Mahavir Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mahavir Medical Centre on 25 July 2017. 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 a system in place for reporting and recording significant events.
- The practice had systems to minimise risks to patient safety. Risks had been assessed but we found that the fire and legionella risk assessments were not comprehensive and may not have covered all associated risks. Following our inspection the practice arranged for external risk assessments to be undertaken.
- Prescription forms and pads were stored securely and there was a system to monitor the use of prescription forms but not prescription pads.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. There was an evident focus on ongoing learning and development.
- The practice were committed to providing holistic, patient centred care suited to individual needs and circumstances.
- Results from the national GP patient survey were much higher than local and national averages and showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. They were rated particularly highly on the helpfulness of receptionists which was also reflected in patient comments on the day of our inspection.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients who commented on their care described the service as excellent and personalised. They 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.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, and we saw that this feedback was acted on to improve the service.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Ensure the system for monitoring the movement of prescriptions includes both prescription forms and pads.
- To strengthen the system for clinical audits to include more structure and a fuller analysis to ensure quality improvement.

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.

- From the documented examples we reviewed, we found there was an effective system for reporting and recording significant events; analysis and discussion took place and lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. However we found that although prescription forms were monitored through the practice the system did not include the monitoring of prescription pads.
- Risks had been assessed but we found that the fire and legionella risk assessments were not comprehensive and may not have covered all associated risks. Following our inspection the practice arranged for external risk assessments to be undertaken.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed some patient outcomes were above and some below local and national average. The practice had produced an action plan to address the lower areas.
- We saw evidence that staff were aware of and acted on current evidence based guidance.
- Clinical audits demonstrated a review of quality but required more structure and a fuller analysis to ensure quality improvement.
- Staff were well skilled and had the knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- End of life care was personalised and coordinated with other services involved and regularly discussed.

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 much higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. This was also reflected in comments from patients on the day of our inspection. They felt all staff were respectful, caring and showed great empathy.
- Information for patients about the services available was accessible.
- We saw staff knew patients well and treated them with kindness and respect, and maintained patient and information confidentiality.
- The practice identified carers and offered them support by signposting to local agencies.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- All patients who made comment 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. They also commented that they did not have to wait long for routine appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared in order to encourage improvement.

Are services well-led?

Good

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

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

Summary of findings

- There was a clear leadership structure and staff felt well supported by management. The practice had policies and procedures to govern activity and held regular meetings which involved all staff.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual appraisals and attended staff meetings and internal and external training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged well with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. They offered a number of services which we were not commissioned but useful to older people such as ear syringing, simple dressings, spirometry and ECGs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- Over 75's were offered health checks.
- There was a named accountable GP for all patients which maintained a high level of continuity of care.
- Consideration was given to carer's needs, for example by securing a patient and their carer in the same care home.
- Staff were able to refer directly to 'first contact' scheme with patient's consent which provided signposting to various avenues of support for older patients.
- There was a co-ordinated multi-disciplinary approach to care and feedback from care homes where some residents were patients of the practice was extremely positive.
- In order to save patients with hearing aids unnecessary travelling, the practice had arranged for hearing aid batteries to be available at the practice.

People with long term conditions

Good

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

Summary of findings

- Specialist nurses were used to manage long-term conditions such as asthma, chronic obstructive pulmonary disease, chronic kidney disease and heart failure.
- The practice offered flexible appointment times and same day appointments and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for 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 including care navigators and care co-ordinators to deliver a multidisciplinary package of care.
- Referrals to specialists were made in an appropriate and timely way with referrals done on the spot to avoid any delays in referral and patients given a choice of provider at the same time.
- Patients were able to attend health education events relating to long term conditions through the local federation.
- Accurate disease registers were maintained with proactive case management which had resulted in an increase in rates of prevalence.

