

Westcotes GP Surgery

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	Requires improvement	
Are services safe?	Good	
Are services effective?	Requires improvement	
Are services caring?	Requires improvement	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Requires improvement	

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 Westcotes GP Surgery on 21 June 2016. Overall the practice is rated as requires improvement.

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

- 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 assessed and well managed.
- 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.
- 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.
- 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 practice ensured all staff received regular appraisals. All members of staff received regular reviews of their performance which included a report and a rating.
- Data showed patient outcomes were low compared to the national average. The practice had employed two practice nurses to improve the range of services offered to patients.
- Patients said they did not always find it easy to make an appointment with a named GP or that there was continuity of care, with urgent appointments available the same day.

Summary of findings

The areas where the provider must make improvements are:

- Address the issues highlighted in the national GP patient survey in order to improve patient satisfaction, including those in relation to appointment access and consultations with GPs and nurses.
- Ensure there is an effective system in place to manage and monitor processes to improve outcomes for patients.

The areas where the provider should make improvement are:

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.

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.
- 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.
- Risks to patients were assessed and well managed.
- There was an infection control lead in place and quarterly infection control audits were carried out.

Good



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average in some outcomes compared to the national average in 2014-15. For example, the most recent published results in 2014-15 were 77.2% for Westcotes GP Surgery 1 and 79.7% for Westcotes GP Surgery 2 of the total number of points available. Data for 2015-16 had shown no significant improvement.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A programme of clinical audits was in place which included medicine audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals, performance monitoring reviews 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. The practice held monthly multi-disciplinary meetings to review the care and needs of patients.

Requires improvement



Summary of findings

Are services caring?

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

- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt listened to or involved in decisions about their care.
- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care.
- CQC comment cards received from patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had a carer's register in place which represented 1% of the combined patient lists. There was also a carer's champion who ensured carer's received information about local carer's services available to them.
- Information for patients about the services available was easy to understand and accessible and available in numerous different languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

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

- Data from the national GP patient survey showed patients rated the practice lower than others and reported that access to a named GP and continuity of care was not always available quickly. Patients reported that they could not always get through to the practice easily by telephone and were not always satisfied with the practice opening hours.
- 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 and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice held bi-monthly gold standard framework (GSF) meetings to discuss and review the needs of all palliative care patients.
- The practice had carried out a disability access audit to assess disabled access for patients and to identify reasonable adjustment measures to be taken.
- The practice allocated a 'tracker' who were non-clinical members of staff, to patients identified as vulnerable or who suffered a long-term health condition and were at risk of

Requires improvement



Summary of findings

unplanned admission to hospital. The role of the tracker was to contact patients on a monthly basis to ensure they had a point of contact in the practice and ensured patients' needs were met and reduced their risk of unplanned admission to hospital. The tracker would also give patients advice on local support groups and organisations that may be helpful to them to ensure their social needs were met.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- 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. However, there was a lack of effective systems and processes in place in relation to the management, monitoring and improvement of patient outcomes and patient satisfaction.
- The provider was aware of and complied with the requirements of the duty of candour. The lead GP 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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and met on a bi-monthly basis.
- There was a strong focus on continuous learning and improvement at all levels.

Requires improvement



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 provider was rated as requires improvement for providing a caring, effective, responsive and well led service, good for being safe. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- The practice participated in a care navigation scheme which provided a wide range of support to older people through home visits from a care navigator to help them remain healthy and to help patients carry on living in their own homes.
- Patients received personalised care plans from a named GP to support continuity of care.
- The premises were accessible to patients with mobility difficulties.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing a caring, effective, responsive and well led service, good for being safe. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The practice participated in an admissions avoidance scheme and delivered personalised care plans and regular reviews for patients with a long term condition with a view to deliver more personalised care and to reduce emergency or unplanned hospital admissions.
- The practice allocated a 'tracker' who were non-clinical members of staff, to patients identified as vulnerable and at risk of unplanned admission to hospital. Their role was to contact patients on a monthly basis to ensure they had a point of

Requires improvement



Summary of findings

contact in the practice and ensured patients' needs were met. The tracker would also give patients advice on local support groups and organisations that may be helpful to them to ensure their social needs were met.

