

Latham House Medical Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 7 December 2016. Breaches of legal requirements were found in relation to governance arrangements within the practice. We issued the practice with a warning notice requiring them to achieve compliance with the regulations set out in those warning notices by 5 June 2017. We undertook a focused inspection on 27 July 2017 and found they had met the legal requirements.

The overall rating for the practice following the December 2016 inspection was inadequate and the practice was placed in special measures for a period of six months. The reports for those inspections can be found by selecting the 'all reports' link for Latham House Medical Practice on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 11 October 2017. Overall the practice is now rated as 'Good'.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients, for example those from healthcare associated infections were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice was responsive to the needs of patients and tailored its services to meet those needs.
- Patients prescribed high risk medicines were well managed and there was an effective re-call system in place for patients with long term conditions.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients said there was continuity of care, with quick and easy access to GPs and nurses.
- 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, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice including:

- The practice had a confidential and anonymous healthcare and advice service, known as CHAT, aimed at young people under 21 years of age. The practice received no additional funding for the service but was seen as a valuable tool in meeting the healthcare and social care needs of people in this age group.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Medicines were effectively and safely managed.
- The practice was clean and tidy and there were effective infection prevention and control measures in place.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse
- Risks to patients were assessed and well managed.
- There were effective systems in place to ensure the practice could continue to function in the event of foreseeable events such as fire, flood, loss of utilities or cyber-attack.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the CCG national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was a culture of ongoing clinical audit that demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients ratings for this practice were comparable to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible in a number of different languages.
- We observed how staff treated patients with kindness and respect, and maintained patient confidentiality.
- GPs offered support to relatives and carers in times of bereavement.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Urgent appointments available the same day.
- The minor treatment unit provided treatment for minor injuries. No appointment was necessary.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand both in the surgery and on the practice website and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke with were clear about the vision and their responsibilities in relation to it.
- The practice had reviewed its leadership and governance structure and staff told us they felt supported by management. The practice had policies and procedures to govern activity and held regular meetings for all staff groups.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- There was a whistleblowing policy in place and staff we spoke with had a good understanding of what it meant for them as individuals.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was active and demonstrated a desire to work with the practice to improve the service to patients.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for older patients.

Good



- Patients over 75 years of age had a named GP.
- Nursing and residential care homes had named GPs to help ensure continuity of care.
- Care was tailored to individual needs. Care planning for the frailest and vulnerable patients was generally undertaken by nurses to establish patient expectations, values and choices
- Home visits including medication reviews and phlebotomy were available for patients who were unable to attend the surgery.
- The practice undertook opportunistic dementia screening for patients in this group.
- The computer system in use by the practice alerted staff if the patient was a carer.
- Worked had started to trained two nurses who wished to become carers champions.
- The practice undertook peer review of all GPs, including locums, to look at emergency admissions, accident and emergency attendances and general care.

People with long term conditions

The practice is rated as good for patients with long term conditions.

Good



- The practice employed an in house diabetes nurse specialist.
- The practice utilised automated patient recall software to help manage patients in this group.
- Patients in this group had individualised care plans.
- Self-management plans were in place to assist patients in managing their condition.
- The practice had employed a pharmacist to assist in an effective medicines management system for patients in this group.
- There was in-house INR testing for those patients in receipt of anti-coagulant medicines.

Families, children and young people

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

Good



- The practice registered all members of a family with the same GP

Summary of findings

- The full range of childhood immunisations was offered. Data showed the uptake was significantly higher than national expectations.
- Baby change facilities were available in the surgery.
- A full range of contraceptive services were available.
- Emergency contraception was available, including emergency inter-uterine devices.
- On the day and 'sit and wait' appointments were available.
- Unwell children were seen on the day.
- The practice provided children's phlebotomy and postnatal baby checks.
- The practice funded a scheme known as CHAT (Confidential Health Advice and Treatment), aimed at teenagers and which provided open access, confidential health advice.
- Chlamydia self- testing for sexually transmitted infections for 16-25 year olds was offered.
- The practice held monthly meetings with health visitors.
- There was a process to alert GPs of children not attending appointments.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 80%, which was comparable to local and national averages.
- Young carers were identified and referred to social care for additional support.