Families, children and young people

Good

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

- There were systems to identify, prioritise and follow up children living in disadvantaged circumstances and who were at risk, for example, children of substance abusing parents and young carers, with more frequent reviews where necessary.
- Children and young people were treated in an age appropriate way and recognised as individuals, with their preferences considered.
- Immunisation rates were very high for all standard childhood immunisations and non-responders were followed up.
- Appointments were available on the day for children.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics. Midwives were able to send tasks via the practice computer system directly to clinicians.

Summary of findings

- Clinicians kept their knowledge, skills and competences up to date in order to recognise and respond to an acutely ill child.

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 these populations 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; end of the day slots were held for working people to enable them to attend the practice, capacity had been increased on Friday mornings and telephone consultations were always available at a time to suit the patient.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended services were provided in house reducing the need to travel to hospital.
- SMS messaging and confirmation of appointments were used where possible.
- When the GPs felt it necessary patients were given their mobile numbers and were able to contact them out of hours. Support was provided and sign posting to avoid hospital admission.

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 including those with a learning disability and carried out health checks.
- The practice had a number of patients in a care home for people with a learning disability and we received positive feedback from them. The nurse prescriber attended the home to administer flu vaccines and provide blood tests. The home told us the needs of the residents were accommodated on these occasions by the nurse attending in non- uniform in order to reduce anxiety.
- End of life care was delivered in a coordinated way which took into account the individual needs of those whose circumstances made them vulnerable.
- The practice offered longer appointments for patients with a learning disability or any vulnerability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- Information on how to access GP services and support groups was made available through a number of avenues including the practice leaflet, the patient participation group, practice website and going forward there were plans to use social media. The practice aimed for patients to feel able to access their services without fear of stigma and prejudice.
- Longer appointments were offered where required.
- All staff were aware of and used the first contact referral service for vulnerable patients which put them in touch with numerous avenues of support.
- If patients are vulnerable, this was identified in their patient record so all staff were aware.

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 carried out advance care planning for patients living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Care was tailored to patient's individual needs and circumstances, including their physical health needs. This included annual health checks for people with serious mental illnesses.
- Access to a variety of treatments was facilitated such as listening and advice, cognitive behavioural therapy and counselling.
- The practice utilised a mental health facilitator who was also invited to all multi-disciplinary team meetings
- When the practice did not feel appropriate secondary care had been given to patients they raised this with stakeholders and with the services concerned in order to avoid the same problem reoccurring and try and improve services for patients.

Summary of findings

- Staff signposted patients to Dementia Action Alliance for further support and information.
- The data we held reflected that performance for mental health, depression and dementia related indicators were much lower than the CCG and national averages. However information we reviewed during the inspection did not correlate with this. We found that there appeared to be a system error which meant that despite the correct information having been recorded on the relevant template the information had not always pulled through to the QOF and therefore the data was incorrect. The practice had an action plan to address these issues.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing well above local and national averages. Of the 228 survey forms distributed, 90 were returned. This represented 6.3% of the practice's patient list.

- 94% of patients described the overall experience of this GP practice as good compared with the CCG average of 85% and the national average of 85%.
- 82% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards, all of which were overwhelmingly positive about the standard of care received. Patients who commented said they thought they received an excellent service and were very satisfied with their care and treatment. They thought staff were respectful, caring and showed great empathy. Many patients commented on how easy it was to get either an urgent or routine appointment when they needed it. The most recent practice results available of the NHS Friends and Family Test reflected that in April and May 2017 the practice had one response in each month both of which were extremely likely to recommend the practice to friends or family.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the system for monitoring the movement of prescriptions includes both prescription forms and pads.
- To strengthen the system for clinical audits to include more structure and a fuller analysis to ensure quality improvement.

Mahavir Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Mahavir Medical Centre

Mahavir Medical Centre is a GP practice providing primary medical services under a General Medical Services (GMS) contract to around 1400 patients within a residential area. The practice's services are commissioned by West Leicestershire Clinical Commissioning Group (WLCCG).