- 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.
- The practice held bi-monthly Gold Standard Framework (GSF) meetings to review and discuss the needs of all palliative patients.
- There was a GP lead for patients who were at end of life.
- The practice held weekly meetings with district nursing teams.
- Performance for diabetes related indicators was 52% which was lower than the CCG average of 85% and the national average of 89%. (This included an exception reporting rate of 11.7% which was comparable to the national average of 11%). (Westcotes GP Surgery 1).
- Performance for diabetes related indicators was 76% which was lower than the CCG average of 85% and the national average of 89%. (Westcotes GP Surgery 2).

Families, children and young people

The provider was rated as requires improvement for providing a caring, effective, responsive and well led service, good for being safe. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The lead GP had attended Gillick Competence and Fraser Guidelines training.
- The practice liaised with health visiting teams on a weekly basis.

Requires improvement



Summary of findings

- Midwifery led clinics were held in the practice on a two weekly basis.
- The practice reviewed children whose appointment had not been attended and where there had been no notification of cancellation. Any concerns relating to these children were discussed with health visiting teams on a weekly basis.
- Immunisation rates for the standard childhood immunisations were mixed. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 88% and five year olds from 73% to 80% during 2014-15. However, rates for some of the vaccinations given had improved with some higher than local and national averages.
- The practice's uptake for the cervical screening programme was 82%, which was better than the CCG average of 69% and the national average of 74%. (Westcotes GP Surgery 1).
- The practice's uptake for the cervical screening programme was 72%, which was better than the CCG average of 69% and the national average of 74%. (Westcotes GP Surgery 2).

Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing a caring, effective, responsive and well led service, good for being safe. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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. For example, extended hours appointments were available and online services such as ordering repeat prescriptions and appointment booking for the convenience of patients who worked or had other commitments during the day.
- 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.
- An automated arrival machine was available to give patients the opportunity to arrive themselves for their appointment rather than speak to a receptionist.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing a caring, effective, responsive and well led service, good for being safe. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing a caring, effective, responsive and well led service, good for being safe. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- All clinical staff had attended Mental Capacity Act (MCA) training.

Requires improvement



Summary of findings

- Performance for mental health related indicators was 92% which was higher than the CCG average of 90% and the national average of 93%. (This included an exception reporting rate of 19% which was higher than the national average of 11%). (Westcotes GP Surgery 1).
- Performance for mental health related indicators was 71% which was lower than the CCG average of 90% and the national average of 93%. (Westcotes GP Surgery 2).

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 for both patients lists (Westcotes GP Surgery 1 & Westcotes GP Surgery 2). The results showed the practice was performing below local and national averages. 326 survey forms were distributed and 93 were returned for Westcotes 1 GP Surgery. This represented 3.56% of the practice's patient list.

Westcotes GP Surgery 1 results:

- 58% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 62% 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 79% and the national average of 85%.
- 59% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.
- 34% 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 69% and the national average of 78%.
- 64% of patients said that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

340 survey forms were distributed and 66 were returned for Westcotes 2 GP Surgery. This represented 2.53% of the practice's patient list. The results showed the practice was performing below local and national averages.

Westcotes GP Surgery 2 results:

- 70% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.

- 60% 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 79% and the national average of 85%.
- 68% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.
- 53% 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 69% and the national average of 78%.
- 69% of patients said that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards which were mostly positive about the standard of care received. Patients told us that the practice staff had shown exceptional care and understood the needs of patients. Patients also told us they felt listened to and that clinical staff treated them with kindness, dignity and respect. Two comment cards were less positive regarding access to appointments.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Friends and Family test results showed that 100% of patients registered with both Westcotes 1 and Westcotes 2 GP Surgery who had responded said they would recommend this practice to their friends and family.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Address the issues highlighted in the national GP patient survey in order to improve patient satisfaction, including those in relation to appointment access and consultations with GPs and nurses.
- Ensure there is an effective system in place to manage and monitor processes to improve outcomes for patients.

Action the service **SHOULD** take to improve

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.

Westcotes GP Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Westcotes GP Surgery

The provider holds two separate contracts with NHS England to provide services for two separate patient lists, Westcotes GP Surgery 1 and Westcotes GP Surgery 2, both provided from one location 'Westcotes GP Surgery'. Westcotes GP Surgery provides primary medical services to a combined patient list of approximately 2,608 patients in Leicester City. (Throughout this report, some areas of performance related data and national patient survey results refers to both Westcotes GP Surgery 1 and 2).