Working age people (including those recently retired and students)

The practice is rated as good for patients of working age (including those recently retired and students)

- Extended hours appointments were available on Mondays and Thursdays.
- Telephone consultations were available.
- There was online access to appointments and repeat prescriptions.
- The practice was part of the electronic prescribing scheme.
- The practice gave advice and direction on lifestyle and health promotion.
- NHS health checks for patients aged 40 to 74 years of age were offered.
- The practice had worked to increase and improve access to local services such as dermatology, vasectomy and cancer care.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for patients whose circumstances may make them vulnerable.

Good



- The practice had effective systems in place to safeguard people from abuse.
- Patient records alerted staff to the patient being a vulnerable child or adult.
- There were regular adult and children's safeguarding meetings.
- GPs had undertaken specific training in drug and alcohol abuse and worked closely with the shared care drugs team.
- Signage in the practice was in words, colours and shapes for those with reading difficulties.
- There was an open registration policy to meet the needs of the homeless and the travelling community.
- Alerts on the records of patients highlighted to staff who required double appointments or who needed to be put through to speak to their GP if they called.
- There was a lead GP for patients with a learning disability of which there were 144 on the register. Annual health checks were offered and care plans written in easy to understand language.
- The practice kept a register of all patients subject to Deprivation of Liberties safeguards.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for patients experiencing poor mental health including people with dementia.

Good



- A consultant psychiatrist attended the practice and ran a weekly clinic. Time was set aside prior to the clinic starting to allow GPs to discuss cases.
- The practice offered dementia screening.
- The practice was pilot site for the Plymouth Memory Test, intended to assess patients with a learning disability for signs of dementia.
- The practice kept a register of patients pursuant to the Deprivation of Liberty safeguards.
- Patients experiencing poor mental health were offered extended appointments and an annual physical health check. Of the 250 patients on the mental health register 98% had a care plan in place.
- Nurses were trained to complete dementia care plan reviews.
- The practice liaised with community pharmacies regarding the collection of medicines and to highlight any non-collection of medications.

Summary of findings

- Reception, prescribing teams and registration staff were trained as 'dementia friends' and there was training planned for clinicians and other staff groups.

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 performance to be similar to local and national averages. 265 survey forms were distributed and 137 were returned. This represented a response rate of 52% compared to the national average of 38%.

- 60% of respondents found it easy to get through to this practice by phone compared to the local average of 64% and the national average of 71%.
- 78% of respondents said the last appointment they got was convenient. This was comparable to the local average of 80% and the national average of 81%.
- 82% of respondents described the overall experience of this GP practice as good compared to the local average of 84% and the national average of 85%.
- 80% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 79% and the national average of 77%.

A survey carried out by the Patient Reference Group had sought the views of patients about the service. There had been 484 responses.

- 91% of respondents were satisfied with the practice opening hours.
- 59% of respondents felt it was very easy or easy to get through on the telephone.

- 82% of respondents said they usually got to see or speak to their preferred GP.
- 45% of the respondents who had been offered a GP appointment within 48 hours had not accepted it due to their own stated preferences.
- 96% of respondents said they were confident in their GPs ability to provide the care that they needed.

The survey represented a meaningful cross section of the practice population, including patients from 13 to over 81 years of age, and included male, female and transgender patients.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards for patients which were all positive about the standard of care received.

We spoke with 17 patients during the inspection. All said they were happy with the care they received and some commented on the continuity of care afforded by having a named GP. They said staff were approachable, committed and caring.

The people we spoke to came from the population groups of older people, working age people, families, children and young people and people with long term conditions. Two persons were accompanying children and one was a carer.

Outstanding practice

- The practice had a confidential and anonymous healthcare and advice service, known as CHAT, aimed at young people under 25 year of age. The

practice received no additional funding for the service but was seen as a valuable tool in meeting the healthcare and social care needs of people in this age group.

Latham House Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included two GP specialist advisors and a practice manager specialist advisor. The team also include an Expert by Experience who is a member of the inspection team who have received care and experienced treatments from a similar service.

Background to Latham House Medical Practice

Latham House Medical Practice provides primary medical services to 35,387 registered patients from a surgery located in Sage Cross Street, Melton Mowbray, close to the centre of the town. The practice has a branch surgery located in the village of Asfordby. We did not visit the branch site as part of this inspection. The practice catchment area covers an approximate seven mile radius of the town. Latham House Medical Practice is the largest single group practice in the country and is the only practice serving the market town of Melton Mowbray and the surrounding area.