Mahavir Medical Centre is located on Chestnut Way, East Goscote which is approximately eight miles from Leicester. It serves East Goscote and surrounding villages.

The practice is situated in a wheelchair accessible two storey building and has a parking area for cars which includes disabled parking. Street parking is also available nearby.

The service is provided by two part time male GP partners who between them provide ten sessions per week. There is also a part time nurse prescriber. They are supported by a part time practice manager and reception/administration staff. The practice had recently been approved to take medical students but had not yet had any placements.

The practice is open from 9.00am to 1.00pm and 3.30pm to 6.30pm Monday to Friday with the exception of Thursday when they are open from 9.00am to 1.00pm and closed for the remainder of the day. Appointments are available from 9.00am to 11.50am and from 3.30pm to 5.40pm on Mondays, Tuesday, Wednesday and Friday and from 09.00am to11.50am on Thursdays. Although the practice is closed on Thursday afternoons the GPs are still available for urgent appointments.

When the practice is closed during the day patients are able to contact a manned external answering who are able to put patients in contact with one of the GPs via mobile telephone if necessary. After 6.30pm patients are able to contact the Out of hours services which are provided by Derbyshire Health United (DHU) via the NHS 111 service. Patients are directed to the correct numbers if they phone the surgery when it is closed.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations; Healthwatch, NHS England and West Leicestershire Clinical Commissioning Group to share what they knew. We carried out an announced visit on 25 July 2017. During our visit we:

- Spoke with a range of staff including both GP partners, the nurse prescriber and administration/reception staff.

Detailed findings

- Observed how patients were being cared for in the reception area and talked with family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system for reporting and recording significant events.

- Staff told us they would inform the practice manager or one of the GPs of any incidents and recording forms were available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, if appropriate, patients were informed of the incident as soon as reasonably practicable, given relevant information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed on a monthly basis. The practice carried out an analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to avoid reoccurrence of incidents. For example, one significant event related to the wrong patient record being accessed during a consultation. This was discussed at a practice meeting with all staff members present and the learning was a reminder for staff to ensure that a patients date of birth was confirmed before accessing records.
- The practice also monitored trends in significant events on an ongoing basis and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff and up to date relevant contact details were displayed for staff to refer to if they had concerns about a patient's welfare. One of the GP partners was the lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurse prescriber were trained to child protection or child safeguarding level three. We saw examples of safeguarding referrals having been made and found that the GPs provided reports for case conferences.
- Notices in the waiting room, consulting and treatment room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. We found that the schedules indicated that the practice was cleaned by an external cleaner at weekends and by practice staff during the week.
- The nurse prescriber was the infection prevention and control (IPC) clinical lead. They had undertaken extended training for the role and liaised with the local infection prevention team to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. The IPC lead had carried out an infection control audit in May 2017 and told us these would be undertaken annually. We found that there was no associated action plan to identify required actions and responsibilities associated with this. On the day of our inspection the nurse prescriber produced the action plan which identified that the majority of actions had already been completed.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being

dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice were consistently one of the lowest antibiotic prescribers in the locality.

- We found that the refrigerator used to store vaccines had a secondary thermometer in place in order to cross-check the accuracy of the temperature. However, the temperatures of the secondary thermometer were not being recorded. We were told this was going to be removed as the practice had purchased an alternative secondary thermometer which electronically recorded the temperatures and was downloadable. The data from this thermometer had been downloaded once prior to our inspection and we were told that going forward this would be done on a weekly basis and the results cross-checked.
- Blank prescription forms and pads were securely stored and there were some systems to monitor their use. However we found that the prescription forms which were placed in the treatment room were not separately identified from those in reception. Additionally there was no log of prescription pads in order to monitor their use.
- The nurse prescriber could prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow the nurse prescriber to administer medicines in line with legislation where required.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and an associated risk assessment.
- The practice had a fire risk assessment and regular fire drills had been carried out. However the fire risk assessment had been undertaken internally and it was not clear if all fire associated risks had been considered. Following our inspection the practice provided evidence that an external fire risk assessment had been booked. Fire wardens were appointed and staff had received fire safety training. There was a fire evacuation plan which identified how staff and patients should vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The risk assessment was not comprehensive but following our inspection the practice provided evidence that they had organised for a legionella risk assessment to be undertaken by an external specialist company.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. This was reflected in the fact that locum GPs were not used by the practice.

