

Briton Street GP Surgery

Quality Report

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

Ratings

Overall rating for this service		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 at Briton Street GP Surgery on 25 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. The practice attended regular meetings with health visitors.
- 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 practice ensured all staff received regular appraisals. All members of staff received regular reviews of their performance which included a report and a rating.
- The practice is an accredited yellow fever centre which is registered with NATHNaC (National Travel Health Network and Centre).
- The provider was aware of and complied with the requirements of the duty of candour.

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.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There was an infection control lead in place and regular infection control audits were carried out.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average in some outcomes compared to the national average in 2014-15. However, outcomes had significantly improved in 2015-16.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals, performance monitoring reviews and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice held monthly multi-disciplinary meetings to review the care and needs of patients.

Are services caring?

The practice is rated as good for providing caring services.

Good



- CQC comment cards received from patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- The practice had a carer's register in place. There was also a carer's champion who ensured carer's received information about local carer's services available to them.
- Information for patients about the services available was easy to understand and accessible and available in numerous different languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice held bi-monthly gold standard framework (GSF) meetings to discuss and review the needs of all palliative care patients.
- The practice had carried out a disability access audit to assess disabled access for patients and to identify reasonable adjustment measures to be taken.
- The practice allocated a 'tracker' who were non-clinical members of staff, to patients identified as vulnerable or who suffered a long-term health condition and were at risk of unplanned admission to hospital. The role of the tracker was to contact patients on a monthly basis to ensure they had a point of contact in the practice and ensured patients' needs were met and reduced their risk of unplanned admission to hospital. The tracker would also give patients advice on local support groups and organisations that may be helpful to them to ensure their social needs were met.

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 were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The lead GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and met on a bi-monthly basis.
- There was a strong focus on continuous learning and improvement at all levels.

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 the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in a care navigation scheme which provided a wide range of support to older people through home visits from a care navigator to help them remain healthy and to help patients carry on living in their own homes.
- Patients received personalised care plans from a named GP to support continuity of care.
- The premises were accessible to patients with mobility difficulties.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The practice participated in an admissions avoidance scheme and delivered personalised care plans and regular reviews for patients with a long term condition with a view to deliver more personalised care and to reduce emergency or unplanned hospital admissions.
- The practice allocated a 'tracker' who were non-clinical members of staff, to patients identified as vulnerable and at risk of unplanned admission to hospital. Their role was to contact patients on a monthly basis to ensure they had a point of contact in the practice and ensured patients' needs were met. The tracker would also give patients advice on local support groups and organisations that may be helpful to them to ensure their social needs were met.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held bi-monthly Gold Standard Framework (GSF) meetings to review and discuss the needs of all palliative patients.
- There was a GP lead for patients who were at end of life.
- The practice held weekly meetings with District Nursing teams.
- In 2014-15, performance for diabetes related indicators was 58.8% which was lower than the national average of 89.2%. Performance in this indicator had significantly improved in 2015-16.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 72.79%, which was higher than the CCG average of 68.9%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The lead GP had attended Gillick Competence and Fraser Guidelines training.
- The practice liaised with health visiting teams on a weekly basis.
- Midwifery led clinics were held in the practice on a two weekly basis.
- The practice reviewed children whose appointment had not been attended and where there had been no notification of cancellation. Any concerns relating to these children were discussed with health visiting teams on a weekly basis.

Good



Summary of findings

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended hours appointments were available and online services such as ordering repeat prescriptions and appointment booking for the convenience of patients who worked or had other commitments during the day.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- An automated arrival machine was available to give patients the opportunity to arrive themselves for their appointment rather than speak to a receptionist.

Good



People whose circumstances may make them vulnerable

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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- All clinical staff had attended Mental Capacity Act (MCA) training.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing lower than local and national averages. 387 survey forms were distributed and 74 were returned. This represented a response rate of 19.1% of the forms distributed.

- 72.64% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 68.59% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 76.08% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 60.09% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients told us that the practice staff had shown exceptional care and understood the needs of patients. Patients also told us they felt listened to and that clinical staff treated them with kindness, dignity and respect.

Friends and Family test results showed that 100% of patients who had responded said they would recommend this practice to their friends and family.

Briton Street GP Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Briton Street GP Surgery

Briton Street GP Surgery provides primary medical services to approximately 1,868 patients in Leicester City.

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

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

The surgery is open from 8am until 6.30pm Monday to Friday. The practice provides extended opening hours until 7.30pm on a Friday. The practice is part of a pilot scheme within Leicester City which offers patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments are available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments are available by walk in, telephone booking or direct referral from NHS 111.

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

The provider is registered with the Care Quality Commission (CQC) to provide regulated activities at Briton Street GP Surgery, 5 Briton Street, Leicester, LE3 0AA.

The practice is an accredited yellow fever centre which is registered with NATHNaC (National Travel Health Network and Centre).

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

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

The practice has a higher population of patients between the ages of 15-29 years of age and also 45-59 years of age. 53.4% of the patient population have a long standing health condition.

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

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

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

Detailed findings

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

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 February 2016.