The service is provided by 13 GP partners, five salaried GPs and six locum GPs. There are also four GP registrars. (A GP registrar is a junior doctor training in a GP surgery under the supervision of an approved GP trainer). The nursing team consists of 27 nurses, four healthcare assistants and

one phlebotomist. The practice also employs a pharmacist. They are supported by a team of receptionists, administration staff and management. In total the practice employs more than 100 members of staff.

The practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (CCG). The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice delivered a nurse led minor treatment unit at the Sage Cross Street surgery site.

The practice website provides information about the healthcare services provided by the practice.

The provider had one location registered with the Care Quality Commission which is Sage Cross Street, Melton Mowbray LE13 1NX. We visited this location during the course of the inspection.

Latham House Medical Practice is open from 8.30am to 6.30pm. A duty doctor is on site from 8am to 8.30am and 6pm to 6.30pm. Appointments were available at various times between: 8.30am and 5.30pm at the main site at Melton Mowbray and in the mornings at the Asfordby branch

surgery. Extended hours appointments were also available on Mondays from 7.40am to 7.50am and from 6.30pm to 6.40pm and on Thursdays from 6.30pm to 6.40pm.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The GP out-of-hours service is provided by Derbyshire Health United Limited which is contactable through NHS111.

Detailed findings

Why we carried out this inspection

On 7 December 2016 we had 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. That inspection was planned to check whether the provider was meeting the legal requirements.

At that inspection we found the practice inadequate overall but specifically the rating for providing for safe and well led service was inadequate. It was rated as requires improvement in the responsive key question and good in effective and caring key questions. As a result the practice was placed in special measures for a period of six months from 13 April 2017.

We undertook this announced comprehensive inspection on 11 October 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 October 2017.

During our visit we:

- Spoke with a range of staff including GPs, a GP registrar, nurses, reception, administration and management staff.
- We spoke with 17 patients who used the service.

- We talked with the Chair of the patient reference group.
- Spoke with other healthcare professionals.
- Observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

- The practice manager was the lead for significant events and an effective system for dealing with significant events had been introduced. A detailed log was kept of significant events, with each incident categorised and details kept of review dates, actions and where and when events had been discussed. There was a six monthly review meeting of significant events and we saw that they had been discussed at clinical and practice meetings.
- All complaints and significant events were discussed and progressed through the weekly governance meeting.
- The practice carried out a thorough analysis of the significant events. For example we saw learning resulting from an incident involving two patients with similar names. As a consequence the practice had undertaken an audit of telephone conversations with patients in which it was established that staff and GPs were not always asking for three layers of proof of identity. The findings had been cascaded to staff and GPs to reinforce the need to ask for three layers of identity and as a consequence help prevent recurrence.
- Themes had been identified and actions taken.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team and discussed

them at meetings where they were a standing agenda item. Tasks or reading requirements were added as necessary. We saw that the alerts were stored on the practice computer system and were available to all. The practice produced evidence of searches already conducted in response to alerts received.

Overview of safety systems and process

- A GP partner was the lead for safeguarding. Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff on the practice computer system to which all staff had access. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended the monthly safeguarding meetings and always provided reports where necessary for other agencies. Meetings included input from the Police to discuss violent crimes involving patients on the vulnerable persons register held by the practice.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to children's safeguarding level three and nurses and healthcare assistants to level two. Administration staff were trained to level one.
- The practice kept a register of patients about who there were safeguarding concerns.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- There were systems in place to monitor patients prescribed high risk medicines such as lithium and disease-modifying anti-rheumatic medicines.
- Systems were in place to ensure that medicines prescribed by secondary care were added to patients medication records held at the practice.

Are services safe?

- The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Antibiotic was in line with prescribing guidance and was the lowest in the clinical commissioning group.
- Blank prescription forms and pads were securely stored and there were systems in place to track them through the practice.
- Notices in the patient waiting rooms advised patients that chaperones were available if required. All staff who acted as chaperones had been trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice was visibly clean and tidy. The practice had appropriate infection prevention control policies such as those relating to hand washing and the care of spillages of body fluids. The practice lead nurse was the infection control clinical lead who liaised with the GPs. Regular audits were conducted on the practice cleaning and we saw evidence that action was taken to address any improvements identified as a result.
- We checked the staff files of the three most recently employed members of staff and found all appropriate recruitment checks had been undertaken for them prior to employment.
- Similar checks had been undertaken in respect of locum GPs.
- There was a system in place to ensure that healthcare professionals had the appropriate registration with their professional body and inclusion on the performers list in respect of GPs.