Arrangements to deal with emergencies and major incidents

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

- The practice was small enough and the layout such that in the case of an emergency staff could summons help by alerting other staff verbally to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We found that the oxygen and defibrillator were being

Good

Are services safe?

checked on a monthly basis; however guidance from the Resuscitation Council (UK) stated that they should be checked weekly. The practice immediately amended their protocol from a monthly to weekly check.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as telephone failure or loss of utilities. The plan included emergency contact numbers for staff and had been distributed to all staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of and able to identify relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We saw a recent example which evidenced that the practice monitored that these guidelines were followed through risk assessments, audits and discussion at clinical meetings.

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 95.3% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.9% and national average of 95.3%.

The practice had an overall exception reporting rate of 8.2% which was slightly below the CCG and national average. 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.

Data from 2015-2016 showed:

- The practice had achieved 100% of points available in many clinical domains such as asthma, atrial fibrillation, cancer, chronic kidney disease and chronic obstructive pulmonary disease.
- Performance for diabetes related indicators was lower than the CCG and national averages. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 65% compared to the CCG average of 77.08% and the national average of 77.58%.
- We looked at records relating to patients in this group and found that there was a system error which meant that despite the correct information having been recorded on the relevant template the information had not always pulled through to the QOF and therefore the data was incorrect. Similarly the data we held showed that the practice had a higher than average exception reporting rate for patients with a new diagnosis of diabetes being referred to a structured education programme. The records we reviewed indicated appropriate exception reporting. Furthermore in December 2016 the practice had received a certificate identifying them as a 'practice champion' for the level of referrals made to the East Midlands Healthier You: NHS Diabetes Prevention Programme.
- The data we held reflected that performance for mental health, depression and dementia related indicators were much lower than the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 73% which was 22% below the CCG average and 17% below the national average. It also showed that the practice had higher than average exception reporting in the mental health domain. However, records we reviewed did not correlate with this data.
- The practice told us that a meeting had been arranged with the contracting manager at the CCG to discuss the issues with QOF and try and rectify them. This formed part of an action plan produced by the practice which also included an analysis of QOF by the practice as they were already aware of coding issues, missed recalls and incomplete reviews. They were also going to ensure the correct templates were used and allocate a named lead for each clinical domain to ensure the correct coding was being used and data was collected in a timely way. Going forward they planned to have regular QOF review meetings to ensure they were on track and identify any issues at an early stage.

There was evidence of systematic quality review :

- We looked at four clinical audits which had been commenced in the last two years; none of these were yet completed audits where improvements had been implemented and monitored. The practice had carried out a two cycle audit of two week wait referrals after it

Good

Are services effective?

(for example, treatment is effective)

had been identified that the number of these type of referrals was lower than average. We found that the audits would benefit from more structure and detailed analysis.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as infection prevention and control, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for the nurse prescriber who reviewed patients with long-term conditions such as diabetes, asthma and chronic obstructive pulmonary disease. The nurse prescriber also administered vaccines and took samples for the cervical screening programme. They had received specific training which had included an assessment of competence. They had attended update training where relevant and also kept up to date by means of discussion and online resources.
- The learning needs of staff were identified through appraisals, meetings, reviews of practice development needs and staff requests. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, informal discussions, and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months other than one staff member whose appraisal had been delayed due to sickness.
- Staff had received a wide variety of training that included: safeguarding, fire safety awareness, basic life support, dementia awareness, equality and diversity, whistleblowing and information governance. Staff had access to and made use of e-learning training modules, external 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. We found that any incoming information was dealt with by the GPs promptly on the same day.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. There was also a system to monitor referrals.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. We saw evidence that meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs or safeguarding concerns.