During our visit we:

- Spoke with a range of staff including a GP, practice manager, assistant practice manager, nurse and two members of the reception team.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed 25 comment cards where patients and members of the public shared their views and experiences of the service.'
- Spoke with three members of the patient participation group (PPG).

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).

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system via a 'drop box' which all staff could access. This enabled staff to download a reporting form, staff would then complete the form and submit to the practice manager. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). During our inspection we looked at 17 significant events. All non-clinical incidents were dealt with by the practice manager, all clinical incidents were dealt with by the lead GP. We saw evidence of meeting minutes which showed us that all incidents were discussed during practice meetings, some were discussed on the day dependent on the nature of the incident reported.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example,

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

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We observed some areas of the practice had carpet floor coverings. However, there was a carpet cleaning schedule in place and we saw evidence that carpets had been cleaned on a regular basis. The last carpet clean had taken place in January 2016.
- 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).

Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. A clinical pharmacist employed by the CCG also worked in the practice on a regular basis and provided support in monitoring change of medications for patients as part of the practice's 'prescribing efficiency strategy'. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Non-clinical staff checked all uncollected prescriptions on a regular basis to ensure that the GPs were informed of any patients who may not have collected a prescription for high risk medicines.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice manager ensured an electronic copy of all signed PGDs were held on the practice computer system which all staff had access to.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- During our inspection we observed that all vaccinations and immunisations were stored appropriately. We saw evidence of weekly vaccination stock check records, this included a check of expiry dates to ensure all vaccinations for safe for use. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place which had been reviewed in September 2015. (cold chain is the maintenance of refrigerated temperatures for vaccines).
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had carried out a disability access audit to assess disabled access for patients and to identify reasonable adjustment measures to be taken.
- The practice had up to date fire risk assessments in place, we saw the last risk assessment had been carried out in April 2015. Fire drills were carried out on a 3 monthly basis, we saw records of these during our inspection. We observed that all fire safety equipment had been serviced on a regular basis. The last service had been carried out on 1 July 2015.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. During our inspection we saw that all electrical equipment was last checked on 16 January 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). During our inspection we saw that the last Legionella risk assessment had been carried out in April 2015. The practice had employed the services of a water hygiene specialist who had carried out Legionella risk assessments and also regular water sample testing to ensure the prevention of Legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We saw examples of these rotas during our inspection.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- There were notices in all consulting rooms which gave details of the location of emergency medicines and equipment.
- Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. We saw that this had been reviewed and updated in April 2015. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

The practice manager was responsible for ensuring all updates were circulated to relevant members of staff, we saw written evidence of these updates which had been circulated to staff during our inspection.

- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014-15 were 81.4% of the total number of points available. This was lower than the CCG average of 92.3% and the national average of 94.8%. The overall exception reporting rate was 5.3% (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 an outlier for some areas of QOF (or other national) clinical targets in 2014-15. However, the practice were aware of this and had actively targeted these to improve outcomes. Results for 2015-16 were 93% of the total number of points available which had shown significant improvement compared to 81.4% in 2014-15.

Data from 2014-15 showed:

- Performance for diabetes related indicators was 58.8% which was lower than the national average of 89.2%. (there was an exception reporting rate of 4.6% which was below the England average of 10.8%).
- Performance for mental health related indicators was 84.1% which was lower than the national average of 92.8%. (there was an exception reporting rate of 10.4% which was below the England average of 11.1%).
- Performance for asthma related indicators was 100% (there was an exception reporting rate of 3.1% which was below the England average of 6.8%).

There was evidence of quality improvement including clinical audit.

- During our inspection we looked at 12 clinical audits which included audits of medicines in particular antibiotic prescribing, audits of services provided by the practice such as unplanned admission avoidance and an audit of six week baby checks carried out by the practice. We also saw examples of non-clinical audits such as audits of patient access to appointments. Some of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, recent action taken as a result included the introduction of double appointments for all six week baby checks to ensure all baby checks were completed appropriately. This was implemented following an audit over a 12 month period of all six week baby checks carried out due to complaints which had arisen regarding concerns of incomplete checks. The lead GP who was responsible for carrying out six week baby checks also completed a training course in Newborn and Infant Physical Examinations (NIPE) as a result of this audit and previous complaints.

The practice manager carried out quarterly quality checks to ensure that all clinical post that related to patients was scanned onto the correct patient care record. These checks also ensured that all new patient records received were dealt with appropriately and that contemporaneous

Are services effective?

(for example, treatment is effective)

records were held of patient consultations. These processes were additional measures implemented to ensure patient care records were updated correctly at all times.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice provided all employees with an employee handbook which contained information about the practice, human resources information including employee benefits and annual leave entitlements. The handbook also contained numerous practice policies including whistleblowing, equal opportunities and health, safety, welfare and hygiene.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw evidence of training in Asthma, Diabetes and cervical smear taker training updates which had been carried out by members of the nursing team.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- All members of staff received quarterly assessments of their performance. This was carried out by the practice manager and staff members attended a meeting to discuss their performance. All members of staff received

a performance report which included an overall rating for areas such as attendance and punctuality, job knowledge and quality of work. Staff we spoke with told us they found this process beneficial and gave them an opportunity to discuss future training needs to support them in their role.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice manager had ensured all members of staff had a training needs analysis in place, we saw evidence of all staff training records during our inspection.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available in-house.

The practice's uptake for the cervical screening programme was 72.79%, which was higher than the CCG average of 68.9% and lower than the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice

demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.7% to 100% and five year olds from 61.1% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We saw that privacy curtains were disposable and were replaced on a regular basis to ensure the risk of infection control was minimised.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 82.4% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85.5% and the national average of 89%.
- 74.7% of patients said the GP gave them enough time compared to the CCG average of 82.2% and the national average of 87%.

- 86.3% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92.6% and the national average of 95%.
- 91.4% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 95.4% and the national average of 97.1%.
- 73.38% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 72.87% 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%.
- 85.6% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83.4% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 78.7% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82.8% and the national average of 86%.
- 69.55% 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%.
- 76.71% 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:

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and in numerous different languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 32 patients as carers (1.7% of the practice list). There was a carers lead in post, the deputy practice manager was a 'carers' champion' and written information was available to direct carers to the various avenues of support available to them in numerous different languages.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice provided bereavement information packs for patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours until 7.30pm on a Friday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice offered on-line services for patients which included ordering repeat prescriptions, booking routine appointments and access to patient summary care record.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were telephone consultations available for those patients who required them.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately. The practice was an accredited yellow fever centre which is registered with NATHNaC (National Travel Health Network and Centre).
- The practice employed a phlebotomist who provided an in-house phlebotomy service for patients. (a phlebotomist is a nurse or other health worker trained in drawing venous blood samples for testing).
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a smoking cessation advice clinic.
- The practice provided a text reminder service to ensure patients received timely reminders of their appointment date and time.
- The practice offered a H. Pylori testing service for patients (H. pylori is a bacteria responsible for most stomach and duodenal ulcers and many cases of stomach inflammation).
- The practice provided access to a 'Ujala' translation and sign language service facility to assist patients whose first language was not English to communicate better.
- The practice provided access to Language Line telephone interpreter service facility to assist patients whose first language was not English to communicate better.
- Members of the reception team spoke numerous different languages which helped to improve communication with patients.
- There was an automated arrival machine to enable patients to book themselves in for their appointment which was available in numerous different languages for patients whose first language was not English.
- There was a TV screen in the waiting room providing patients with health promotion information.
- The practice held monthly multi-disciplinary meetings to discuss and review the needs of its patients.
- There were baby changing facilities available.
- A water dispenser was provided in the waiting room for patient use.
- The practice provided regular, in-house midwifery led clinics.
- The practice provided a regular newsletter for patients which provided various types of information about the practice.
- The practice allocated a 'tracker' who were non-clinical members of staff, to patients identified as vulnerable or who suffered a long-term health condition and were at risk of unplanned admission to hospital. The role of the tracker was to contact patients on a monthly basis to ensure they had a point of contact in the practice and ensured patients' needs were met and reduced their risk of unplanned admission to hospital. The tracker would also give patients advice on local support groups and organisations that may be helpful to them to ensure their social needs were met. Since this scheme was implemented the practice had seen a reduction in the number of unplanned admissions over a four month period from 58.2% to 23.4%.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered from

Are services responsive to people's needs?

(for example, to feedback?)

6.30pm until 7.30pm on a Friday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 73.44% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 72.64% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

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

Are services well-led?

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 and vision statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. During our inspection we saw evidence of a five year action plan dated April 2015, practice action plans were reviewed on an annual basis. The action plan included areas of improvement such as in patient services, quality assurance, staffing and training requirements. The action plan detailed timescales for achievement and a progress report on all areas.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice held a comprehensive range of practice specific policies which were implemented and available to all staff. We looked at twelve policies during our inspection which include; safeguarding adults and children, consent, end of life policy for adults, home visiting, health and safety, appraisals and dignity and respect.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the lead GP and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The lead GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. We saw numerous meeting minutes during our inspection.
- The practice manager provided all staff with a weekly practice newsletter. Staff told us they were encouraged to add news articles to this newsletter.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held annually.
- Staff said they felt respected, valued and supported, particularly by the lead GP and the practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice hosted regular educational events led by local secondary care Consultants and other professionals on various clinical topics. Topics were also

Are services well-led?

Good 

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

agreed to target areas for learning the lessons from previous significant events which had arisen. Other local practices were invited to attend these events to ensure the practice shared best practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met on a bi-monthly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, The PPG liaised with the practice to arrange replacement chairs for patients in consulting rooms that were also suitable for disabled patients as it had been reported that some patients were finding it difficult to stand after being seated in the original chairs.
- The practice had gathered feedback from staff through regular staff surveys; we saw evidence of the last survey audit report which had been carried out in October 2015. The survey gave staff the opportunity to feedback on various areas which included job satisfaction and levels of communication in the practice. Feedback was also gathered through staff away days and generally through staff meetings, appraisals and discussion. Staff

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

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

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