

# Leicester Medical Group

## Quality Report

Thurmaston Health 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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



# 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 Thurmaston Health Centre on 14 December 2017. The practice is rated as good for responsive and caring, requires improvement for effective and inadequate for safe and well-led. Overall the practice is rated as inadequate.

All six population groups;

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

are also rated as inadequate as these ratings applied to everyone using the practice including all population groups.

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

- When serious incidents happened the practice had not ensured that the staff and GPs involved had learned from the events or that the learning was communicated to staff in an effective manner.

- Patients had not always been reviewed to ensure medicines were prescribed safely.
- Patients in receipt of medicines prescribed through secondary care providers did not have those medicines clearly identified on their records, posing a risk of inappropriate prescribing.
- The provider had not taken steps to ensure that medicines requiring refrigeration were kept safely to ensure their efficacy.
- The process for monitoring the temperature of fridges used to store medicines was inadequate and posed the risk that the medicines may not be effective.
- Some medical equipment and medicines had passed the manufacturers use by date.
- The provider had an infection prevention and control policy and had recently completed an audit, however we found the practice to be untidy and cluttered in some areas.
- Patient safety alerts and guidance from bodies such as the National Institute for Health and Care Excellence was received into the practice and cascaded to relevant staff but we found the process was informal and not well documented.
- There was no evidence that the provider had always undertaken the appropriate checks before staff started working at the practice.
- The provider did have effective processes in place to monitor performance.

# Summary of findings

- We had concerns that the partner who ran this practice and was also the registered manager was over-stretched and had insufficient time to ensure good governance.
- The providers safeguarding process was not embedded and there was an absence of meetings with other interested parties.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a lack of information to help support carers.
- The provider had taken positive steps to help reduce isolation in older people and to provide continuing support to people following bereavement.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Following our inspection we contacted the clinical commissioning group who carried out their own visits to the practice.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure patients are protected from abuse and improper treatment.
- Maintain appropriate standards of hygiene for premises and equipment.
- Ensure all premises and equipment used by the service provider is fit for use.
- Ensure specified information is available regarding each person employed.

- Undertake quality improvement initiatives to help improve patient outcomes.

The areas where the provider **should** make improvements are:

- Have in place an effective system to provide assurance that staff have access to and are made aware of patient safety alerts and clinical guidance.
- Have in place information for carers on how to access support services.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

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

# Summary of findings

## Areas for improvement

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure patients are protected from abuse and improper treatment.
- Maintain appropriate standards of hygiene for premises and equipment.
- Ensure all premises and equipment used by the service provider is fit for use.

- Ensure specified information is available regarding each person employed.
- Undertake quality improvement initiatives to help improve patient outcomes.

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

- Have in place an effective system to provide assurance that staff have access to and are made aware of patient safety alerts and clinical guidance.
- Have in place information for carers on how to access support services.

# Leicester Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an additional CQC inspector.

## Background to Leicester Medical Group

The provider of the Regulated Activities at Thurmaston Health Centre is Leicester Medical Group. It provides primary medical services to approximately 7,600 patients on the edge of the City of Leicester. The practice list had continued to grow and had increased from 6,794 in January 2016.

Leicester Medical Group is a partnership of two GPs. One of the GPs is primarily responsible for Thurmaston Health Centre while the other is responsible for the other Leicester Medical Group practice at Aylestone Surgery.

Services are provided from a single location at 573a Melton Road, Thurmaston Leicester.

The provider is registered to provide the regulated activities of;

- Diagnostic and screening procedures
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The provider is not registered to provide the regulated activity of family planning although the service was provided.

The registered manager is registered to manage the regulated activities of;

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury

They were not registered to manage the regulated activity of maternity and midwifery services.

CQC has taken action to require the provider to ensure that both the provider registration is correct and that all the regulated activities are managed by a registered manager.

There are two GP partners, one nurse practitioner, three practice nurses, two health care assistants and a clinical pharmacist. They are supported by a long term locum GP and a team of management, reception and administrative staff. It is an accredited teaching practice and supports one Foundation Year Two doctor.

It is not a dispensing practice.

Deprivation levels are relatively low. The practice has slightly more than the average percentage of female patients aged 45-49 and slightly more than the average percentage of male patients aged 35-39. Otherwise the practice demographics reflect those of practices nationally.

The practice is situated within a purpose built modern facility which is accessible to all and has ample on site car parking. The building is accessible to those with restricted mobility and those with mobility scooters and baby carriages.