The practice ensured that end of life care was delivered in a personalised and coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. A unified end of life pathway was used with anticipatory medicines put in place and close working with the local hospice.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinicians had completed training in the Mental Capacity Act and the Deprivation if Liberty Safeguards.
- When providing care and treatment for children and young people, GPs 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 clinicians assessed the patient's capacity and, recorded the outcome of the assessment.

Good

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and counselling.
- Patients were signposted to local smoking cessation support and life style changes were promoted by clinical staff. The Patient Participation Group also supported the practice by facilitating various health awareness weeks in the community. The practice participated in these and they had included a blood pressure healthy living week and a sugar awareness week.
- There was information available in the waiting room which held an array of information to support patients to help themselves to live healthy lives.

The practice's uptake for the cervical screening programme was 93%, which was better than the CCG average of 83% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were better than the CCG and national averages. For example, rates for the vaccines given to five year olds were between 88% and 94% in the year 2015-16. For under two year olds the rates were 100%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme. Appointments for cervical screening were available with a female sample taker and non-attenders were always contacted to make a further appointment which was reflected in the high uptake rate. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and sent letters to patients who had either not returned bowel screening kits or attended breast screening. The nurse prescriber who carried out cervical screening operated an effective system 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.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

Curtains were provided in the consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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 23 of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they valued the service provided by the practice and described it as excellent. They felt all staff were respectful, caring and showed great empathy.

We spoke with two members of the patient participation group (PPG). They told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected by all staff members. This was also reflected in patient comments.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was well above or in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. Some scores were within the top ten of practices in West Leicestershire. For example:

- 94% of patients 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%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. We spoke with the managers of four local care homes where some of the practice's patients lived and they spoke very positively about the level of service they received from all staff at the practice. They felt the practice were very responsive and commented that all patients were treated as individuals and plenty of time was taken to explain their treatment and care.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated that patients felt fully involved in decisions about the care and treatment they received. They also told us that staff were patient and they were always listened to, given answers to queries and problems and never felt rushed during consultations which provided time to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised and meaningful.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

Good

Are services caring?

- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. Clinical staff were also multi-lingual and used this to facilitate communication if necessary.
- Information was given to patients about different options regarding their care in order for them to make an informed decision. Patients described the detail GPs had gone in to ensure they fully understood their condition.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients as carers (1.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

A member of staff acted as a carers' lead and once carers were identified they were signposted to different avenues of support. Information was also available in the waiting room about support for carers.

Receptionists were aware of the 'First Contact' referral service which enabled patients to access support services, if for example they identified they were experiencing loneliness. If patient consent was given referrals were made on their behalf.

One of the GP partners told us that they always considered patient and their carers needs holistically. An example of this was that they had secured places in the same care home for a patient and their carer so they were not separated.

Staff told us that if families had experienced bereavement, one of the GP partners contacted them to offer support and give advice on how to find a support service if necessary.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- Through its membership of the local GP federation, the need had been identified for patient information and health education events around long term conditions. The practice's patients had been invited to attend these events which were intended to provide them with a greater understanding of their conditions and the support available to them.
- The practice did not offer extended hours opening but were often able to accommodate working patients at the end of surgery. Additionally telephone consultations were available at times which were convenient to patients.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- The GP partners contacted patients outside of practice opening hours when they felt it necessary.
- The practice received and made inter practice referrals with other practices in their federation in order to increase the facilities available locally for patients. For example the practice accepted referrals from other practices for the fitting of an intrauterine device (coil).
- A number of services were offered which we were not commissioned but useful to patients such as ear syringing and simple dressings.
- Patients were able to receive travel vaccines available on the NHS as well as some only available privately.
- The practice was situated in a wheelchair accessible two storey building and had a parking area for cars which included disabled parking. There was a hearing induction loop installed for people with impaired hearing and those who used a hearing aid. Interpretation services were also available as well as a number of different languages being spoken by some of the staff.
- In order to save patients with hearing aids unnecessary travelling, the practice had arranged for hearing aid batteries to be available at the practice.
- The practice had not carried out a Disability Discrimination Act audit to assess accessibility. However this was completed following our inspection and forwarded to us along with an associated action plan.

