Willowbrook Medical Centre - JG Astles

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Willowbrook Medical Centre – JG Astles on 18 November 2015. Overall the practice is rated as good.

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.
- There was a GP lead which specialised in screening for the detection of chronic diseases such as atrial fibrillation, asthma and heart disease which had led to earlier diagnosis and a reduction in accident and emergency attendances and unplanned hospital admissions.
- All staff had received Mental Capacity Act Training.
- Childhood immunisation rates for the vaccinations given were higher than CCG/national averages.The practice attended regular meetings with health visitors.
- The practice had an active patient participation group (PPG) who met every two months.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- A clinical pharmacist worked in the practice on a weekly basis to carry out medication reviews with patients, undertook medicines and prescribing audits and took a lead role for medicines management.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. GP partners had lead roles in various clinical areas. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had an infection control lead and a policy in place however, clinical waste was not always stored appropriately.

The areas where the provider should make improvement are:

- Review the system for the safe storage of clinical waste.

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?

Good

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- Clinical waste was not always stored appropriately.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice held a monthly 'improving processes review meeting' to review and improve clinical processes within the practice.
- There was a GP lead for prescribing of medicines. This lead also worked with the Leicester City Clinical Commissioning Group (LCCCG) prescribing team to review the appropriate use of prescribing for clinical conditions.

Summary of findings

- The practice employed the services of a clinical pharmacist who carried out medication reviews for patients and six monthly reviews of all repeat prescribing activity carried out by GPs. The pharmacist also carried out a programme of medicine and prescribing audits for the practice.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.
- A community nurse specialist provided home visits to patients with palliative care needs in the community.

Are services well-led?

Good

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

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

Summary of findings

- 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.
- All GP partners had lead roles in various clinical areas including end of life care and medicines management.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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 every two months.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice employed a paramedic to assess and triage patients and carry out home visits and effective care planning for 'at risk' patients.
- The practice employed a clinical pharmacist to oversee medicines management in the practice.
- The practice employed a physiotherapist to deal with patients with musco-skeletal problems.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients received personalised care plans from a named GP to support continuity of care.
- The premises were accessible to patients with mobility difficulties.
- Those at high risk of hospital admission and end of life care needs were identified and reviewed regularly, this included working with other health professionals to provide co-ordinated care.
- Age UK provided a monthly drop-in session in the practice for patients.
- 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.
- The practice participated in the 'Better Care Fund Plans' scheme and delivered effective care planning for older people to ensure better and more integrated care, to improve out of hospital care and reduce emergency hospital admissions.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Summary of findings

- 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 employed a paramedic who delivered care planning and home visits for patients with long term conditions.
- There was a GP lead for the screening and detection of chronic diseases which resulted in earlier detection and active treatment for those patients diagnosed with a long term health condition.
- All GP partners were end of life leads within their locality.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- 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.
- Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97.2% and five year olds from 93.5% to 99.4%.
- The practice provided childhood immunisation clinics.
- 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 practice held regular meetings with health visitors.
- There was a named midwife who provided two clinics per week in the practice.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted

the services it offered to ensure these were accessible, flexible and offered continuity of care.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 reflected the needs for this age group.
- A range of health promotion and screening was available including NHS health checks, smoking cessation and travel advice and vaccinations.
- The practice's uptake for the cervical screening programme was 81.26%, which was higher than the CCG average of 73.3%.
- There was a GP lead for the NHS health check programme.
- An automated arrival machine was available to give patients the opportunity to arrive themselves for their appointment rather than speak to a receptionist.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances for example those with a learning disability. The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and ensured care plans and regular reviews were in place.
- The practice held a regular 'unique care' meeting which involved GPs, practice nurses, district nurses and a locality social services co-coordinator.The meeting was held to discuss patients identified as at risk of unplanned admission to hospital. Decisions were agreed regarding their continuation of care.
- 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.
- There were alerts on patient care records to alert clinicians of specific needs of vulnerable families and children.

