were aware of their responsibilities and the policies in place to safeguard children and vulnerable adults from abuse. Policies outlined who to contact for further guidance if staff had concerns about a patient's welfare and the contact details were readily available on the computer systems. A GP was the lead staff member for safeguarding and all staff knew who this person was. The GPs attended safeguarding meetings when possible and discussed new safeguarding cases at clinical meetings, as appropriate. All had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had also started completing room audits on a monthly basis to ensure infection prevention and control policies were adhered to. The practice nurse shared good practice with other practices in the area, for example monthly room checks and an isolation room box. An isolation box was prepared in case a patient attended the practice and needed to be isolated due to a medical condition, for example pandemic flu.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

## Are services safe?

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The same checks were carried out on locum staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills, as well as checks on fire fighting equipment and emergency lighting. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A detailed risk assessment had also been completed for a new phlebotomy room and the practice manager had identified additional training for themselves in health and safety and risk assessments. A health and safety inspection had been carried out at the practice and actions were taken to address any potential risks identified.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. A rota was also in place for GPs to highlight who was on duty within the reception area.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and premises the practice could use in the event of an emergency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- New NICE guidelines were discussed at practice meetings and actioned, as appropriate.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Patient records were reviewed on a monthly basis for all patients that were due a review, including for those with a long-term condition such as diabetes. Additional clinics were arranged if required.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better compared to the national average. For example, 76% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to 78%.
- Performance for mental health related indicators was better compared to the national average. For example, 98% of those with a diagnosis of schizophrenia, bipolar

affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 100% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.

The practice had higher than average exception reporting for the percentage of women aged 25 – 64 whose notes record that a cervical screening test had been performed in the preceding five years. The practice exception reported 16% compared to the local average of 8% and national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice were aware of the high exception reporting and identified due to the local population, patients did not always attend for their appointment.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the introduction of self help information leaflets to improve patient education.
- The practice participated in local audits and peer review.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The GPs had also completed the effective diabetes education now (Eden) project.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could



# Are services effective?

## (for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, discussion at practice meetings and protected learning time organised by the local clinical commissioning group.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. The practice had signed up to an online learning resource designed to store evidence for NMC revalidation and aid continuous professional development. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house protected learning time.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. This included through choose and book and faxed referrals to paediatric services and mental health services.
- There was a comprehensive system in place for all incoming mail and pathology results to be reviewed, actioned and entered onto the patients record.
- Patients identified as high-risk were reviewed at the practice clinical meeting. GPs reviewed A&E admissions and hospital discharges as a result and amended the patients care plan as appropriate.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service, as appropriate. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and smoking and alcohol cessation.
- Patients requiring advice on their diet. Patients between the age of 18 and 40 years, with an increased body mass index of over 30, were invited into the practice and alternative dietary advice was provided.
- An annual Ramadan seminar was offered to diabetic patients to teach them to safely manage their diabetes for those that wished to fast.

The practice's uptake for the cervical screening programme was 65%, which was lower than the CCG average of 69% and the national average of 74%. The practice were aware of the low uptake and nursing staff spoke to patients about the importance of cervical screening. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems

# Are services effective?

(for example, treatment is effective)

in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Attendance rates for bowel cancer screening (28%) were lower than the local (46%) and national (58%) averages, which the practice had recognised. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening and advertised the service in the waiting areas. Patients were telephoned and a reminder was put on patient records to alert GPs and nurses when the patient attended for an appointment.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 99% and five year olds from 80% to 96%. CCG averages ranged from 95% to 98% for under two year olds and 87% to 96% for five year olds.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed staff members treated patients with kindness and were polite and respectful.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the patient Care Quality Commission comment cards we received were positive about the staff and felt the service was good. They said staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff were professional, polite and treated with care and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses compared to local and national averages. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

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

Patient feedback from the comment cards we received said staff were co-operative and all care and treatment was explained. Patients said they felt listened to when they saw a GP or a nurse. Patients told us they felt involved in decision making about the care and treatment they received. We also saw that care plans were personalised.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff were multi-lingual and translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and various languages that were most commonly used in the local area.

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. This

## Are services caring?

included information from the Alheimers Society and the information programmes they offered for South Asian families, as well as a leaflet to self refer to a primary care psychological therapy service for older people.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 61 patients as carers (0.6% of the practice list). Although this was a low proportion of the practice population, 33% of the practice population were below the age of 18 (higher compared to

the local and national averages of 24% and 21% respectively) and traditionally carers are of an older age. Written information was available to direct carers to the various avenues of support available to them. This included information for young carers.