The practice lies within the West Leicestershire 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.

## Detailed findings

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. Out- of-hours services are provided by Derbyshire Health United, which is accessed via the NHS 111 service.

The practice was previously been inspected by the Care Quality Commission on 18 June 2015 when it was rated as 'Good' overall.

# Are services safe?

## Our findings

**We rated the practice as inadequate for providing safe services.**

### Safety systems and processes

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The systems to safeguard children and vulnerable adults from abuse were not effective. Although children about who there were concerns had been identified and referred to the safeguarding authorities there were no meetings to discuss such patients with other healthcare professionals. We were informed and saw evidence that the provider had taken steps to start these meetings and had sent out invitations and were told that the first meeting was due to take place in six to eight weeks' time.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on going basis. Disclosure and Barring Service (DBS) checks were undertaken where required.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a 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). However we saw that a long term locum GP who worked at the practice had no references. When asked we were told that as the doctor was known to one of the partners no references had been sought or retained.
- There was a policy to manage infection prevention and control and an audit had been completed. We observed the premises to be generally visibly clean although some rooms used by clinicians to consult with patients were cluttered and untidy.
- Following our inspection we contacted the CCG whose infection prevention and control team conducted an inspection on 24 January 2018.

- The practice ensured that facilities and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- Some medical equipment had passed the manufacturers use by date. This included suture cutters with an expiry date of end of September and October 2017 and speculums with an expiry date of 31 August 2017.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective and comprehensive induction system for both temporary and employed staff that was tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- Individual care records were not always written and managed in a way that kept patients safe. We saw that patients in receipt of medicines prescribed by secondary care providers did not have details of those medicines added to their patient records, other than in the communication from the secondary care provider. This posed a risk that medicines may be prescribed inappropriately as clinicians would not be alerted to their existing medicines regime.
- Some records that related to the medicines prescribed to patients were inaccurate. For example we saw that a 74 year old male patient was shown on the front screen of his patient record as being in receipt of



# Are services safe?

hydroxychloroquine when they were in effect being prescribed methotrexate and sulfasalazine. These medicines required a different monitoring regime. This also showed that the patient records were not accurate

## Safe and appropriate use of medicines

The practice systems for appropriate and safe handling of medicines were not always effective.

- The systems for managing medicines, including vaccines and emergency medicines did not minimise risks. For example we saw three partially used bottles of lidocaine with adrenaline on desks in consulting rooms. None were refrigerated nor had the date of opening been recorded. We also found that diclofenac contained in the emergency medicines box had a manufacturers expiry date of the end of November 2017. When we pointed this out they medicines were withdrawn and disposed of.
- There was no effective monitoring of refrigerators used to store medicines. We found that in September 2017 the fridge had no temperature recorded on 6 days. In October 2017 it had not been recorded on 12 of the 22 working days, in November 2017 the temperatures had not been recorded on 8 days. The nurse we spoke with did not know how to reset the fridge thermometers and was not aware of the cold chain policy. Following our inspection staff from Public Health England conducted an investigation as a result of our findings which resulted in all of the store vaccines being destroyed and some patients being re-called for re-vaccination.
- The practice kept prescription stationery securely and monitored its use.
- The practice could demonstrate that they had audited antimicrobial prescribing.
- Patients' health was not always monitored to ensure medicines were being used safely and followed up on appropriately. For example we saw that one patient who was receiving levothyroxine had not had a blood test to monitor thyroid function since 30 January 2015. This is contrary to guidance issued by the National Institute for Health and Care Excellence, clinical knowledge summaries which states that all patients who are stable on levothyroxine require at least an annual measurement of serum thyroid stimulating hormone.

## Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- However we could not be assured that the practice monitored and reviewed activity to understand risks and give a clear, accurate and current picture, for example the infection prevention and control process was found to be ineffective as were the systems for ensuring the safe storage of medicines.

