

Clarendon Park Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Clarendon Park Medical Centre on 12 May 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 for reporting and recording significant events, lessons were shared to make sure action was taken to improve safety in the practice and there was a no blame culture.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice was visibly clean and tidy.
- Templates were in place which met best practice guidance for care and treatment.
- Clinical audits demonstrated a learning environment and where improvements to practice were identified, action was taken.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patient feedback was positive about the service received and said they had the time to discuss their problems during appointments.
- We saw staff were polite and responsive to patient needs. Patient and information confidentiality was maintained.
- Patient feedback told us they were able to make an appointment when they needed one.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a number of policies and procedures to govern activity, which were audited to ensure adherence to the policies and procedures.
- There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was active and contributed to developments within the practice.

The areas where the provider should make improvement are:

- To monitor the new process regarding blood pressure control, specifically for those diagnosed with diabetes.

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.

- 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 and there was a no blame culture.
- When things went wrong patients received an explanation and an 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.
- The practice was visibly clean and tidy.
- Risks to patients were assessed and well managed.
- There was a comprehensive plan in place in the event of an emergency.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally similar compared to the national averages. Where patient outcomes were lower, action had been taken to address this and improvements had been seen.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Templates were in place which met best practice guidance for care and treatment.
- Clinical audits demonstrated a learning environment and where improvements to practice were identified, action was taken.
- 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.

Good



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.
- Patient feedback was positive about the service received and said they had the time to discuss their problems during appointments.
- Information for patients about the services available was easy to understand and accessible. Information regarding support groups was also available.
- We saw staff were polite and responsive to patient needs. Patient and information confidentiality was maintained.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The senior GP attended locality meetings supported by the Clinical Commissioning Group, and engaged with the NHS England Area Team to review the needs of its local population and secure improvements to services where it was identified.
- Patient feedback told us they were able to make an appointment when they needed one.
- 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 investigated and responded to the issues raised and learning was shared with staff as appropriate.

Good



Are services well-led?

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

- The practice had a vision and to deliver quality care. 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, which were audited to ensure adherence to the policies and procedures.
- There was an overarching governance framework which supported the delivery of 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 proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was active and contributed to developments within the practice.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- 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.
- All patients over the age of 75 years were allocated a GP.

Good



People with long term conditions

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.
- Performance for some of the diabetes related indicators were better compared to the national average and others were worse. For example in 2014/15, 84% 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%. 56% of those diagnosed with diabetes in whom the blood pressure reading was below a specified limit compared to 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were comparable to local rates for all standard childhood immunisations.

Good



Summary of findings

- Patient feedback told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to 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. Baby changing facilities were available.
- We saw positive examples of joint working with midwives 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).

- 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, including ordering repeat prescriptions and booking an appointment.
- A full range of health promotion and screening was offered that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments 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. 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.
- Practice safeguarding meetings including a health visitor were held and reports were sent to external safeguarding meetings.

Good



Summary of findings

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).

- 88% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 93% 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%.
- 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 carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Referrals were also made to the Mental Health Facilitator.
- 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.
- The practice referred to the Mental Health Facilitator, who also had a clinic at the practice once a week.

Good



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 performing in line with local and national averages. 297 survey forms were distributed and 100 were returned. This represented 2% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% 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%.
- 87% 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 four comment cards which were all positive about the standard of care received and said that the care provided was excellent.

The NHS Friends and Family Test (FFT) for February 2016 to April 2016 showed out of 13 returns, 85% (11) would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- To monitor the new process regarding blood pressure control, specifically for those diagnosed with diabetes.

Clarendon Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Clarendon Park Medical Centre

Clarendon Park Medical Centre is a GP practice, which provides primary medical services to approximately 5,100 patients living in the Clarendon Park area south of the city. All patient facilities are accessible. Leicester City Clinical Commissioning Group (LCCCG) commission the practice's services.

The practice has four GPs (three male and one female). The nursing team consists of two practice nurses and a healthcare assistant. They are supported by a Practice Manager and a team of reception staff and administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 8am and 11.30am and from 2pm til 6pm. Extended hours appointments are offered between 6.30pm and 8.30pm on a Tuesday.

Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest urgent care centres, 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 12 May 2016. During our visit we:

- Spoke with a range of staff, including the senior partner, salaried GPs, practice manager, practice nurse and the administration and reception teams.
- Spoke with a member of the Patient Participation Group.
- Observed how patients were being cared for.
- 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.