Summary of findings

- All staff received Mental Capacity Act training and were aware of how to ensure patients were involved in decisions about their care.
- All staff have had received safeguarding adults and children training.
- All patients identified as vulnerable had a care plan in place which was reviewed regularly.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advanced 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 staff had received Mental Capacity Act training.
- The Alzheimer's Society provided an in-house protected time awareness session for all staff about Dementia.
- The practice referred patients with mental health needs to a mental health nurse. The mental health nurse also attended regular multi-disciplinary meetings in the practice to review patient needs.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages.333 survey forms were distributed and 117 were returned. This represented a response rate of 33.5%.

- 86.4% found it easy to get through to this surgery by phone compared to a CCG average of 67.7% and a national average of 73.3%.
- 88.1% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80.4%, national average 85.2%).
- 87.6% described the overall experience of their GP surgery as fairly good or very good (CCG average 78.7%, national average 84.8%).
- 86.9% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 69.2%, national average 77.5%).

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 of which most comments received were positive about the standard of care received.

Areas for improvement

Action the service SHOULD take to improve

- Review the system for the safe storage of clinical waste.

Willowbrook Medical Centre - JG Astles

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Willowbrook Medical Centre - JG Astles

Willowbrook Medical Centre provides primary medical services to approximately 9754 patients in Leicester City. The practice also provides services to patients residing in 12 residential care and nursing homes in the surrounding area.

Willowbrook Medical Centre is located in a suburban area on the north eastern outskirts of the City of Leicester and covers the areas of Humberstone, Clarendon Park, Knighton, Thurnby Lodge, Evington, Bushy and Thurnby. It is located within the area covered by Leicester City Clinical Commissioning Group (CCG). It is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning; maternity and midwifery services and surgical procedures.

The practice patient population scores slightly higher than the England average in terms of income deprivation affecting older people and children but is lower than the average for all the other practices within its CCG area.

At the time of our inspection the practice employed four GP partners, four salaried GPs, two GP Registrars, a nurse practitioner, three practice nurses and a phlebotomist. They are supported by a practice manager, administration and reception staff. The surgery is open from 7.30am to 6pm Monday to Friday. Appointments are available from 7.30am each day.

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.

The surgery is purpose built, spacious, and is of single storey construction, providing good access to patients and carers. Level car parking is available and some bays close to the entrance doors are designated for the use of patients with restricted mobility.

The practice has two locations registered separately with the Care Quality Commission (CQC) which is Willowbrook Medical Centre, 195 Thurncourt Road, Leicester, LE5 2NL and a branch surgery located at Springfield Road Health Centre, Springfield Road, Leicester, LE2 3BB.

The practice operates an advanced access appointment system which enables patients to book a routine appointment up to four weeks in advance. The practice also offers telephone consultations for routine enquiries, advice and medication queries. In addition to pre-bookable appointments that can be booked in advance, urgent appointments are also available for people that need them. All patients who require an urgent on the day appointment can receive a telephone consultation with a GP first. The practice offers on-line services for patients such as on-line appointment booking and ordering repeat prescriptions.

Detailed findings

The practice is a member of a federation of ten GP practices within Leicester City which look after approximately 100,000 patients. 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 has been successful in the provision of a clinical pharmacist working within the ten GP practices. The federation has also been successful in establishing an under-graduate training academy for medical student training in conjunction with Leicester University. It is hoped that this project will encourage more students to enter into employment within general practice in Leicester City.

The practice has an active patient participation group (PPG) who meet every two months.

The practice is a training practice and delivers training to GP Registrars. A GP Registrar is a fully qualified Doctor who is training to become a GP.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 18 November 2015. During our visit we:

- Spoke with a range of staff including GPs, nurses, receptionists and administrators and spoke with patients who used the service.
- Spoke with one member of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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.

Good

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 for significant events of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence of a significant event protocol.
- The practice carried out a thorough analysis of the significant events.
- An annual review of significant events took place, we saw evidence of the last review which took place in 2014.Significant events were also discussed with the Clinical Commissioning Group (CCG) on an annual basis during an annual quality review meeting.