Westcotes GP Surgery is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; maternity and midwifery services and surgical procedures.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering care services to local communities.

At the time of our inspection the practice employed a practice manager, assistant practice manager, a phlebotomist, eight reception and administration staff, 2 practice nurses and one domestic.

The surgery is open from 8am until 6.30pm Monday to Friday. The practice provides extended opening hours until

7.30pm on a Wednesday. The practice is part of a pilot scheme within Leicester City which offers patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments are available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments are available by walk in, telephone booking or direct referral from NHS 111.

The practice is a training practice and delivers training to Foundation Year 2 Doctors (FY2). An FY2 is a fully qualified Doctor who is registered with the General Medical Council (GMC) who is training to become a GP.

The practice has an active patient participation group (PPG) which has been in place for four years who meet on a bi-monthly basis.

The practice has a higher population of patients between the ages of 25-44 years of age and also 45-59 years of age. 56.1% of the patient population have a long standing health condition which is higher than the clinical commissioning group (CCG) average of 51.7%.

The practice offers on-line services for patients including ordering repeat prescriptions, booking routine appointments and access to patient summary care record.

The practice lies within the NHS Leicester City Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is a member of a Federation called 'Millennium' within Leicester City CCG. A Federation is a group of GP practices that work collaboratively with a shared mission and vision to share best practice and

Detailed findings

provide a greater range of services for patients. The Federation has been successful in the provision of a clinical pharmacist working within the ten GP practices. The lead GP is the Deputy Chair of this Federation.

It is an active member of the local Primary Care Research Network Centre, England (PCRNCE) which is funded by the Department of health to undertake research to improve health care.

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 21 June 2016.

During our visit we:

- Spoke with a range of staff including a practice manager, assistant practice manager, practice nurse, GP, health care assistant, and two member of the reception/administration team. We also spoke with patients who used the service.
- We spoke to three members of the patient participation group (PPG).

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed ten comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system via a 'drop box' which all staff could access. This enabled staff to download a reporting form, staff would then complete the form and submit to the practice manager. 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). During our inspection we looked at 17 significant events. All non-clinical incidents were dealt with by the practice manager, all clinical incidents were dealt with by the lead GP. We saw evidence of meeting minutes which showed us that all incidents were discussed during practice meetings, some were discussed on the day dependent on the nature of the incident reported.
- 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.

Clinical staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) directly by email and were discussed in weekly practice meetings. All alerts were coordinated by the practice manager. A written record of the alert was circulated to relevant staff members which detailed the medicine name, reasons for the alert and any actions taken by the practice. All records were signed and dated by the medicines lead and the lead GP. We saw numerous examples of these written alerts during our inspection. We also saw evidence of actions taken as a result.

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. There was a lead member of staff 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 3.
- 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 manager 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 on a quarterly basis and we saw evidence that action was taken to address any improvements identified as a result. The last audit had been carried out in April 2016. We saw evidence of weekly cleaning schedules which were all signed and dated.
- We observed some areas of the practice had carpet floor coverings. However, there was a carpet cleaning schedule in place and we saw evidence that carpets had been cleaned on a regular basis.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

Are services safe?

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. A clinical pharmacist employed by the CCG also worked in the practice on a regular basis and provided support in monitoring change of medications for patients as part of the practice's 'prescribing efficiency strategy'. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Non-clinical staff checked all uncollected prescriptions on a regular basis to ensure that the GPs were informed of any patients who may not have collected a prescription for high risk medicines.

- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.
- The practice carried out regular checks to ensure that members of the nursing team were registered with the Nursing and Midwifery Council (NMC).
- Suitable processes were in place for the storage, handling and collection of clinical waste.
- 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. The practice manager ensured an electronic copy of all signed PGDs were held on the practice computer system which all staff had access to.
- During our inspection we observed that all vaccinations and immunisations were stored appropriately. We saw evidence of weekly vaccination stock check records, this included a check of expiry dates to ensure all vaccinations for safe for use. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place. (cold chain is the maintenance of refrigerated temperatures for vaccines).