Detailed findings

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. Staff told us that they were encouraged to report incidents and there was a no blame culture.
- 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 told, were given an explanation and a written or verbal apology. Any actions taken as a result to improve processes were also communicated to the patient.
- Staff members were knowledgeable about significant events that had been reported and the actions taken as a result to ensure safety was improved in the practice. They confirmed significant events were discussed at practice meetings and we saw records to confirm this.
- The practice carried out a thorough analysis of the significant events, however did not carry out an analysis over time to see if there were any trends.

We reviewed safety alerts, which had been circulated to all clinicians, and action plans had been implemented.

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, which relevant legislation and local requirements. Contact details for the local safeguarding teams were displayed in each of the rooms and policies were accessible to all staff on the computer system. There was a lead staff member for safeguarding. The GPs provided reports for external safeguarding meetings to ensure information was available for other

agencies, as appropriate. Staff were knowledgeable about their role and responsibilities in relation to safeguarding children and vulnerable adults. All staff members had had received training on safeguarding children and vulnerable adults relevant to their role.

- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly 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. Audits included infection control rates of minor surgery, which had identified 0% infections.
- 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 medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use. 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.
- We reviewed five personnel files, including locum staff, 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular 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; including the outside grounds, building security, control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 which was completed one month in advance. An additional staff member had recently been employed to work ad hoc sessions and provide cover for annual leave.

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.
- 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, loss of water supply or building damage. The plan included emergency contact numbers for staff, contact numbers for suppliers and alternative accommodation.

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.
- Templates, which were devised in line with best practice guidance, were used and available on the patient record system.
- 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 94% of the total number of points available.

Data from 2014/15 showed:

- Performance for some of the diabetes related indicators were better compared to the national average and others were worse. For example, 84% 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%. 56% of those diagnosed with diabetes in whom the blood pressure reading was below a specified limit compared to 78%. The practice had recognised the areas that were lower and had seen an increase within 2015/16 to 65%. The practice had also carried out a review of the patients and identified 30% of patients diagnosed with diabetes who had fluctuating blood

pressure. Protocols for the management of patients with diabetes and other co-morbidities had also been reviewed to ensure their blood pressure was monitored on a regular basis.

- Performance for mental health related indicators was better compared to the national average. For example, 93% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 88% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.

The practice had various clinical areas where exception reporting was significantly higher than the CCG and national averages. (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 main areas identified were mental health related indicators and the practice had identified that there had been a coding issue. Indicators included:

- percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record (32% compared to the CCG average of 8% and the national average of 13%).
- percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded (24% compared to the CCG average of 6% and the national average of 10%).

Other areas of high exception reporting were discussed with the practice, the practice told us they were aware of and worked to the exception reporting criteria.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed within 2015.
- Improvements to practice were evident as a result of the audits and findings were used by the practice to improve services. For example, an audit regarding INR testing demonstrated that not all patients received written information regarding warfarin. There had also

Are services effective?

(for example, treatment is effective)

been a reduction in antibiotic prescribing in 2015 compared to 2014, which was a result of supporting and implementing best use of antibiotic prescribing and educating patients in self care.

- 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, including locum 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, including diabetes. The practice nurse was also supported to complete their post graduate course.
- 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, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff also attended protected learning time supported by the local clinical commissioning group. 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.

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. Two week wait referrals were made through a specific information system called PRISM and other referrals were made through the choose and book system.
- Unplanned admissions to hospital were reviewed and action taken according to the needs of the individual. This included a referral to the care navigator who would attend the patients' home and assess their home and social needs.

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. Multi disciplinary meetings were scheduled on a regular basis with other health care professionals, including a health visitor. However, meeting minutes demonstrated attendance from health visitors was infrequent and action was being taken to address this.

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 practice ensured there was a two-stage consent process for minor surgery, therefore patients were

Are services effective?

(for example, treatment is effective)

provided with appropriate information and consented to the surgery before returning another day for the surgery to go ahead and confirmation that they agree to it.

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. For example:

- Patients identified as carers and those at risk of developing a long-term.
- The practice worked with other health care professionals to ensure appropriate support was given to those receiving end of life care and that it was individualised, including LOROS. (LOROS is a county based charity specialising in hospice care for persons over 16 years of age and also offers family support.)
- Patients were referred to the Lifestyle Hub, as required, for additional advice, guidance and support in relation to alcohol, weight, smoking and exercise.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 69% 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 and advertised the services in the waiting areas. 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 92% to 97%. The practice nurse contacted the child's family if they did not attend for the childhood immunisation. If the child did not attend for a third time, it was discussed at the practice's safeguarding meeting and the local health visitor was informed.