During our inspection we looked at 13 significant events. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We saw evidence of meeting agendas which showed us that significant events were a standing item on practice meetings. Staff told us significant events were discussed in practice meetings. Staff were invited to attend and lessons learned were shared with all staff present. We saw evidence of minutes of meetings which included discussions of significant events. Staff told us that serious incidents were discussed immediately. The practice manager was responsible for the dissemination of national patient safety alert information to practice staff. We saw evidence that action was taken to improve safety in the practice. For example changes had been made to improve the system for referring patients to nurses for home visits to ensure patients did not receive more than one visit by different members of the nursing team. Processes were improved to ensure patient care records were checked rigorously to maintain patient safety before the administration of any medications or vaccinations in the community. We saw evidence of a safety alert policy dated July 2015.

Clinical staff received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) directly by email. The practice manager was responsible for responding to alerts relating to equipment and medicines.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to Safeguarding level 3. Nurses were trained to Safeguarding level 2.
- 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 check (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). We saw evidence of chaperone training certificates during our inspection.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We observed five consulting rooms which were visibly clean. We saw evidence of a daily and monthly cleaning plan which was completed by the domestic staff. We saw evidence of cleaning schedules which were in place for clinical equipment including spirometers and ear irrigators. These cleaning schedules were signed and dated. 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. An infection control risk assessment had been carried out

in October 2015. Hand sanitizing gels were available on the reception desk for patient and staff use. During our inspection we saw that the storage of clinical waste required review. We were assured during the inspection that this would be addressed following our inspection.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and a community pharmacist who worked within the practice on a weekly basis, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Staff were responsible for recording batch numbers of all blank prescriptions when issued to a clinician or put back into the locked storage cupboard. We saw evidence of these records during our inspection.
- There was a GP lead for prescribing of medicines. This lead also worked with the locality prescribing team to review the appropriateness of antibiotic prescribing for certain clinical conditions. The lead also carried out various medicine and antibiotic prescribing audits. A clinical pharmacist also took a lead role for medicines management in the practice and supported the practice in the delivery of medicine and prescribing audits.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed seven 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.
- 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.

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 comprehensive health and safety policy in place dated August 2015 and was accessible to all members of staff electronically. We observed that this policy was in date. There was a poster in the reception office which identified local health and safety representatives. There was a practice lead for health and safety. A health and safety risk assessment had been carried out in July 2015.
- The practice had an up to date fire risk assessment, we saw evidence of the last risk assessment which had been carried out in May 2016. We also saw evidence of regular fire drills that had taken place. The last fire drill had taken place in June 2015. The fire alarm system was tested on a weekly basis. The practice had a trained fire marshal.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Electrical items were last checked in September 2015. Clinical equipment was last checked in June 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, infection control 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 for all the different staffing groups to ensure that enough staff were on duty. The practice manager reviewed capacity and patient demand daily and appointments were flexed accordingly to ensure demand was a priority.

Arrangements to deal with emergencies and major incidents

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

Good

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. The practice had a panic alarm system installed, we saw evidence of a panic alarm policy during our inspection.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. We saw evidence of basic life support training records during our inspection.
- 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.
- Two first aid kits and an 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 fit for use.
- The practice had a comprehensive business continuity plan in place which was dated July 2015 for major incidents such as power failure or building damage. There was a named responsible person who would implement the plan in the event of an emergency. The plan included emergency contact numbers for staff and re-location of premises details.

Good

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 peoples' needs. A GP was a member of NICE and was responsible for ensuring NICE guidance and updates were disseminated to the clinical team. NICE guidance was also discussed in regular practice meetings and during weekly meetings with the community pharmacist as an additional safety measure.
- 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 98.6% of the total number of points available, with 4.5% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 74.93% which was lower than national average of 77.54%.
- The percentage of patients with hypertension having regular blood pressure tests was 79.95% which was lower than the national average 83.65%.

The practice held a monthly 'improving processes review meeting. These meetings were to review and improve clinical processes within the practice and within the clinical team for example, reviewing clinical protocols for use by staff, reviewing the role of the paramedic and also to review the provision of home visits and other appointments. We saw evidence of meeting minutes during our inspection.

