

# The Old School Surgery

## Quality Report

Hinckley Road, Stoney Stanton, Leicester,  
LE9 4LJ

Tel: 01455271445

Website: [www.theoldschoolsurgery.com](http://www.theoldschoolsurgery.com)

Date of inspection visit: 29 September 2016

Date of publication: 28/11/2016

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?                         | Requires improvement |  |
| 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 The Old School Surgery on 29 September 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were generally assessed and well managed. However the arrangements for responding to a medical emergency at the Greencroft Annex branch surgery needed reviewing.
- There had been no assessments completed for the Greencroft Annex branch surgery in respect of fire risk. In addition we saw that the external clinical waste bin was not adequately secured to prevent unauthorised access.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However we saw that one member of staff was treating a patient with the consultation room open and the conversation clearly audible.
- Staff had been recruited in a manner that helped to ensure patient safety however self-employed and casual staff had not been subject to similar scrutiny.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- All patients had a named GP and there was continuity of care, with urgent appointments available the same day.

# Summary of findings

- The practice had accessible facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that the Greencroft Annex branch surgery is subject to effective fire risk assessment and fire drills.

- Obtain assurance that self-employed and casual workers are suitable people to work in a healthcare environment.

In addition the provider should:

- Review the arrangements in place for responding to a medical emergency at the branch surgery.
- Re-inforce with all the staff the need for consultation room doors to be closed to maintain privacy and confidentiality.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Self-employed and casual workers had not been subject to the scrutiny required to ensure they were suitable persons to be working in a healthcare environment.
- Risks to patients were generally assessed and well managed, however we judged that the arrangements in place for responding to a medical emergency at the branch surgery required review.
- The Greencroft Annex branch surgery had not been subject to effective fire risk assessment or fire drills.,

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- There was continuity of care, with urgent appointments available the same day.
- The practice had accessible facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Individual GPs were assigned responsibility for patients residing in care and nursing homes to promote continuity of care.
- GPs conducted weekly 'ward rounds' at nursing and care homes, in addition to ad hoc visits as required.
- Nursing and care homes were provided with a dedicated number to avoid them needing to go through the practice reception procedure.
- Patients who had been identified as being at a high risk of hospital admission were able to access GP treatment and care at the weekend as the practice was a member of the Hinckley and Bosworth Medical Alliance Federation weekend access scheme.

### People with long term conditions

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

Good



- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with diabetes had their condition monitored and managed. For example the percentage of patients with diabetes, on the register, who had an influenza immunisation in the preceding 1 August to 31 March was 100% compare to a CCG average of 96% and national average of 94%. Other indicators in respect of this condition were similarly higher than both CCG and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review 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

# Summary of findings

## Families, children and young people

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

Good



- 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 relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was 85% which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours.
- The premises were suitable for children and babies. We saw positive examples of joint working with midwives, district nurses and health visitors.

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

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Face to face and telephone consultations were available from 7.30am to 6.30pm and 3.30pm to 7.15pm on two days a week.
- The range of online services provided by the practice sought to alleviate access problems commonly experienced by patients in this population group.

## People whose circumstances may make them vulnerable

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

Good



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

# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 217 survey forms were distributed and 113 were returned. This represented a return rate of 52%.

- 55% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 79%.

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 which were all positive about the standard of care received. Three respondents expressed their concerns about the difficulty in getting an appointment.

Results from the Friends and Family test from May to August 2016 showed that of 83 responses, 81 would either very likely or likely recommend the practice to family and friends moving to the area.

## Areas for improvement

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

- Ensure that the Greencroft Annex branch surgery is subject to effective fire risk assessment and fire drills.
- Obtain assurance that self-employed and casual workers are suitable people to work in a healthcare environment.

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

- Review the arrangements in place for responding to a medical emergency at the branch surgery.
- Re-inforce with all the staff the need for consultation room doors to be closed to maintain privacy and confidentiality.

# The Old School Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to The Old School Surgery

The Old School Surgery is located in Stoney Stanton Leicestershire and cover Sapcote, Sharnford, Thurlaston and Elmhurst.