## Lessons learned and improvements made

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses.
- However there were inadequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and they had been discussed at practice meetings, although the written details made it difficult to identify which event the discussion concerned. Where staff members and GPs had been identified as being involved in the incident there was no evidence that learning from the outcome of the investigation had been shared with them individually. Where additional training had been identified as a requirement to improve safety in the practice, there was no evidence the training had been provided. For example we saw two significant events regarding the prescribing of medicines. In both cases additional training had been identified as a requirement but there was no evidence that it had been provided. In one incident there was no evidence that the GP who had signed a prescription had either been involved or been spoken to as part of the investigation.
- There was a system for receiving and acting on safety alerts. However the system was not well documented and we were told that a GP partner received all such alerts and decided who needed to be informed. We were told the information was passed on verbally at practice meetings with minimal written reference.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as requires improvement for providing effective services.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- However we found that although guidance issued by the National Institute for Health and Care Excellence and patient safety alerts had been received into the practice and staff told us it was discussed, there was no record of it being so and the system was unclear and somewhat informal.
- There was no evidence of quality improvement as a result of clinical audit.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The provider was actively researching the possibility of using video consultations with patients providing support was received from the CCG.
- The provider employed a clinical pharmacist who was an independent prescriber who was supported and mentored by one of the GP partners.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medicines.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- However we found that some patients in receipt of medicines requiring periodic blood tests had not always had those blood tests done by the practice. For example, those patients in receipt of levothyroxine.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

#### Families, children and young people:

- A community midwife attended the surgery weekly to undertake antenatal examinations
- The practice offered health checks on babies within 24 hours of birth and six week postnatal checks for mothers and babies.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. The figures produced by Leicestershire and Rutland Community Health Services showed that uptake rates for the vaccines given were higher than the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 77%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis ACWY vaccine, for example before attending university for the first time.

# Are services effective?

## (for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had identified 31 as having a learning disability. The practice had no travellers registered as patients. Likewise there were no homeless people registered as the healthcare needs of this group of patients were met by a specialist practice in Leicester city.

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

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was 10% higher than the national average. Exception reporting was 32% which was 2% lower than the CCG average and 20% higher than the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100% compared to the national average of 91%. Exception reporting was 29%, which was 2% above the CCG average and 19% above the national average.
- Patients experiencing poor mental health had access to in house counselling services.
- We viewed records of monthly multi-disciplinary meetings when patients experiencing poor mental health were discussed with the mental health facilitator.

The practice routinely reviewed the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and the same as the national average. The overall exception reporting rate was 5% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice was actively involved in quality improvement activity, for example its initiative in the early diagnosis of pre-diabetic patients.
- Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. However those whose role included immunisation had not always followed best practice and guidance in respect of the safe storage of vaccines requiring refrigeration.
- The practice understood the learning needs of staff and provided time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by peer reviews of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable, although this was not always recorded. For example when additional training needs had been identified as a result of significant events investigations.

### Monitoring care and treatment

# Are services effective?

(for example, treatment is effective)

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred to or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The practice had taken positive steps to identify pre-diabetic patients by requesting a HbA1c blood glucose test as part of routine blood tests.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Patient consent was recorded in the patient notes.

# Are services caring?

## Our findings

**We rated the practice as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 291 surveys were sent out and 110 were returned. This represented about 1.6% of the practice population. The practice was generally comparable for its satisfaction scores on consultations with GPs and nurses although the satisfaction scores for nurses were higher than for GPs. For example:

- 76% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 80% of patients who responded said the GP gave them enough time compared with the CCG average of 87% and national average of 86%.
- 90% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and national average of 96%.
- 79% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 85% and national average of 86%.

- 89% of patients who responded said the nurse was good at listening to them compared with the CCG average of 91% and national average of 91%.
- 94% of patients who responded said the nurse gave them enough time compared with the CCG average of 93% and national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and national average of 87%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 91% and national average of 91%.
- 91% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 87% and national average of 87%.

### Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. As well as English, GPs and staff were able to communicate in Punjabi, Urdu, Gujarati and Bangladeshi. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about the multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 73 patients as carers (1% of the practice list). There was no carers

## Are services caring?

information at all available in the patient waiting rooms or at reception. The practice website did not contain any information signposting carers to support groups and other caring agencies.

- A member of staff told us how there had been a carers support worker located in the practice which was funded by the local council. It had proved very popular and consultations with the advisor were always in short supply. The service had been due to run until 2019 but the council had withdrawn funding some months prior to our inspection.
- There was no member of staff who acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. We raised this and the practice manager who said they would look into having a carers champion(s).
- Staff told us and we saw evidence that if families had experienced bereavement, their GP contacted them and sent them a sympathy card. The call was either followed by a patient consultation to meet the family's needs and/or by giving them advice on how to find a support service.
- The practice hosted a fortnightly meeting of the New Chapter Bereavement Support Group. We spoke with six members of the group who explained their aims and what they had achieved. Involvement in the group was not restricted to patients of this practice and three of those we spoke with were registered elsewhere, although the group was supported by this practice.

