Aylestone Surgery

Quality Report

Aylestone Health Centre
15 Hall Lane
Leicester
LE2 8SF
Tel: 0116 2837825
Website: www.leicestermedicalgroupppractice.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 Aylestone Surgery on 26 July 2017. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting, recording and reviewing significant events.
- The practice had systems in place to minimise risks to patient safety.
- Prescription forms and pads were stored securely and patients receiving high risk medicines were regularly reviewed.
- Staff were aware of current evidence based guidance and their training had provided them with the skills and knowledge to deliver effective care and treatment. There was also a focus on ongoing learning and training to maintain and develop skills.
- The practice aimed to provide patient centred care taking into account patients' needs and circumstances.
- Results from the national GP patient survey published in July 2017, were higher than local and national averages in most areas and showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain or raise concerns was available. Improvements were made to the quality of care because of complaints and concerns.
- Patients who commented on their care described the service as excellent and said that they were treated as individuals and felt staff were very caring. They said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was located in a modern purpose built building which provided good facilities and was well equipped to treat patients and meet their needs now and in the future
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients and we saw that this had been acted upon.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- From the documented examples we reviewed, we found there was an effective system for reporting, recording, and reviewing significant events. Analysis and discussion took place and lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong, patients were informed as soon as practicable and received support, information and, where appropriate an 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 to minimise risks to patient safety.
- Risks were assessed and actions taken documented.
- 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to or above local and national averages.
- We found that staff were aware of current evidence based guidance and used this to ensure effective treatment.
- Clinical audits demonstrated quality improvement.
- Staff were skilled and had the knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was personalised and coordinated with other services involved. There were regular meetings and frequent discussions with other services involved.

Are services caring?

Good

The practice is rated as outstanding for providing caring services.

Summary of findings

- Data from the national GP patient survey published in July 2017 showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Comments made on the CQC feedback cards reflected the positive experiences many patients had.
- Information for patients about the services available was accessible in the waiting area and on the website.
- We saw staff knew patients well and treated them with kindness and respect while maintaining patient and information confidentiality.
- When the practice was aware that a patient with a long-term condition was not well, the GP contacted them on a daily basis to review their condition and when necessary visited them to ensure safe care. The GP had decided to visit several patients he was concerned about before the Christmas break and arranged hospital admission for some because he was concerned about their condition.
- The practice identified carers and had arranged events to encourage them to access support available. Patients who were carers told us that the GP showed a personal interest in their well-being.
- The practice also referred patients to a local Care Navigator service to help support patients continue to be able to live in their own homes.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, several members of staff spoke community languages.
- Members of the PPG told us how responsive the practice had been and, for example, had changed the appointment system before and after bank holidays so that there were open sessions without pre-bookable appointments so that patients with urgent needs could be seen. There had also been an increase in GP appointments available.
- Patients on the day and in comments cards told us that they could make an appointment on the same day when needed.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had adequate modern facilities and was well equipped to treat patients and meet their needs now and in the future.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared in order to encourage improvement.

Are services well-led?

Good

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to it.
- There was a clear leadership structure and staff felt well supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- A 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 induction training, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partner and manager encouraged a culture of openness and honesty.
- The practice had systems in place to ensure staff were aware of notifiable safety incidents and alerts and ensuring appropriate action was taken.
- 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.
- There was a 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

Good

The practice is rated as good for the care of older people.