It provides primary medical services to 6,995 patients under a General Medical Services contract commissioned by West Leicestershire Clinical Commissioning Group. The practice list was steadily increasing by approximately 20 patients a week. The rise was expected to continue with existing and planned housing developments in the immediate area.

It is a member of the Hinckley and Bosworth Medical Alliance, a federation of 13 practices in the locality with over 121,000 patients.

Treatment and care is provided by four partner GPs ( two full time and two part time) and one Salaried GP. They are supported by two practice nurses, a healthcare assistant and a phlebotomist.

An anti-coagulant clinic is conducted at a branch surgery situated at Greencroft Annex, Off Carey Hill Road, Stoney Stanton Leicestershire LE9 4TY.

The premises at Stoney Stanton consist of four consulting rooms, two treatment rooms, a dispensary and offices on the top floor of the practice.

It is a dispensing practice, providing the service to 1,104 patients eligible patients.

The practice is mainly rural/commuter based with a higher number of patients aged 55-79 than the national average. Life expectancy is similar to both CCG and national averages . The practice is located in an area of low deprivation.

When the surgery is closed out-of-hours GP services are provided by Derbyshire Health United which are accessed by telephoning the NHS111 service.

## 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 29 September 2016.

During our visit we:

# Detailed findings

- Spoke with a range of staff including GPs, nurses, healthcare assistants, dispensers and administration staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Met and talked with a member of the patient participation group.

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 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 reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that following one incident staff had been reminded to carefully check that letters to patients were not inadvertently stapled to correspondence relating to another.

### 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:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the a lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had

received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two. The practice kept a register of children who were on child protection plans and of adults who had been identified as having a safeguarding concern.

- 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 clean and tidy. The 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.
- We saw that the external clinical waste bin at the branch surgery was locked, but the bin itself was not secured to the fabric of the building or within a fenced enclosure.
- 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 pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. There were systems in place to monitor the use of blank prescription forms and pads. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants had undergone training to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing

# Are services safe?

medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- However we found that the person who cleaned the surgeries was self-employed and had not been subject to a check with the Disclosure and Barring Service. The cleaner had unrestricted access to all areas of the surgery, including the dispensary. We were informed that this person had worked for the surgery for very many years and was well known locally as being of good character, however the practice had not undertaken a formal written risk assessment in the absence of a DBS check. In addition we were informed that the relief driver, who delivered prescriptions when the regular driver was on holiday or unavailable had similarly not been subject to a DBS disclosure.

## 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 at the main surgery. The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor

safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- However the practice could not produce any evidence that the branch at Greencroft Annex had any fire risk assessment or undertaken any fire drills.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty for example by limiting the numbers from any particular staff group who could be on annual leave at any one time.

## Arrangements to deal with emergencies and major incidents

The practice had 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 oxygen and a defibrillator available at both premises. A first aid kit was available.
- We were not assured that the arrangements for dealing with a medical emergency at the branch surgery were effective. The branch surgery was staffed by a healthcare assistant and a receptionist. If a medical emergency arose, which we were informed it had done a few weeks previously when a patient collapsed/fainted, staff needed to summons medical assistance from the main surgery. This was some four minutes brisk walk away. No emergency drugs were kept at the branch.
- Emergency medicines were easily accessible to staff in a secure area of the Old School surgery 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, including details of its 'buddy practice' The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. Overall exception reporting across the clinical, public health and public health additional services domains were significantly lower than both the CCG and national averages.

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 than to the CCG and national average. For example The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 88% compared to the CCG average of 82% and the national average of 78%.
- Performance for mental health related indicators was better to the CCG and national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the CCG average of 94% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years. Three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, we saw a completed two cycle audit of patients on antiplatelet treatment and how that had initiated changes to their medication.

### 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, we saw that the practice nurse had attended, among others, cytology update and training in the management of asthma and chronic pulmonary obstructive disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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 training.

# Are services effective?

(for example, treatment is effective)

## 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, SystmOne, 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.