Results from the national GP patient survey showed patients' views were mixed in response to questions about their involvement in planning and making decisions about their care and treatment.

- 76% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 72% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and national average of 82%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and national average of 91%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 84% and national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs by the use of extended opening hours, online services such as repeat prescription requests and advanced booking of appointments
- The practice employed a prescribing clinical pharmacist to help meet the health care needs of patients where a consultation with a GP was unnecessary.
- Home visits were normally undertaken by the CCG funded home visiting team, who then reported back to the practice. Where the visiting team was unavailable home visits were carried out by the practice.
- The facilities and premises were appropriate for the services delivered. The premises were purpose built as a GP surgery and had good level access from the capacious car park and had wide doors and corridors. A passenger lift was available for patients to access the first floor consultation rooms. A hearing loop was available and the premises were accessible to wheelchair users and people with children's buggies.
- The practice made reasonable adjustments when patients found it hard to access services. GPs and staff spoke four languages that were commonly spoken by the patients. These were Punjabi, Urdu, Gujarati and Bangladeshi in addition to English.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

- The practice held monthly tea and coffee mornings for older people to help reduce isolation and improve and enhance communication with the practice.

#### People with long-term conditions:

- Not all patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice had commissioned, at their own expense, a professor of diabetology to improve parameters for patients with complex diabetes related problems.

#### Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this. However we found that the safeguarding process was not embedded and there had been no meetings with other agencies to discuss children in this risk group.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice offered early pregnancy ultra sound scanning to help in cases of threatened miscarriage to reduce the number of referrals to the Early Pregnancy Unit.

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

- The needs of this population group 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 opening hours on two days a week.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Telephone appointments were available which supported patients who were unable to attend the practice during normal working hours. The practice was due to start using web consultations in the next few weeks.
- The practice offered on-line booking of appointments and repeat prescriptions.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The provider encouraged patients considered to be in the last six months of life to make the necessary applications to receive free prescriptions and encouraged benefits claims where appropriate.
- The provider supported the self-help bereavement group that met twice monthly.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- In house counselling was available through GP and self-referral as well as referral to the community mental health team and Crisis team.
- Counselling was available within the practice.
- Patients considered to be at risk but below the threshold for diagnosis were followed up with validated memory questionnaires.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice operated a system known as the 'GP Access Model' whereby every patient who requested a

consultation either saw a GP or other healthcare professional or received a telephone consultation on the day. Patients who telephoned for an appointment were assessed by a GP or nurse practitioner who made a clinical decision as to whether they required a face to face consultation or whether they could be dealt with on the telephone. High levels of patient satisfaction with the system was reflected in the results of the July 2017 national GP survey.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment were higher than local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 80%.
- 87% of patients who responded said they could get through easily to the practice by phone; compared with the clinical commissioning group (CCG) average of 70% and the national average of 71%.
- 78% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76%; and national average of 75%.
- 86% of patients who responded said their last appointment was convenient compared with the CCG average of 82% and national average of 81%.
- 79% of patients who responded described their experience of making an appointment as good compared with the CCG average of 73% and national average of 73%.
- 62% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do.



# Are services responsive to people's needs?

(for example, to feedback?)

- The complaint policy and procedures were in line with recognised guidance. We reviewed 10 complaints that were received in the last year. We found that they were satisfactorily handled in a timely way with good records of investigation, outcomes and learning.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It

acted as a result to improve the quality of care. For example we saw how the practice had responded to concerns about some medicines possibly containing gelatine had been addressed and patients who had these concerns on religious grounds were provided with a sharia leaflet.

# Are services well-led?

Inadequate 

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

## Our findings

**We rated the practice as inadequate for providing a well-led service.**

### Leadership capacity and capability

Leaders did not have the capacity to deliver high-quality, sustainable care.

- The provider consisted of a partnership between two GPs, who have two GP practices, this one at Thurmaston and another at The Aylestone Surgery. The GPs took responsibility for one of the practices each and rarely worked at the other. In addition the GP at this surgery was also a partner in another GP practice.
- We had concerns that the lead GP partner did not have the capacity to deliver high-quality sustainable care, given their lead responsibilities at this practice and their commitment at the two other practices, at which they were a partner.
- The lead GP partner told us they worked almost every day of the week, including weekends. They were also the lead for all clinical matters and safeguarding as well as information governance, incident reporting and clinical guidelines.