- The practice told us that they treated their older patients with the care, respect and dignity they deserved and offered proactive, personalised care to meet their needs.
- The practice had written to all their patients over 75 informing them of the named accountable GP responsible for their care. This helped to ensure continuity of care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs, and when necessary arranged urgent home visits from the crisis response team (CRT.)
- The practice offered and encouraged older patients to attend for flu, shingles, and pneumococcal vaccinations
- The practice had engaged with the local better care project and had developed appropriate care plans for elderly patients who were at risk of hospital admission.
- The practice identified at an early stage older patients who might need palliative care as they were approaching the end of life. They involved patients, families and carers in discussions and planning for end of life care.
- When patients were discharged from hospital the practice ensured that care plans and prescriptions for any new medicine were updated.
- Staff were able to recognise the signs of abuse in vulnerable older patients and knew how to escalate any concerns.
- Staff knew many of the patients well and if concerned about them, for example, if they seemed confused or distressed, they raised this with the clinical staff to help ensure care and support.
- Where older patients had complex needs, the practice shared summary care records with local care services. The practice held monthly multi-disciplinary meetings where the needs of patients, for example, receiving end of life care were discussed.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. With their consent patients were referred to a local 'Care Navigator' service which provided practical support and advice to help people live as independently as possible in their own homes.

Summary of findings

People with long term conditions

Outstanding 

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

- The practice had identified patients at risk of hospital admission and alerts on their records ensured same day contact with the GP and home visits where necessary.
- Nursing staff worked with the senior GP in long-term management of conditions such as diabetes and chronic obstructive pulmonary disease (COPD), with support from specialist nurses where possible.
- There were emergency processes for patients who experienced a sudden deterioration in their health. For example, the practice had identified patients who needed to be prescribed rescue medicines such as antibiotics for patients with COPD. This was documented in the care management plans.
- When the practice was aware that a patient with a long-term condition was not well, the GP contacted them on a daily basis to review their condition and when necessary visited them to ensure safe care. The GP had visited several patients he was concerned about before the Christmas break and arranged hospital admission for some because he was concerned about their condition.
- Where appropriate, referrals were made to specialists and a member of staff used the electronic referral service (ERS) with the patient present to avoid any delays in the process.
- When patients with long-term conditions were discharged from hospital the practice reviewed their care plans and ensured they were updated to reflect any changed needs such as medicines.
- The practice had a system to recall patients for a structured annual review to check their health and medicines needs were being met. Where possible patients with multiple long-term conditions were invited for one appointment to review all the conditions.
- For those patients with the most complex needs, the named GP worked with relevant healthcare professionals to deliver a multidisciplinary package of care. There were regular meetings to discuss patient needs.
- The practice referred patients to health and social care coordinators known as Care Navigators for support to live independently in their own homes.

Families, children and young people

Good 

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

Summary of findings

- The practice had systems in place to identify children who might be vulnerable, for example those who had a high number of accident and emergency attendances, or who did not keep hospital appointments and reviewed these cases, taking appropriate action where necessary.
- The practice kept a safeguarding register of all vulnerable patients including children and met monthly with the health visitor and school nurses to share information and concerns.
- Child development and child surveillance clinics and vaccination clinics were held at the same time so that the GP, practice nurse and health visitor were all on-site allowing easy sharing of information and concerns.
- Immunisation rates were relatively high for all standard childhood immunisations. The practice contacted parents who had not attended.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, with their preferences considered.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice actively supported breastfeeding and provided a private area for mothers to do this.
- The practice provided support for premature babies and their families following discharge from hospital, working closely with the health visitor based in the building.
- The practice provided antenatal and postnatal care with six weeks checks for the baby and a health check for the mother with consecutive appointments.
- The practice had emergency processes for acutely ill children and young people. The clinicians ensured their knowledge and competencies were up to date in order to recognise and respond to an acutely ill child, for example, by following sepsis guidance.

Working age people (including those recently retired and students)

Good

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

- The practice had taken into account the needs of these patients and had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, appointments at the and end of day were prioritised for working people.
- The practice offered vaccination for meningitis C to students who were the within the criteria of the national guidelines.