Monitoring risks to patients

- Risks to patients were assessed and well managed.
- All electrical equipment had been checked to ensure the equipment was safe to use.
- Clinical equipment had been checked and calibrated to ensure it worked properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment had been undertaken for

both surgeries. We saw that recommended actions had been implemented in order to mitigate the risk, which included the isolating of cold water storage tanks at both premises, monitoring of water temperatures and the daily flushing of taps prior to the surgeries opening.

- A health and safety policy was available with a poster which identified local health and safety representatives.
- The practice had undertaken a comprehensive review of fire safety at both surgeries, the fire safety policy had been reviewed and fire drills had been carried out and documented. Fire safety training had been undertaken and there were 12 identified fire marshals who had received specific training and two more were due to be trained. Checks of fire equipment and the alarm system were also carried out regularly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for different staffing groups to ensure enough staff were on duty. The practice planned their staff absences and scheduled clinical care around these to minimise disruption to patients.

Arrangements to deal with emergencies and major incidents

- The practice had arrangements in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computer system in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff received annual basic life support training and administration staff received training every three years.
- Medicines for use in a medical emergency were available.
- The practice had three defibrillators available on the premises along with oxygen for use in the case of an emergency.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines and emergency equipment were reviewed regularly and we checked they were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plans included measures to be taken in the event of a cyber-attack.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. A GP was the NICE lead and they assessed each incoming guideline and included it on the agenda for protected learning time.
- The practice had systems in place to ensure all clinical staff was kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.
- We saw minutes of partner and clinical meetings where NICE guidance was discussed and implications for the practice's performance and patients were identified and required actions agreed.
- Clinical staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Management, monitoring and improving outcomes for people

The practice operated a GP personal list system. GPs told us that this promoted better continuity of care and ensured patients got the right person, at the right place at the right time. Wherever possible all members of a family were registered with the same GP to give better overall insight.

Evidence that the system was effective was reflected in the National GP patient survey;

- 63% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 55% and national average of 56%.

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 99.9% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.4% and national average of 95.3%.

The overall exception reporting rate was 5.4% compared to the CCG average of 5.3% and national averages of 5.7%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was higher than the CCG and national averages. For example the combined indicators were 99% of the total points available compared to the CCG average of 92% and national average of 90%
- Performance for mental health related indicators was similar to the CCG and national averages. For example the combined indicators were 99% of the total points available compared the CCG average of 97% and national average of 93%.

There was evidence of quality improvement including clinical audit:

- We were provided with eight clinical audits completed in the last year, of which six were completed two cycle audits where the improvements made were implemented and monitored.

Findings were used by the practice to improve services. For example;

All patients with asthma prescribed a salbutamol inhaler should have its usage monitored by their registered GP. High usage patients should be reviewed to see if they are on a preventer inhaler, that they are using the preventer inhaler correctly and if their asthma is adequately controlled.

The first audit date was December 2016 showed 8% of patients had been prescribed more than 12 salbutamol inhalers in the last 12 months. After review of these high risk patients when re-audited in March 2017 the number of asthmatic patients having twelve or more inhalers in one year had reduced to 3%. This demonstrated clinical improvement, and the practice continues to make further progress.

A second audit followed the August 2017 Medicines and Healthcare products Regulatory Authority (MHRA) drug safety update. In this update it was recommended that two

Are services effective?

(for example, treatment is effective)

adrenaline auto-injectors should be prescribed and carried by patients at all times. The first search was run on 5th September 2017. This identified 76 patients who had an adrenaline auto-injector issued since 1st August 2017. This showed that the current percentage of patients who received two or more devices on their prescription was 64.4%. All patients identified within this audit were sent a copy of the patient information leaflet detailing the changes in the clinical guidelines and a covering letter explaining the actions taken by the practice. Changes to patient's prescriptions were implemented by the Clinical Pharmacist. A re-audit using the same search criteria, was run on 25th September 2017 and showed that since the changes have been made the proportion of patients prescribed two or more adrenaline auto-injectors has increased from 64.4% to 97.4%. This showed an excellent improvement in the quality of care, and the practice plans to repeat the audit in 6 months with the aim of achieving 100%.