The practice held a regular 'unique care meeting'. These meetings involved multi-disciplines such as GPs, practice nurses, district nurses and a social care co-ordinator. The meetings were held to review patients identified by the practice as at risk of unplanned admission to hospital. Decisions were agreed in relation to their continuation of care needs and care planning. We saw evidence of meeting minutes during our inspection.

Clinical audits demonstrated quality improvement.

- During our inspection we looked at five clinical audits. One of these was a completed audit where the improvements made were implemented and monitored. For example, an audit was carried out of all patients prescribed Tamazepam in April and May 2014 (Tamazepam is used to treat insomnia which is a sleeping problem).The audit identified 46 prescriptions were issued and 39 of these were suitable for a change of medication. A further re-audit showed that the prescribing of this medication over a two month period had reduced to only 14 prescriptions being issued.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice had also completed several other medicine management reviews of prescribing with a focus on prescribing of antibiotics and insulin initiation.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw evidence of an induction protocol during our inspection which included regular performance reviews and a three month probationary period for new members of staff.
- 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. Staff administering vaccinations and taking samples for the cervical screening programme had

received specific training which had included an assessment of competence. Staff who administered vaccinations 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. All non-clinical staff received an appraisal from the practice manager or assistant practice manager. All members of the nursing team received an annual appraisal by a GP who was a lead for appraisals.Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We saw evidence that all staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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. Staff had received Mental Capacity Act training.
- 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 records audits.
- We saw evidence of a consent to treatment policy however this was out of date and required a review.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice referred patients for smoking cessation advice.
- The practice's uptake for the cervical screening programme was 81.26%, which was comparable to the national average of 81.83%. 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.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97.2% and five year olds from 93.5% to 99.4%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had a GP lead for the NHS health check programme.

The practice had a GP lead which specialised in screening for the detection of chronic diseases which had led to higher disease prevalence in their patient population. Patients were actively treated for chronic diseases such as atrial fibrillation, asthma and heart disease which had led to an increased rate of outpatient referrals and higher prescribing rates compared to other local practices. Although referral rates and prescribing rates were higher, this had led to a reduction in accident and emergency attendances and unplanned hospital admissions.

Good

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.

All 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.

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

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

- 95.5% said the GP was good at listening to them compared to the CCG average of 86.1% and national average of 88.6%.
- 92.2% said the GP gave them enough time (CCG average 82.8%, national average 86.6%).
- 97.5% said they had confidence and trust in the last GP they saw (CCG average 93.4%, national average 95.2%)
- 91.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 95.2%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86.2% national average 90.4%).
- 91.2% said they found the receptionists at the practice helpful (CCG average 83.3%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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

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 above local and national averages. For example:

- 92.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 84.1% said the last GP they saw was good at involving them in decisions about their care (CCG average 76.2%, national average 81.4%).
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82.4%, national average 84.8%).

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. We saw notices in the reception areas informing patients this service was available. Patient information leaflets were available in different languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. The practice website contained a section for carers

Good

Are services caring?

providing relevant information to them. Age UK attended the practice on a monthly basis to provide support to carers. Carers information was on display in the patient waiting areas. A member of the patient participation group (PPG) was also a carer and worked at the local carers centre. We saw evidence of a carer's policy dated August 2015.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. Age UK also offered bereavement advice to patients.

Good

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 appointments on a daily basis from 7.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- 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.
- There were disabled facilities which included a ramp near the main entrance, disabled car parking spaces and a disabled toilet.
- A wheelchair was available for those patients who wished to use this.
- A hearing loop and translation services were available. Automated doors were in place for ease of access to the premises.
- There was an automated arrival machine to enable patients to book themselves in for their appointment and there was a TV screen in the waiting room providing patients with health promotion information.
- There were baby changing facilities available.
- The practice provided access to a 'Ujala' translation service facility to assist patients whose first language was not English to communicate better.
- The practice provided sign language interpreters from 'Action for Deaf' service for deaf patients.
- Staff escorted patients who were partially sighted to their consulting room.
- Patient information leaflets were available in numerous languages for those patients whose first language was not English.
- There was a notice board in the waiting room displaying photographs of all members of the practice team including their names and job roles.
- The practice employed a paramedic who provided home visits for patients and carried out care planning with patients and care plan reviews.