There were plans to terminate one of the GP partnerships that the lead GP had entered into and for the other partner move to Thurmaston Health Centre as a salaried GP, working part time. This was due to take place in March 2018. This had the potential of patients wishing to retain their association with their current GP seeking to register at this practice. We had concerns that the practice would not have the capacity to deal with any increase in patient numbers. The provider could not give any assurances that the list would not remain open to receive these extra patients.

- Although leaders were knowledgeable about issues and priorities relating to the quality and future of services, they had failed to understand the challenges and had not addressed them. For example the patient list had risen by 12% in the 23 months prior to our inspection but the number of clinicians had not increased accordingly.

- The lead GP partner and practice manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients although we had concerns whether it was capable of doing so given the current GP staffing levels and the workload of the main GP partner. This was demonstrated by a lack of clinical oversight in some areas and cold chain and medicines issues.

- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population, although the continued increase in list size meant that this was becoming increasingly difficult with the clinical resources available.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. All of the staff we spoke with told us they were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and

# Are services well-led?

Inadequate 

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

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. Nurses consultations were quality reviewed by the GP partner.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted and placed a strong emphasis on equality and diversity. It identified and addressed the causes of any workforce inequality and had received the appropriate training. Staff told us they felt they were treated equally.

## Governance arrangements

Although there were clear responsibilities, roles and systems of accountability to support good governance and management, they were not always effective.

- The provider was registered to provide the regulated activities of; diagnostic and screening procedures, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury.
- The provider was not registered to provide the regulated activity of family planning although the service was provided.
- The registered manager was not registered to manage the regulated activity of maternity and midwifery services. Following our inspection the practice ceased to provide these services.
- Structures, processes and systems to support good governance and management were clearly set out but in several areas not working effectively to ensure patient safety. For example there was a lack of adherence to the recruitment policy as references had not always been recorded and retained for staff before they commenced work.
- The governance and management of partnerships, joint working arrangements and shared services did not always promote interactive and co-ordinated

person-centred care. For example we that the provider did not add the details of medicines prescribed by secondary healthcare providers to patient records front screen. This presented a risk of unsafe prescribing.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control, although the safeguarding process was not effective or embedded.
- Practice leaders had established policies, procedures and activities to ensure safety but these systems were not always adhered to.

## Managing risks, issues and performance

The processes for managing risks, issues and performance were not always clear.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints but the process for ensuring that all staff received learning from them was not formalised or well documented.
- The practice could not provide any evidence of clinical audit having been completed in the last two years.
- The practice had plans in place for major incidents.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients for example with regard to patient access to appointments and consultations.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.

# Are services well-led?

Inadequate 

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

- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **Engagement with patients, the public, staff and external partners**

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group.

- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints, but learning and improvements as a result was not always well documented or apparent.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

## Enforcement actions

### 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p><b>How the regulation was not being met.</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• The system for monitoring significant events, their investigation and what action had been taken as a result was not effective.</li><li>• Patients had not always been reviewed to ensure medicines were prescribed safely.</li><li>• Patients in receipt of medicines prescribed through secondary care providers did not have those medicines clearly identified on their records, posing a risk of inappropriate prescribing.</li><li>• The monitoring of the temperature of fridges used to store medicines was inadequate and posed the risk that the medicines may not be effective.</li><li>• Some medical equipment and medicines had passed the manufacturers use by date.</li><li>• Patient safety alerts and guidance from bodies such as the National Institute for Health and Care Excellence was received into the practice and cascaded to relevant staff but we found the process was informal and not well documented.</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

## Enforcement actions

Surgical procedures

Treatment of disease, disorder or injury

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### **How the regulation was not being met**

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

In particular:

- When serious incidents happened the practice had not ensured that the staff and GPs involved had learned from the events or that the learning was communicated to staff in an effective manner.
- The safeguarding process was not embedded and was ineffective in protecting people from abuse .
- The provider had not undertaken quality improvement initiatives to help improve patient outcomes.
- Structures, processes and systems to support good governance and management were clearly set out but in several areas not working effectively to ensure patient safety.
- There was a lack of clinical oversight in some areas that included cold chain and medicines issues, the review of patients in receipt of some medicines , serious events and record keeping.