Other completed two cycle audits concerned;

Audit of patients prescribed hypnotics on repeat prescriptions completed March 2017.

Antibiotic prescribing audit reviewing antibiotic stewardship completed March 2017

A prescribing audit for patients with a cow's milk allergy, completed February 2017

Effective staffing

We found staff were appropriately supported and had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had introduced a formal induction programme for all newly appointed staff, including locum GPs.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All eligible staff had received an appraisal within the last 12 months.
- On appointment all staff commenced training, covering such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff had access to and made use of e-learning training modules and in-house training
- Staff received role-specific training and updating for relevant staff. For example; cervical screening and immunisation update training. Nurses working in the Minor Treatment Unit were being upskilled to equip them to deal with minor illness.
- All GPs, including locums received peer review of their practice.
- Nursing staff working in the Minor Treatment Unit had access to clinical support and advice from GPs whilst the unit was open.
- 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 and medical records.
- There was an effective system to check and act on any pathology results received on that day. GPs operated a 'buddy' system to ensure that results were actioned in their absence.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner.
- A GP was the lead for high risk medicines monitoring. They had responsibility for shared care agreements and ensuing medicines prescribed under such arrangements were added to patient records and suitably monitored.
- 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

Are services effective?

(for example, treatment is effective)

- The community care nurse shared office space with a social worker and they had developed a close working relationship.
- Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff had undertaken training in the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The practice held a register of patients who were subject to deprivation of liberty safeguards (DoLS).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice had conducted an audit to monitor consent for childhood immunisations. The audit showed 100% compliance.
- We saw that consent to the fitting of inter-uterine devices and minor surgery was written consent which was uploaded onto patient records.

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 and medical records.
- There was an effective system to check and act on any pathology results received on that day. GPs operated a 'buddy' system to ensure that results were actioned in their absence.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

- The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner.
- A GP was the lead for high risk medicines monitoring. They had responsibility for shared care agreements and ensuing medicines prescribed under such arrangements were added to patient records and suitably monitored.
- 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
- The community care nurse shared office space with a social worker and they had developed a close working relationship.
- 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.

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support. For example:
- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice funded a scheme known as CHAT (Confidential Health Advice and Treatment), aimed at teenagers and young adults up to the age of 21 which provided open access, anonymous and confidential health advice. Young people attending the service did not have to be a patient at the practice and could be seen by providing just a name and date of birth.
- The practice's uptake for the cervical screening programme was 80% which was comparable to the CCG and national average.
- The administration team identified patients who had not attended for cervical screening. Patients were contacted by phone or by letter and were actively reminded that they still should attend for screening even though they may have received the HPV vaccine.

Are services effective?

(for example, treatment is effective)

- The practice also encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening. For example the percentage of females, aged 50-70, screened for breast cancer in last 36 months was 82% compared to the CCG average of 80% and the national average of 72%.

The percentage of persons, aged 60-69, screened for bowel cancer in last 30 months was 63% compared to the CCG average of 64% and national average of 58%.

- 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. GPs told us they enhanced the service to identify unknown conditions. Of 595 patients seen they had identified 30 patients with an elevated risk of cardiovascular disease and nine with a new diagnosis.

- The data for all standard childhood immunisations showed that the practice was achieving higher results than the national average. Rates ranged from 94.4% to 97.9% compared to the expected achievement of 90%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Patients told us staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs.
- We observed the interaction between a member of staff and a patient with severe hearing impairment and saw how they treated them with care and patience and maintained patient dignity.

All of the 10 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. The 17 patients we spoke with on the day of the inspection echoed those views.

We spoke with the Chair of the patient reference group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Patients we spoke with highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.

- 93% 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%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 86%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received told us they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision.

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.

For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

The community care nurse held a weekly meeting with a social care worker where they were able to share information in relation to hospital admissions and advanced care planning. Care plans were into the practice computer system. We viewed example of these records.

Palliative care meetings were held monthly and included Macmillan nurses and other clinical staff. There were 48 patients on the palliative care register on the day of our inspection.

Are services caring?