Access to the service

The practice was open from 9.00am to 1.00pm and 3.30pm to 6.30pm Monday to Friday with the exception of Thursday when they were open from 9.00am to 1.00pm and closed for the remainder of the day. Appointments were available from 9.00am to 11.50am and from 3.30pm to 5.40pm on Mondays, Tuesday, Wednesday and Friday and from 09.00am to11.50am on Thursdays. Although the practice was closed on Thursday afternoons the GPs were still available for urgent appointments.

In addition to pre-bookable appointments that could be booked in advance, urgent appointments and telephone appointments were also available for patients that needed them. One of the GP partners was available when the practice was closed and if necessary could be contacted via a manned answering service.

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

- 81% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 100% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 89% of patients 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 86% and the national average of 84%.
- 85% of patients said their last appointment was convenient compared with the CCG average of 82% and the national average of 81%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 82% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 78% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

Patient comments we received reflected that they were able to get appointments when they needed them.

The practice had a system to assess:

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

This was done by gathering information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw that information was available to help patients understand the complaints system. There was a complaints poster displayed in the waiting room and leaflets explaining the complaints procedure were available to take away.

We looked at the four complaints which had been received in the last 12 months and found these were satisfactorily handled in a timely way.

Learning points were documented and discussed in practice meetings. Apologies were given to patients where appropriate and action was taken as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was 'to improve the health, well-being, and lives of those they cared for'.
- It was clear that all staff were committed to this aspiration.
- The practice had a strategy and supporting plans which reflected the vision and values.

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 and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and the nurse prescriber had lead roles in key areas such as safeguarding and infection control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to be involved in the performance of the practice.
- A programme of clinical and internal audit had been commenced in order to monitor quality and to make improvements. The clinical audits we reviewed required more structure and second cycles to enhance the opportunity for improvement.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. These were a standing item on the agenda of each meeting.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and personalised care with continuity. Staff told us the partners were always approachable and listened to their opinions.

The provider was aware of and had systems which supported compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and truthful information.
- Incidents were reflected upon, reviewed and shared with relevant organisations.

There was a clear leadership structure and staff felt supported by management.

- The practice held regular multi-disciplinary meetings and invited relevant health care professionals such as community nurses, district nurses, health visitors, mental health facilitators and the local hospice to monitor vulnerable patients. GPs, where required, liaised with health visitors to monitor vulnerable families and safeguarding concerns.
- We saw evidence of regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or informally and felt confident and supported in doing so.
- It was apparent the team was cohesive and staff said they felt respected, valued and supported by each other and the partners in the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG), complaints received and through in-house and national surveys. The PPG met regularly and worked actively with the practice to improve services. For example as a result of comments made in the PPG led survey the practice altered the questions reception staff asked patients as part of the triage process.

Are services well-led?

Good

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

- the NHS Friends and Family test.
- staff through staff meetings, appraisals and ongoing discussion. Staff told us they felt comfortable to give feedback and could discuss any concerns or issues with colleagues or the GP partners.

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 part of local pilot schemes to improve outcomes for patients in the area. The practice were actively engaged with the local federation which consisted of 13 GP practices.

One of the GP partners had taken a lead role in the federation's involvement in a joint venture with the existing provider to provide the urgent care service locally which was now up and running.

The practice were participating fully or leading on federation led initiatives such as reviewing referrals across all federation practices in areas such as ophthalmology and working towards a uniform approach to multi-disciplinary meetings.

Mahavir Medical Practice had recently been approved as a teaching practice but at the time of our inspection had not yet had any medical students.