Patients had access to appropriate health assessments and checks, which were advertised in the waiting areas. These included health checks for new patients and NHS health checks for patients aged 40–74. 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 to be polite and responsive to patient needs.

- 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 service experienced. Patients said staff were understanding and helpful.

We spoke with a member of the patient participation group (PPG). They also told us they were happy with the care provided by the practice. They told us reception staff were friendly and responsive.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Satisfaction scores on consultations with GPs and nurses were in line with CCG and national averages. For example:

- 86% 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%.
- 87% 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%.
- 83% 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%.
- 94% 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%.

- 85% 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 they were given time to discuss their problems and were not rushed in their appointments. Feedback included that a personal approach was given to all patients, including children.

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:

- 84% 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%.
- 77% 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%.
- 89% 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 told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

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 included ARC Leicester, which provided convalescence, respite, complementary therapies and grants to members and individuals in need.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 60 patients as carers (1% of the practice list). Patients were generally identified as a carer when they registered as a patient, however a review of the forms had identified that this

Are services caring?

section was not always completed. Partners, if known, of high risk patients that had personalised care plans were reviewed within the same appointment to ensure an appropriate care plan and support was in place for both persons. Written information was available in waiting areas to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP or colleagues in the community would provide appropriate support.

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 offered extended hours on a Tuesday evening between 6.30pm and 8.30pm.
- 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.
- There were disabled facilities, a hearing loop, translation services and baby changing facilities available.
- The practice hosted screening services on an annual basis for aneurysm screening and retinal screening.
- The practice was able to refer to the Mental Health Facilitator, who also had a clinic at the practice once a week.
- A room was provided for antenatal visits so pregnant women could be seen at the surgery.
- Online services were available, including ordering repeat prescriptions and booking an appointment.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available between 8am and 11.30am and 2pm and 6pm. Extended hours appointments were offered between 6.30pm and 8.30pm on a Tuesday. In addition to pre-bookable appointments that could be booked up to two weeks in advance for a GP and up to four weeks for a nurse, telephone consultations and urgent appointments were also available for people that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 83% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 97% of patients said the last appointment they got was convenient compared to the national average of 92%.
- 79% of patients described their experience of making an appointment as good compared to the national average of 73%.

Patients told us that they were able to get appointments when they needed them.

Due to an increase to the practice list size, the practice had recruited a temporary Advanced Nurse Practitioner, who also completed INR reviews. This was easing the demand to see a GP and meant appointments were more readily available.

Listening and learning from concerns and complaints

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

- All staff were knowledgeable regarding the complaints procedure and could explain how they would support a patient if they wished to raise a concern or complaint.
- 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 which was displayed in the waiting areas.

We looked at three complaints received in the last 12 months and found these were investigated thoroughly and an apology and explanation was provided to the patient. Lessons were learnt from individual concerns and complaints and action was taken to as a result to 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 vision to deliver quality care, which identified the increasing practice list size and recognised the need for additional clinical staff to ensure patients received good care and treatment.

The practice had a mission statement which was included within the practice information leaflet. Staff knew and understood the values included within the mission statement.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of 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. Policies and protocols were reviewed on an annual basis and the use of the policy or protocol was audited.
- A comprehensive understanding of the performance of the practice was maintained and reviewed at local meetings supported by the CCG.
- 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 senior partner and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they encouraged improvement and learning and the practice culture was to do their best and improve.

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 practice encouraged a culture of openness and honesty and had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, an explanation and an 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 a multi-disciplinary practice meeting on a monthly basis, which reception staff were invited to. Reception team meetings were also held every six weeks.
- Staff told us there was an open door policy within the practice and they worked in a supportive team.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and staff members were encouraged 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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Information regarding the PPG was displayed in the main waiting area, requesting suggestions from patients to improve services as well as advertising for new members. The PPG met three to four times a year. They organised questionnaires regarding services provided at the practice, made suggestions to improve the services and ensured patients understood how to access services that were available.
- A local patient survey had recently been completed over a two week period, in relation to the same day urgent care appointments. 22 patients responded and stated they had used the service over the last three months. 20

Are services well-led?

Good 

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

respondents said they got an appointment at a convenient time, 16 agreed the phone was answered in a timely manner and 19 agreed the service met expectations. The results of the survey were to be compared against the national GP patient survey and discussed at the next practice meeting.

- The practice gathered feedback from staff general through staff meetings. Staff told us they felt involved and engaged to improve how the practice was run.