- 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.

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. 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 carried out a disability access audit to assess disabled access for patients and to identify reasonable adjustment measures to be taken.
- The practice had up to date fire risk assessments in place, we saw the last risk assessment had been carried out in April 2016. Fire drills were carried out on a three monthly basis, we saw records of these during our inspection. We observed that all fire safety equipment had been serviced on a regular basis. The last service had been carried out in July 2015.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. During our inspection we saw that all electrical equipment was last checked in January 2016. All clinical equipment was last calibrated in October 2015. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). During our inspection we saw that the last Legionella risk assessment had been carried out in April 2016. The practice had employed the services of a water hygiene specialist who had carried out Legionella risk assessments and also regular water sample testing to ensure the prevention of Legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

Are services safe?

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We saw examples of these rotas during our inspection.

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 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- There were notices in all consulting rooms which gave details of the location of emergency medicines and equipment.
- Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 manager was responsible for ensuring all updates were circulated to relevant members of staff, we saw written evidence of these updates which had been circulated to staff during our inspection.
- 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 in 2014-15 were 77.2% for Westcotes GP Surgery 1 and 79.7% for Westcotes GP Surgery 2 of the total number of points available. Overall exception reporting rates were 11% for Westcotes GP Surgery 1 and 8.9% for Westcotes GP Surgery 2. (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). Qof performance for both patient lists had shown no significant improvement during 2015-16.

This practice was an outlier for some areas of QOF (or other national) clinical targets. Data from 2014-15 for Westcotes GP Surgery 1 showed:

- Performance for diabetes related indicators was 52% which was lower than the CCG average of 85% and the national average of 89%. (This included an exception reporting rate of 12% which was comparable to the national average of 11%).

- Performance for mental health related indicators was 92% which was higher than the CCG average of 90% and the national average of 93%. (This included an exception reporting rate of 19% which was higher than the national average of 11%).

This practice was an outlier for some areas of QOF (or other national) clinical targets. Data from 2014-15 for Westcotes GP Surgery 2 showed:

- Performance for diabetes related indicators was 76% which was lower than the CCG average of 85% and the national average of 89%.
- Performance for mental health related indicators was 71% which was lower than the CCG average of 90% and the national average of 93%.

The practice was aware of its lower than average Qof performance and higher than average exception reporting rates within some clinical domains. The practice had suffered staff shortages within the practice nursing team throughout 2014-15. We were also told that the reasons for low Qof performance and higher than average exception reporting rates were due to incorrect coding within the clinical system. However, the practice had successfully recruited two practice nurses which had improved the range of services it offered to patients and it was anticipated that this would lead to an increase in future Qof performance results and improved clinical coding.

The practice had worked closely with the local CCG and had seen a positive reduction in exception reporting rates for both Westcotes 1 and Westcotes 2 with the exception of diabetes, chronic heart disease and hypertension indicators. The practice worked closely with other GP practices within Leicester City to share best practice in relation to reduction in exception reporting rates.

There was evidence of quality improvement including clinical audit.

During our inspection we looked at numerous clinical audits which included audits of medicines in particular antibiotic prescribing, audits of services provided by the practice such as unplanned admission to hospital, audits of mortality rates and an audit of patients at risk of falls. We

Are services effective?

(for example, treatment is effective)

also saw examples of non-clinical audits such as audits of patient access to appointments. Some of these were completed audits where the improvements made were implemented and monitored.

The practice manager carried out quarterly quality checks to ensure that all clinical post that related to patients was scanned onto the correct patient care record. These checks also ensured that all new patient records received were dealt with appropriately and that contemporaneous records were held of patient consultations. These processes were additional measures implemented to ensure patient care records were updated correctly at all times.

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 provided all employees with an employee handbook which contained information about the practice, human resources information including employee benefits and annual leave entitlements. The handbook also contained numerous practice policies including whistleblowing, equal opportunities and health, safety, welfare and hygiene.
- 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. We saw evidence of training in asthma, diabetes and cervical smear taker training updates which had been carried out by members of the nursing team.
- 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.