Staff told us that if families had suffered bereavement, a letter was sent from the practice manager. Information was provided regarding the support available at the practice as well as support on external websites.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice attended a health needs neighbourhood meeting to review unplanned admissions, A&E attendances and prescribing data to review and develop services offered to its local population.
- The practice offered additional hours on a Saturday morning for patients who could not attend during normal opening hours.
- Online facilities were available to book an appointment and to request a repeat prescription.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was a dedicated room for baby changing facilities and breast feeding.
- Prenatal, antenatal and postnatal care was provided by midwives and GPs onsite.
- The practice had received a letter of recognition for the involvement they had with a community project. This included walking around the local community on a weekly basis and giving food parcels to homeless people.
- Patient information for support groups was available in different languages relevant to the local community.
- The practice worked with community organisations to ensure patients received holistic care to meet their particular needs. This included ansaar, a voluntary organisation which provided support to adults with

learning disabilities and their carers; Muslim Burial Council of Leicestershire (MBCOL) to provide death certificates over weekends for families who wish to have an earlier funeral and community development workers.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and 9am to 11.30am on a Saturday. Appointments were from 8am to 11.30am every morning and 3.30pm to 5.30pm daily. Extended hours appointments were offered every Saturday. Pre-bookable appointments were available to see a nurse or GP. Nurse and GP appointments could be booked up to two weeks in advance. Telephone triage and urgent appointments were also available for people that needed them.

A minor illness service was provided by an advanced nurse practitioner to patients over the age of two. Appointments were available on the day.

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

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 56% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

As a result of the national patient survey and the percentage of patients who could not easily get through by phone, the practice reviewed the telephone system. An additional telephone line had been put into the practice and a new system had recently been implemented to review the length of call time. Before the additional line and monitoring system, callers could wait up to 18 minutes, this had been reduced to a maximum of six minutes.

Patient feedback on the comment cards told us they generally could get an appointment when they needed them. We reviewed the appointment system and saw routine and urgent appointments were available on the same day as our inspection.

### Listening and learning from concerns and complaints

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

# Are services responsive to people's needs?

(for example, to feedback?)

- Staff were knowledgeable about the process to follow if a patient wished to raise a concern or complaint. Staff told us they encouraged feedback from patients and would try to resolve any concerns or complaints immediately, if possible.
- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. A poster was displayed in the waiting areas and patient information leaflets were available from reception.

We looked at four complaints received since January 2016 and they were responded to in a timely manner. We saw responses included an apology and actions were taken, for example staff were booked onto a customer care training course. A record of all complaints received was maintained by the practice.

# 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 a comprehensive health care service, empowering patients to manage their own health and using a range of health promotion.

Staff were aware of the vision and their roles in achieving a comprehensive health care service.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Internal protected learning time was organised for all staff, this included discussions of complaints, incidents and service improvements.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice informed affected patients of the incident, they received an explanation and a written or verbal apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held regular practice meetings for all staff, as well as staff group meetings, for example reception meetings.
- Staff told us the partners and management were very approachable and felt able to raise concerns. They were also aware of the process to follow if they felt they needed to raise their concern externally to the practice.
- The partners and practice management were culturally sensitive to the needs of their staff. A dedicated area had been created to ensure female staff members could pray in private.
- Staff told us they that all staff groups worked well as one team and all staff were respectful to one another.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys. The practice worked with the PPG to educate patients on the services that were provided at the practice. This included producing a mock video of patients telephoning for an appointment with a specific GP and the practice explaining the services provided to alleviate demand pressures on GPs; a video of a mock consultation and the information to be provided at an appointment and a video explaining how to label specimen bottles. The videos had been displayed in waiting areas as part of patient education. The PPG also carried out annual patient surveys and raised concerns to the practice as they arose, including excessive queues at reception. The practice then acted on this feedback, for example additional staff members were recruited to work on reception.

# Are services well-led?

Good 

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

- A summary of patient feedback was displayed in the main waiting area, with a summary of the actions taken. For example, coat hooks were installed in public toilets and more pre-bookable appointments were created.
- The practice generally gathered feedback from staff through team meetings. Staff told us they could give

feedback and discuss any concerns during team meetings or with management, as appropriate. Staff told us they felt involved and engaged to improve how the practice was run.