Access to the service

The practice was open between 7.30am and 6pm Monday to Friday. Appointments were available from 7.30am each morning. The practice operated an advanced access appointment system which enabled patients to book a routine appointment up to four weeks in advance. The practice also offered telephone consultations for routine enquiries, advice and medication queries. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them. All patients who required an urgent on the day appointment received a telephone consultation with a GP first. The practice offered on-line services for patients such as on-line appointment booking and ordering repeat prescriptions.

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

- 86.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.1% and national average of 74.9%.
- 86.4% patients said they could get through easily to the surgery by phone (CCG average 67.7%, national average 73.3%).
- 94.9% patients said the last appointment they received was convenient (CCG average 89.8%, national average 91.8%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- We saw evidence of a complaints policy and procedures dated March 2015 which were in line with recognised guidance and contractual obligations for GPs in England.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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 various records of complaints received in the last 12 months. These were satisfactorily handled, and dealt with in a timely way, we saw evidence of a written acknowledgement sent to the patient and an apology given where necessary.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice was part of a federation of ten GP practices which had a shared mission and vision to share best practice and provide a greater range of services for patients.
- The practice had employed the services of a clinical pharmacist, physiotherapist and a paramedic to support the delivery of their vision and values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values of the practice and were regularly monitored.
- Staff told us they felt happy and supported and that patients appreciated the services provided by the practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. During our inspection we looked at 24 policies including confidentiality, whistleblowing, violence and aggression, vulnerable adults, chaperone, patient dignity and a disability protocol and checklist for assessing the needs of disabled patients.
- The practice held weekly clinical governance meetings, regular multi-disciplinary meetings and six weekly palliative care meetings.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- The practice employed the services of a clinical pharmacist who came into the practice on a weekly basis to provide a clinical audit service and also medication reviews for patients.
- The practice employed a paramedic to assess and triage patients and carry out home visits and effective care planning for at risk patients.
- The practice employed a physiotherapist to deal with patients with musco-skeletal problems.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- All staff had completed on-line confidentiality training. We saw evidence of a confidentiality policy during our inspection.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The GPs had lead roles in the practice in various areas such as end of life care and early screening and detection of disease.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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. The practice also held various types of multi-disciplinary meetings. We saw evidence of meeting minutes and

Are services well-led?

Good

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

numerous topics were discussed including significant events, care planning for patients identified as at risk of unplanned admission to hospital, end of life care and continuing care needs of patients.

- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The PPG had eight members which included a Chair of the group. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG made suggestions for the practice to provide a PPG notice board in the patient waiting area. A photo board was introduced which included photographs, names and roles of all practice staff. A self-arrival machine was also introduced to enable patients to arrive themselves for their appointment rather than wait to speak to a member of the reception team.
- Staff told us there was an open door policy and that the partners, management team and colleagues were approachable and would not hesitate to give feedback and discuss any concerns or issues. Staff told us they felt supported by the management team and GPs and felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was a member of a federation of ten GP practices within Leicester City Clinical Commissioning Group (LCCCG) which looked after approximately 100,000 patients. A GP partner was vice-chair of this federation. The federation had been successful in the provision of a clinical pharmacist working within the ten GP practices which included Willowbrook Medical Centre. The clinical pharmacist took a lead role in the practice for medicines management.

The practice had integrated other new roles into the practice to deliver patient care which included an extended role physiotherapist and a paramedic to carry out triage of patients, home visits and care planning for at risk patients.

The practice was forward thinking and focussed on improving quality and delivery of patient care, we saw evidence of numerous clinical audits which evidenced this. A GP partner was currently undertaking a Master's Degree (MSc) in Quality Improvement.