- All members of staff received quarterly assessments of their performance. This was carried out by the practice manager and staff members attended a meeting to discuss their performance. All members of staff received a performance report which included an overall rating for areas such as attendance and punctuality, job knowledge and quality of work. Staff we spoke with told us they found this process beneficial and gave them an opportunity to discuss future training needs to support them in their role.
- 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. The practice manager had ensured all members of staff had a training needs analysis in place, we saw evidence of all staff training records during our inspection.

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.

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.

Are services effective?

(for example, treatment is effective)

- 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.
- The practice obtained verbal and written consent and completed an electronic template within the patient care record of all relevant details for those patients who attended the practice for a minor surgical procedure.

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. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82% (Westcotes GP Surgery 1) and 72% (Westcotes GP Surgery 2) which was better than 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, the practice's uptake for breast screening for female patients aged between 50-70 years of age in the last 36 months was 72% which was better than the CCG average of 68% and comparable to the national average of 72%. The practice's uptake for bowel screening for patients who were screened for bowel cancer within six months of invitation was 42% which was in line with the CCG average of 41.7%. 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 2014-15 for the vaccinations given were mixed compare to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 88% and five year olds from 73% to 80%. However, rates for some of the vaccinations given had improved with some higher local and national averages for 2015-16. (Westcotes GP Surgery 1)

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. 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 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.

Eight out of the ten 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. Two comments were less positive and were in relation to access to appointments.

We spoke with three members 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 published in July 2016 for Westcotes GP Surgery 1 showed patients did not always feel they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 65% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 69% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.

- 88% 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%.
- 63% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% national average of 85%.
- 74% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Results from the national GP patient survey published in July 2016 for Westcotes GP Surgery 2 showed patients did not always feel they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 84% 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%.
- 64% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% national average of 85%.
- 74% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 79% 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

Patients told us they did not always feel involved in decision making about the care and treatment they

Are services caring?

received. Patients did not always feel listened to and supported by staff or that they 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 mostly positive regarding the care they received however, two comment cards were negative in relation to access to appointments.

Results from the national GP patient survey published in July 2016 for Westcotes GP Surgery 1 showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 70% 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%.
- 64% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 69% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.
- 65% of patients said the last GP they spoke to was good at listening to them compared to the CCG average of 85% and the national average of 86%.
- 68% of patients said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 81% and the national average of 87%.

Results from the national GP patient survey published in July 2016 for Westcotes GP Surgery 2 showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 73% 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%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

- 69% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.
- 83% of patients said the last GP they spoke to was good at listening to them compared to the CCG average of 85% and the national average of 86%.
- 77% of patients said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 81% and the national average of 87%.

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice provided access to a 'Ujala' translation and sign language service facility to assist patients whose first language was not English to communicate better.
- The practice provided access to Language Line telephone interpreter service facility to assist patients whose first language was not English to communicate better.
- Members of the reception team spoke numerous different languages which helped to improve communication with patients.

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 28 patients as carers across both patient lists (1% of the combined practice lists). There was a carers lead in post, the deputy practice manager was a 'carers' champion' and written information was available to direct carers to the various avenues of support available to them in numerous different languages.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone. This call was either

followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice provided bereavement information packs for patients.

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 opening hours until 7.30pm on a Wednesday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice offered on-line services for patients which included ordering repeat prescriptions, booking routine appointments and access to patient summary care record.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were telephone consultations available for those patients who required them.
- 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 as well as those only available privately/were referred to other clinics for vaccines available privately.
- The practice employed a phlebotomist who provided an in-house phlebotomy service for patients. (a phlebotomist is a nurse or other health worker trained in drawing venous blood samples for testing).
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a smoking cessation advice clinic.
- There was an automated arrival machine to enable patients to book themselves in for their appointment which was available in numerous different languages for patients whose first language was not English.
- There was a TV screen in the waiting room providing patients with health promotion information.
- The practice held monthly multi-disciplinary meetings to discuss and review the needs of its patients.
- There were baby changing facilities available.

- The practice provided regular, in-house midwifery led clinics.
- The practice allocated a 'tracker' who were non-clinical members of staff, to patients identified as vulnerable or who suffered a long-term health condition and were at risk of unplanned admission to hospital. The role of the tracker was to contact patients on a monthly basis to ensure they had a point of contact in the practice and ensured patients' needs were met and reduced their risk of unplanned admission to hospital. The tracker would also give patients advice on local support groups and organisations that may be helpful to them to ensure their social needs were met. Since this scheme was implemented the practice had seen a reduction in the number of unplanned admissions over a four month period from 58.2% to 23.4%.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered until 7.30pm every Wednesday evening. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The practice provided a text reminder service to ensure patients received timely reminders of their appointment date and time.