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

## Consent to care and treatment

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

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

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. For example the health care assistant provided smoking cessation advice and referred patients to the Quit 51 smoking cessation clinics. Patients were signposted to the relevant services were required.

The practice's uptake for the cervical screening programme was 82%, which was higher than the CCG average of 77% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% which was comparable to the CCG average of 96% to 98% and five year olds from 93% to 100% which was comparable to the CCG average of 93% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Of the 489 patients that had been invited, 299 had attended for a health check in the period 1 September 2015 to 1 September 2016.

The practice had 16 patients on the learning disability register, of whom nine had attended for a physical health assessment in the preceding 12 months.

Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were not always closed during consultations; we saw that one consultation was taking place with the door wide open and the conversation taking place could be overheard. We immediately brought this to the attention of the practice manager who spoke with the member of staff concerned.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs.

All of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with the Chair of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

Patients said they felt involved in decision making about the care and treatment they received. They also said they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. 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:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

## Are services caring?

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

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 75 patients as carers which was 1.07% of the practice list. A wide range of written information was available to direct carers to the various avenues of support available to them.

# 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 was part of the Hinckley and Bosworth Medical Alliance Federation weekend access scheme which offered patients that had been identified as being in the top 2% of those at most risk of unplanned admission to secondary care the opportunity to see a GP between 10am and 3pm at weekends. Patients were provided with a dedicated telephone number to call to avoid the need to go through NHS111.
- The practice offered consultations on a Tuesday and Thursday evening until 7.15pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice hosted the mental health facilitator who attended every two weeks to see patients.
- 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 and advice on receiving those that were not available at this practice, for example yellow fever vaccine.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 3.30pm to 5.30pm daily. Extended hours appointments were offered from 7.30am to 7.15pm on Tuesday and Thursday. Between 6pm and 6.30pm patients were advised to call Leicestershire out-of-hours who had an agreement with the practice to re-direct calls to the duty GP. Calls to the out-of-hours service in these circumstances were through a dedicated number and not NHS111.

Appointments could be booked online, by telephone or in person and consisted of a combination of face to face and telephone consultations, dependent upon need.

In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available on the day for people that needed them.

The next available routine GP appointment was three working days and the next routine nurse appointment was five working days from the date of our visit.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 55% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%). The practice were aware of this low score and had taken positive steps to try and alleviate people's concerns through adjusting the appointments system and encouraging more use of online services.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made for example through the CCG acute visiting service.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system through posters in the patient waiting area, in the practice information leaflet and on the practice website.

We looked at 19 complaints received in the last 18 months and found these were satisfactorily handled, dealt with in a

timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints however there was no analysis of trends to identify issues and improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The partners had a vision for the future direction of the practice, including an expansion of the structure of the main surgery to reflect the increase in population in the area and the increased demand on services.
- They were planning to employ a nurse practitioner to free up GP time and allow their skill set to be used more effectively.
- There arrangements for patients accessing the service were under constant review to promote quicker access for advice, care and treatment.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good 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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although clear oversight of the arrangements at the Greencroft Annex branch were not effective.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### 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 and complaints received. The PPG met every two months and had eight to ten regular attenders. The group carried out patient surveys and

# Are services well-led?

Good 

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

submitted proposals for improvements to the practice management team. For example, we saw that the PPG had taken an active role in trying to reduce the number of missed appointments through public engagement and raising the awareness of the issue to patients.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice and took advantage of the clinical commissioning group protected learning time every two months.

The practice team was forward thinking and were part of the local scheme to improve outcomes for patients at most risk of un-planned admission to hospital.

It was not a training practice.

## Requirement notices

### Action we have told the provider to take

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

| Regulated activity                                                                                                                                                     | Regulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to identify the risks associated with the use of the branch surgery known as Greencroft Annex branch surgery by not undertaking fire risk assessment and fire drills.</p> <p>The registered person had not obtained adequate assurances that self-employed and casual workers were suitable people to work in a healthcare environment.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |