

The Surgery@Aylestone

Quality Report

672 Aylestone Road
Leicester
LE2 8PR
Tel: 0116 367 0012
Website: www.thesurgery@aylestone.co.uk

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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 The Surgery@Aylestone on 24 March 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 72 patients as carers (2% of the practice list). Written information was available to direct carers to the

various avenues of support available to them. The practice provided information to patients who may be a young carer to ensure these patients were aware of the support services available to them.

- Information about services and how to complain was available.
- 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 the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to monitor patient satisfaction results in relation to the issues highlighted in the national GP patient survey in order to improve patient satisfaction in relation to appointment access and ability to get through to the practice by phone.

Summary of findings

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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 72 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice provided information to patients who may be a young carer to ensure these patients are aware of the support services available to them.

Good



Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- 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.

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they did not always find it easy to make a routine appointment with a named GP due to the nature of the appointment booking system, whereby patients were required to book routine appointments on the day they required their appointment with limited appointments available on a pre-bookable basis. Patients told us there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 91% which was higher than the CCG average of 86% and the national average of 89%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than CCG/national averages. For example, rates for the vaccines given five year olds were 100%.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 78% and the national average of 81%.

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours appointments on a Tuesday evening until 8.30pm.
- 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.
- The practice offered an appointment text reminder service for patients.

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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 carried out advance care planning for patients living with dementia.
- Performance for mental health related indicators was 93% which was comparable to the CCG average of 93% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed mixed results compared with local and national averages. 321 survey forms were distributed and 110 were returned. This represented 3% of the practice's patient list.

- 78% of patients described the overall experience of this GP practice as good compared with the CCG average of 80% and the national average of 85%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 90% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 71% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were mostly positive about the standard of care received. Patients told us that staff were caring and respectful and that the practice always appeared clean and hygienic. Seven comment cards although they contained positive comments, included dissatisfaction in relation to the appointment booking system and commented that they often experienced longer waiting times for appointments.

We spoke with two patients who were also members of the patient participation group (PPG) during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The results of the Friends and Family Test showed that 100% of patients who completed this survey would recommend this practice.

Areas for improvement

Action the service SHOULD take to improve

- Continue to monitor patient satisfaction results in relation to the issues highlighted in the national GP patient survey in order to improve patient satisfaction in relation to appointment access and ability to get through to the practice by phone.

The Surgery@Aylestone

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 The Surgery@Aylestone

The Surgery@Aylestone provides primary medical services to approximately 3,642 patients who reside in Leicester City and surrounding areas. The practice is located in a purpose built health centre which consists of five consulting rooms located on the ground floor and three consulting rooms located on the first floor. The health centre was built in 2013 and is owned by the provider. The provider re-located from the original premises at 705 Aylestone Road, Leicester and moved into the new build health centre and began providing regulated activities from this new address in 2014. The building is segregated and also includes separate, secure residential accommodation which includes seven apartments which are privately rented. This area has its own private entrance and there is no access from these apartments into the health centre. We were informed that the practice patient list size has seen a growth of approximately 30% since it moved into these new premises. The health centre has adequate patient and staff car parking including disabled parking bays. All clinical and patient areas are accessible to patients with disabilities and those who use wheelchairs.

The practice provides services to patients who reside in four residential homes, one learning disability unit and one care home in the surrounding area.

The Surgery@Aylestone is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; maternity and midwifery services and surgical procedures.

The practice has a General Medical Services (GMS) contract in place which is a contract between the GP partners and the CCG under delegated responsibilities from NHS England.

At the time of our inspection the practice employed two GP partners and one salaried GP (2 male and one female GP), one practice nurse, one health care assistant (HCA), one medical secretary and four administration/reception staff who were all supported by a practice/executive manager.

The practice is a training practice and delivers training to Foundation Year 2 Doctors (FY2). An FY2 is a fully qualified Doctor in the early stage of their career who undertakes a programme of structured training and clinical supervision leading to full registration with the General Medical Council (GMC).

The surgery is open from 8am until 6.30pm Monday to Friday. The practice provides extended opening hours until 8.30pm on a Tuesday.

The practice has an active patient participation group (PPG) who meet on a regular basis.

The practice has a higher than average population of patients between the ages of 25-44 years of age. 58% of the patient population have a long standing health condition which is comparable to the clinical commissioning group (CCG) average of 50% and the national average of 53%.

The practice offers on-line services for patients including ordering repeat prescriptions and booking and cancelling routine appointments.

Detailed findings

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.

When the practice is closed patients are able to use the NHS 111 out of hour's service.

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 such as NHS Leicester City CCG and NHS England. We carried out an announced visit on 24 March 2017. During our visit we:

- Spoke with a range of staff which included a lead GP, a salaried GP, a practice manager, practice nurse and a health care assistant, a medical secretary and members of the reception team. We also spoke with patients who used the service.
- Spoke with two members of the patient participation group (PPG).
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed 34 comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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 reviewed seven significant events which had been reported and actioned within the last 12 months. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that a thorough analysis was carried out of all significant events reported and lessons were shared and action was taken to improve safety in the practice. The practice also carried out a significant event analysis identified from complaints received which constituted this.
- The practice had a process in place to audit the quality of the recording of patient consultation information on the electronic patient care record system for each clinician. This process had been implemented to ensure a complete, contemporaneous record was recorded by the relevant clinician for each patient consultation such as ensuring diagnosis, details of examination and investigations had been carried out where appropriate.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. 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.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had

received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3. The practice nurse was also trained to 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). We saw evidence of chaperone training records during our inspection.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- During our inspection, we spoke with the practice nurse who was the infection prevention and control (IPC) clinical lead. There was an IPC protocol in place and staff had received up to date training. Regular IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We observed suitable processes were in place for the storage, handling and collection of clinical waste.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.

Are services safe?

- 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. The practice had a process in place to monitor patients prescribed high risk medicines. We saw evidence of monthly audits carried out to ensure these patients were monitored appropriately.
- 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 and patient specific prescriptions or directions from a prescriber were produced appropriately. The practice manager ensured an electronic copy of all signed PGDs were held on the practice computer system which all staff had access to. We observed these PGDs had been appropriately signed and dated.
- During our inspection, we observed that all vaccinations and immunisations were stored appropriately. 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. (cold chain is the maintenance of refrigerated temperatures for vaccines).
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.
- The practice carried out regular checks to ensure that members of the nursing team were registered with the Nursing and Midwifery Council (NMC).
- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We saw evidence of PAT testing and calibration records during our inspection.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had employed the services of a water hygiene specialist who had carried out regular water sample testing to ensure the prevention of Legionella.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

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

Monitoring risks to patients

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

- There was a health and safety policy available which had last been reviewed and updated in April 2016.

- 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.
- Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit.
- 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.

Are services safe?

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We saw evidence of these checks during our inspection.
- Clinical staff told us they received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). We were informed that alerts were co-ordinated and disseminated to clinicians electronically by the practice manager. Staff we spoke with were able to tell us about recent alerts received and we saw numerous examples of alerts which had been received and disseminated to relevant staff. We also saw evidence of actions taken as a result which were signed and dated by the practice manager and the lead GP.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-2016 showed:

- Performance for diabetes related indicators was 91% which was higher than the CCG average of 86% and the national average of 89%.
- Performance for mental health related indicators was 93% which was comparable to the CCG average of 93% and the national average of 93%.

There was evidence of quality improvement including clinical audit:

During our inspection we looked at numerous clinical audits which included audits of medicines including patients prescribed high risk medicines to ensure these patients received appropriate monitoring. The practice also carried out audits of mortality rates and an audit of patients at risk of falls.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering 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 and nurses. 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.

Are services effective?

(for example, treatment is effective)

- 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.

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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- 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 and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- In house smoking cessation advice clinics were held for patients who required this service.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 78% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than CCG/national averages. For example, rates for the vaccines given five year olds were 100%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme 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. For example, the practice's uptake for breast screening for female patients aged between 50-70 years of age within 6 months of invitation was 82% which was better than the CCG average of 72% and comparable to the national average of 74%. The practice's uptake for bowel screening for patients who were screened for bowel cancer within six months of invitation was 48% which was higher than the CCG average of 43% and the national average of 56%. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective? (for example, treatment is effective)

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

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

- Privacy screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 34 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. Those comments that were less positive were in relation to the appointments system including waiting times for appointments.

We spoke with two patients during our inspection who were members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.

- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 88% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% 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 positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.

Are services caring?

- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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

- Staff told us that interpretation services such as language line telephone interpreter 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format and were available in numerous different languages.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 72 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. The practice provided information to patients who may be a young carer to ensure these patients are aware of the support services available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice produced a bereavement services leaflet which included information for patients on counselling and support services available to them during times of bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours appointments on a Tuesday evening until 8.30pm for working patients who could not attend during normal opening hours. These appointments were available on a pre-bookable basis.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and telephone and pre-bookable face to face interpretation services were available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open between 8am until 6.30pm Monday to Friday. Extended hours appointments were offered until 8.30pm on a Tuesday evening. The practice offered a combination of routine appointments which were available on the day every day from 8am and a restricted amount of pre-bookable routine appointments which were bookable by telephone and via the on-line appointment booking system. The practice also provided telephone consultations and home visits and a GP telephone triage service on a daily basis.

The practice were also part of a 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.

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

- 70% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 55% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 61% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 66% and the national average of 76%.
- 90% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 32% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.

The practice were aware of their lower than average patient satisfaction results and were actively monitoring patient satisfaction in conjunction with the patient participation group (PPG) who were supporting the practice in conducting patient satisfaction surveys. The practice felt lower levels of satisfaction in relation to appointments was due to the design of the flexible appointments system whereby patients were required to book a routine appointment on the day they required an appointment, with limited pre-bookable appointments being available. Patients were able to pre-book extended hours appointments which were available on a Tuesday evening each week until 8.30pm. Although patient satisfaction results were lower when asked about ease of getting

Are services responsive to people's needs?

(for example, to feedback?)

through on the telephone and ability to get an appointment, patient satisfaction was in line with local and national averages when asked if their appointment received was convenient.

The design of the appointments system also aimed to reduce the amount of wasted appointments which may have been offered to other patients by patients who pre-booked an appointment and then did not attend, therefore improving the availability of appointments for those patients requesting them on the day.

The practice had a system to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. GPs provided a telephone triage service to assess the urgency of medical needs for patients requesting appointments.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 two complaints received in the last 12 months and found that these complaints were satisfactorily handled, and dealt with in a timely way with openness and transparency. We saw evidence that 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 as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement in place ‘to provide a traditional general practice service, in a modern world’ and staff we spoke with knew and understood the values of the practice which were to be honest, open, caring, responsive, effective, safe and well led.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held on a regular basis which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of meetings that the format of these meetings allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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). The partners encouraged a culture of openness and honesty. We found that 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 and staff felt supported by management.

- The practice held and minuted a monthly clinical multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- patients through the patient participation group (PPG) and through surveys and complaints received. During

Are services well-led?

Good 

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

our inspection, we spoke with two member of the PPG which we were told had been in place for approximately four years and met regularly. The PPG members supported the practice in carrying out patient surveys and submitted proposals for improvements to the practice management team. For example, improvements had been made to the practice telephone number and a landline telephone number was installed due to the previous Freephone telephone number causing expensive call costs to patients when they contacted the practice.

- the NHS Friends and Family test, complaints and compliments received.
- The practice had gathered feedback from staff through regular staff surveys; we saw evidence of the last annual staff survey audit report. 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 gained generally through staff meetings, appraisals and informal 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. The practice carried out regular analysis of the national GP patient survey results, we saw evidence of actions plans developed as a result with an aim to improve patient experience and satisfaction.

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.