Results from the national GP patient survey published in July 2016 for both patient lists (Westcotes GP Surgery 1 & 2) showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 57% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%. (Westcotes GP Surgery 1)
- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%. (Westcotes GP Surgery 2)
- 58% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73% (Westcotes GP Surgery 1)

Are services responsive to people's needs?

(for example, to feedback?)

- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73% (Westcotes GP Surgery 2)
- 62% of patients said that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 79% and the national average of 85%. (Westcotes GP Surgery 1)
- 69% of patients said that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 79% and the national average of 85%. (Westcotes GP Surgery 2)

The practice was aware of its low satisfaction scores in relation to access to appointments and carried out regular access audits to gain patient feedback to help the practice improve in this area. We saw examples of these audits during our inspection. The most recent audit had been carried out in May 2016.

The practice provided patients with guidance advising them of the best time to contact the practice. For example, when requesting an emergency appointment or a home visit or the best time to contact the practice for prescription and general queries.

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. 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.
- 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.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, and dealt with in a timely way with openness and transparency. We saw evidence that all complaints were investigated and responded to in writing, apologies were given where necessary. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

The practice had a mission statement which was to provide a traditional general practice service in a modern world. All staff we spoke with knew and understood the values which were to be honest, open, caring, responsive, effective, safe and well led.

The practice had a robust strategy and supporting business and action plans which reflected the vision and values and were regularly monitored. During our inspection we saw evidence of a five year action plan dated April 2016, practice action plans were reviewed on an annual basis. The action plan included areas of improvement such as in patient services, quality assurance, staffing and training requirements. The action plan detailed timescales for achievement and a progress report on all areas.

Governance arrangements

The practice had an overarching governance framework in place however, this did not always support the delivery of the strategy and good quality care. For example:

- There was a lack of effective systems and processes in place for assessing, managing and improving outcomes and levels of satisfaction for patients.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice held a comprehensive range of practice specific policies which were implemented and available to all staff. We looked at fourteen policies during our inspection which included; safeguarding adults and children, consent, end of life policy for adults, home visiting, health and safety, chaperone and complaints.
- 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection staff told us the lead GP and management team 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 lead GP 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. We saw numerous meeting minutes during our inspection.
- The practice manager provided all staff with a weekly practice newsletter. Staff told us they were encouraged to add news articles to this newsletter.
- 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 lead GP and management team 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.

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met on a bi-monthly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, The PPG liaised with the practice to improve safety lighting outside the practice for patients and also a replacement phlebotomy chair in a consulting room for patient use. The patient group members we spoke with during our inspection were aware of low patient satisfaction scores published in the recent GP patient survey. They told us these were discussed on a regular basis during meetings to look at ways in which the practice can improve patient satisfaction.
- The practice had gathered feedback from staff through regular staff surveys; we saw evidence of the last survey audit report. The survey gave staff the opportunity to feedback on various areas which included job satisfaction and levels of communication in the practice. Feedback was also gained generally through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area such as a pilot scheme within Leicester City which offered patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments were available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments were available by walk in, telephone booking or direct referral from NHS 111.

The practice was a member of a Federation called 'Millennium' within Leicester City CCG. (A Federation is a group of GP practices that work collaboratively with a shared mission and vision to share best practice and provide a greater range of services for patients). The Federation had been successful in the provision of a clinical pharmacist working within the ten GP practices. The lead GP was the Deputy Chair of this Federation.

The practice had plans in place to relocate to new, purpose built premises. This would enable the practice to further develop services for patients and provide improved facilities and disabled access. Progress with this project was being monitored on a regular basis.

Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p> <p>Good governance</p> <p>Systems or processes must be established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity.</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems and process in place to address the issues highlighted in the national GP patient survey in order to improve patient satisfaction in respect of appointment access and consultations with GPs and nurses.</p> <p>The provider did not have effective systems in place to manage, monitor and improve outcomes for patients.</p> <p>This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>