There was an ongoing after death audit to establish if patients had been prescribed the appropriate medicines and whether the wishes of patients as detailed in their care plans had been met.

Patient and carer support to cope emotionally with care and treatment

- The practice had identified 1154 patients as carers (3.26% of the practice list).
- The new patient registration form enabled patients to identify themselves as carers.
- The practice actively sought to identify carers at flu clinics, at the time of registration of new patients and opportunistically.
- Further work to identify carers had been identified, such as checking chronic disease registers.

- The practice was utilising the Royal College of General Practitioners supporting carers toolkit to help improve carer identification and support.
- The patient electronic record system had carer alerts in place to prompt staff to offer greater flexibility and understanding when making appointments.
- Two members of the nursing staff had become carers champions whose role was to help identify carers and help them access services.
- Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement then it was for the deceased patient's GP to respond as they saw fit.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- We found that that the practice had made patient needs and preferences central to its systems to ensure flexibility, choice and continuity of care. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- The practice employed a Community Practice Nurse whose role was to manage the healthcare of older people. This included visiting nursing homes and residential care homes and providing care in the community for those unable to attend the surgery.
- The nurse consulted with patients and their carers, other agencies and healthcare professionals in the development of personalised care plans.
- Of those patients diagnosed with dementia 75% had their care plan reviewed in a face-to-face review in the preceding 12 months. This was comparable to CCG and national averages.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Full facilities were provided for patients with wheelchairs and children's pushchairs, which included automatically opening doors, an easy access toilet, a staggered height reception desk section and wide doorways.
- The practice had a passenger lift to improve access to the first floor of the surgery.
- A clinical consulting room was always kept free on the ground floor of the surgery for those patients who had difficulty mobilising.
- There was a meeting room available which could be used if patients wanted a private area to talk with reception staff.

- The minor treatment unit was open from 8.30am to 6pm Monday to Friday. It was nurse led and staff were able to treat such things as minor injuries, suturing and triage for chest pains until seen by urgent care staff. Patients not registered at the practice were seen on a 'immediate necessity' basis.

Access to the service

- Latham House Medical Practice was open from 8.30am to 6.30pm. A duty doctor was on site from 8am to 8.30am and 6pm to 6.30pm. Appointments were available at various times between: 8.30 am and 5.30 pm at the main site at Melton Mowbray and in the mornings at the Asfordby branch surgery. Extended hours appointments were available on Mondays from 7.40am to 7.50am and from 6.30pm to 6.40pm and on Thursdays from 6.30pm to 6.40pm.
- Phone call consultations with a GP and urgent appointments with a GP or nurse practitioner were available on the day for people that needed them. This was in addition to routine pre-bookable appointments.
- The practice operated an urgent care clinic which enabled patient to access care and treatment without the need to make an appointment. It operated Monday to Friday 8.30am to noon but staff told us that that they were evaluating the possibility of extending the hours into the afternoon.
- Unwell children were seen on the day.
- The practice had a low number of patients whose first language was not English but Information on the website could be translated by changing the language options. This enabled these patients to access the information provided by the practice.
- Translation services and British Sign Language interpreters were available.
- A text phone service was available for patients with hearing impairment.
- Staff had received information about the Accessible Information Standard through on-line training and it had also been the subject of face to face learning at the practice protected learning times. The practice was

Are services responsive to people's needs?

(for example, to feedback?)

using the information it already held about patients to code and update records to ensure compliance with the standard and had alternative means of communications available for those you required it.

Results from the national patient surveys published July 2017 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 80% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 83% and national average of 84%.
- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%.
- 60% patients said they could get through easily to the surgery by phone compared to the CCG average of 64% and national average of 71%.
- 63% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 55% and national average of 56%.

The survey conducted by the patient reference group, to which there were 484 respondents, indicated higher levels of satisfaction.

- 82% said they usually got to see or speak to their preferred doctor.

- 91% said they were satisfied with the surgery opening hours.

Listening and learning from concerns and complaints

The practice had a system in place for handling written complaints and concerns.

- Its complaints policy and procedures were recently revised and aligned to recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system. This included how patients may access advocacy services and appeal the outcome of the investigation if dissatisfied.
- The practice had recorded 51 complaints in the period April to October 2017.
- We looked in depth at a random sample of the complaints received and found that each had been dealt with in accordance with the policy and met the contractual arrangements for dealing with complaints.
- The practice had responded in a timely manner, offered and explanation and an apology where appropriate.
- The practice had conducted an analysis of the complaints to identify any themes and recurring issues.
- We found all complaints had been investigated and outcomes and learning identified and shared with practice team through meetings. The practice manager followed up on all learning to check changes had been embedded to improve practice.

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.

- Staff clearly understood what was expected of them in attaining and maintaining an efficient and caring service.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice held a separate strategy meeting every month to consider planning and a forward view.
- Short, medium and long term strategies included; adapting to the new GMS contract, re-shaping management structures, managing an urgent care service, managing population growth, staffing and recruitment and integration with social care.
- Risk had been identified such as retaining staff, recruitment, the challenges posed by rapid population growth and staff work/life balance.

Governance arrangements

It was acknowledged that such a large practice presented challenges to effective governance. However we saw that the governance structure had been reviewed and amended and a visual representation of the structure was visible throughout the surgery to re-enforce and remind staff of the revised structure. The appointment of a GP partner as the new Registered Manager with a particular emphasis on governance was seen as positive step forward. The Registered Manager was part of the Executive and held the role of Chief Executive Officer. Protected time was set aside for them to perform this function.

As a result the practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This was implemented by means of a strategy group and executive committee that made decisions that could not be vetoed by individual partners. The voting process was defined in the partnership agreement.

The framework drove systematic approaches towards processes and mechanisms to improve and maintain the highest quality of care. This outlined the structures and procedures in place and ensured that:

- The practice had strong clinical and non-clinical leads for all areas of activity and systems in place to effectively manage safeguarding, human resources, education, buildings and quality for the entire practice.
- There was a clear staffing structure with clear lines of management.
- Staff we spoke with were aware of their own roles and responsibilities.
- Practice specific policies had been reviewed, implemented and were available to all staff.
- There were rigorous arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The systems and processes in place for ensuring patient and staff safety demonstrated strong clinical governance. The practice carried out two-cycle clinical audits to measure the impact of changes made and shared learning to improve patient outcomes.
- A programme of continuous internal systems audit was used to monitor quality and to make improvements. For example the practice had responded to what they deemed to be high numbers of failed appointments by introducing a dedicated telephone number that negated the need for patients to call the surgery switchboard to cancel unwanted appointments. In addition the practice had carried out an audit of telephone conversations to ensure sufficient evidence of identity was obtained following and incident involving two patients of similar names.

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. Staff told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

Are services well-led?

Good 

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

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). Serious events we looked at in detail showed that the practice had considered the duty of candour.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice did not keep written records of verbal interactions that were resolved at the time or on the day, but we were assured that the practice would implement such a system immediately.

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

- Staff told us and records showed the practice held regular meetings for all staff groups throughout the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported

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

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

- The practice had gathered feedback from patients through the virtual patient reference group (PRG) and through surveys and complaints received. We met with the Chair of the group who told us they had about 12 active members who met every two months. The group liaised with patients and submitted proposals for improvements to the practice management team. The PRG had carried out a patient survey which they distributed to sixth form colleges, children's centres, the Polish Club, immunisation clinics as well as being available within the main surgery and the branch

surgery. There had been 484 respondents, an 11.7% increase in the previous year's responses. The results had been analysed and agreed priorities drawn up in response to the trends identified in the survey. These consisted of trying to increase patient on-line access, raising awareness of the number of missed appointments and helping patients' access health information and self-care. All priorities had been achieved with a substantial increase in on-line take up of services, patient awareness of missed appointments utilising in-house communications and the local press and the development of in-house notice boards and campaigns for health care and awareness.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All GPs including locums were invited to attend clinical meetings.
- Staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Continuous improvement

- The practice was a GP training practice and at the time of our inspection they had four GP registrars.
- We spoke with one registrar who told us that the training had always been good at the practice, and included a wide spectrum of GP duties including attending safeguarding meetings, care planning, governance and meetings to review clinical cases. They told us they would accept a partnership at the practice if one was offered.
- The practice takes part in nurse training.
- Staff we spoke with said they were encouraged to develop and extend their range of skills and the practice provided the training they required.
- The partners had recognised the challenges likely to be encountered by an estimated 10,000 increase in the population of Melton Mowbray but without any additional GP practice provision.