Summary of findings

- There were open access (i.e. not pre-bookable) appointments on Monday mornings and on the day after a bank holiday to help people who needed to see a GP quickly.
- The practice offered pre-bookable telephone consultations which working people found useful.
- The practice sent text message reminders of appointments.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this patient group. There was also information and links available on the practice website to encourage healthy living and self-help.
- The practice offered smoking cessation, and alcohol/drug abuse service referrals

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held registers of patients living in vulnerable circumstances including carers and those with a learning disability and encouraged these patients to have regular health checks. Alerts were placed on these patients records.
- Carers were able to see or speak to a clinician on the same day.
- People who were homeless were directed to a local primary care service specifically designed for homeless people.
- The practice delivered end of life care in a coordinated way which took into account the needs of those whose circumstances made them vulnerable. There were quarterly gold standard meetings which included the wider team of the hospice nurse, district nurse and community matron.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments for patients with a learning disability and for any other patient identified in their records as vulnerable.
- All cancer patients were included on a register and offered at least annual reviews with the GP.
- Staff were aware of those patients with visual impairment and offered to assist or escort them as needed around the practice.
- All staff were aware of the support offered by the Care Navigator service and, with the patient's consent, made referrals to this service which could help keep a vulnerable person living independently in their own home.
- There was also information available in the waiting area, on the in-house TV screen, and on the website about how to access various support groups and voluntary organisations.

- 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.
- Staff were able to describe situations where they had had concerns for patients and took action to keep them safe.

People experiencing poor mental health (including people with dementia)

Good

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

- Patients at risk of dementia were identified and offered an assessment.
- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which was above the local average of 86% and national average of 84%. Exception reporting was 5% compared with 10% locally and 7% nationally.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia, for example, offering patients newly diagnosed with dementia a series of tests such as for renal, liver and thyroid function. Thereafter the practice offered regular health checks and medicines reviews.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice's ratings for mental health care was comparable with other practices, for example, 90% of patients with severe mental health problems had a comprehensive agreed care plan documented in their record in the preceding 12 months compared with the local average of 93% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice referred patients with poor mental health to a variety of services which provided counselling, cognitive behavioural therapy, and advice and listening. It worked closely with the local mental health coordinator.

Summary of findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia, for example, by offering longer appointments with the patient's regular GP unless in an emergency.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. 309 survey forms were distributed and 105 were returned. This represented a 34% return rate and 3.4% of the practice's patient list. The results showed the practice was performing in line or above local and national averages.

- 80% 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%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with 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 45 comment cards which were overwhelmingly positive about the standard of care received. Patients said they felt that everyone, from reception staff to the GP provided an excellent service. We were told that clinical staff were patient, caring and treated patients as individuals and listened to them and that staff were very pleasant, friendly, respectful, helpful, and caring.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We were given examples of situations where a GP had contacted patients to check how they were feeling without being asked to. The practice's friends and families test results showed that over the previous 12 months 100% were likely or very likely to recommend the practice to family and friends.

Aylestone Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Aylestone Surgery

Aylestone Surgery is located in Aylestone Health Centre which is a modern purpose built building with a lift and parking, including disabled parking. It has automatic doors, a hearing loop, an on-site wheelchair, and on-screen announcement of appointments. The practice provides primary medical services under a General Medical Services contract to around 3000 patients in a residential area of Leicester. The practice's services are commissioned by the Leicester City Clinical Commissioning Group (LCCCG). The practice's provider is Leicester Medical Group which is a partnership operating two separate locations, one in Aylestone and one in Thurmaston which is some distance away. There are two GP partners, one of whom is based at the Aylestone Surgery. Staff are also based at one location except in emergencies.

There is one senior male GP based full-time at Aylestone who provides nine clinical sessions each week. The practice employs GP locums to provide two to four sessions each week and when possible these are female. There is a female practice nurse who is also the practice manager and a female health care assistant who works half-time.

- The practice is open between 8am and 6.30pm Monday to Friday.Routine appointments are from 9am to midday and 3pm to 6pm. The duty doctor is available from 8am to 6.30pm. There are no routine appointments on Thursday afternoon after 1pm. The phone is redirected to Prime Care (a manned external answering service) who are able to contact the GP in an emergency or advise the patient to attend one of the healthcare hubs in Leicester. There is another telephone line for healthcare professionals and social services which is answered during this time.
- Out of hours services are provided by Derbyshire Health United (DHU) via the 111 telephone number. Patients are directed to the correct numbers if they phone the surgery when it is closed.
- Patients registered with Leicester City practices can also access (initially by telephone) three 'Healthcare Hubs' (located at health centres/GP practices) during evenings and weekends.
- Leicester is the 25th most deprived local authority area in England and the practice catchment area includes patients living in the fourth most deprived decile of areas in England.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 26 July 2017. During our visit we:

- Spoke with a range of staff including the GP partner, the practice nurse/manager and administration/reception staff.
- Also spoke with patients who used the service and we observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us significant events and incidents were reported to the practice manager or to the GP partner and that they completed the form available to document it.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From a sample we reviewed we found that when things went wrong with care or treatment, patients were informed as soon as reasonably practicable, received support, information, a written apology (where appropriate) and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. Records reviewed showed the practice carried out a thorough analysis of significant events, and identified any trends and learning which was shared with staff in their regular meetings.
- All patient safety alerts (including from the Medicines and Healthcare products Regulatory Agency (MHRA) were received by the GP partner and practice manager who arranged patient record searches to identify any patients potentially affected. They were then discussed at the weekly clinical meetings and actions decided on. Any patients affected were invited in for an appointment to discuss any changes in medicine required. We checked a sample of recent alerts and, for example, we saw one that related to a medicine used to treat epilepsy had been actioned appropriately.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.

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 children and vulnerable adults 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. We saw examples of safeguarding referrals that had been made. The senior GP attended safeguarding meetings when possible or provided reports where necessary for other agencies. The practice also had developed effective working relationships with health visitors and school nurses and shared any concerns with them.
- Staff interviewed had received training on safeguarding children and vulnerable adults relevant to their roles. They could explain their responsibilities regarding safeguarding. They were able to describe situations where they had raised concerns about a patient and the GP had contacted the patient and helped ensure they received much-needed support. GPs and the practice nurse were trained to child protection or child safeguarding level three.
- Notices in the waiting areas and consulting rooms 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/nurse monitored cleaning schedules and also ensured that treatment rooms were regularly checked.
- The practice manage/nurse was the infection prevention and control (IPC) lead who liaised with the local infection prevention teams to keep up to date with

best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- 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). The GP explained that he sometimes gave patients brief written instructions, for example, when they needed to reduce a medicine gradually, such as steroids.
- Processes for handling repeat prescriptions included, for example, the review of high-risk medicines such as lithium, warfarin and methotrexate. Patients prescribed these medicines had blood tests in line with NICE guidance.
- 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. Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. There were also patient specific directions (PSD) to enable the health care assistant administer medicines to specific patients.

We reviewed three 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 DBS.

Monitoring risks to patients

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

- There was a health and safety policy available and a health and safety poster was displayed.
- The practice had an up to date fire risk assessment and had carried out regular fire drills. There was a designated fire warden within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. The practice could show where it had undertaken risk assessments and what action had been taken.
- Records showed that all electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH) infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. The practice had recently increased the number of GP appointments available by over 20% by contacting locum GPs for two to four sessions per week.

Arrangements to deal with emergencies and major incidents

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

- 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks which were checked regularly. 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.
- 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 and suppliers. If necessary, the practice could access this and patient records at its other location.

Good

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 via the practice intranet 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 checks of patient records and regular discussion at clinical meetings. The senior GP reviewed non-two-week wait referrals made by locum GPs to ensure they were appropriate.
- Clinicians met briefly after morning surgery to discuss any concerns or issues about patient care.

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 99% of the total number of points available compared with the local average of 94% and national average of 95%.

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

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 80% compared with the local average of 77% and national average of 78%.
- Performance for mental health related indicators at 90% was comparable to the CCG average of 93% and national average of 89%.
- The practice had an overall exception reporting rate of 4.5% which was below the CCG average of 5.6% and national average of 5.7%. Exception reporting is the removal of patients from QOF calculations where, for example, patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

There was evidence of quality improvement including clinical audit:

- There had been five clinical audits commenced in the last two years, three of which were completed audits where the improvements identified were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring all patients prescribed any anticoagulation medicine were on a register to ensure effective monitoring and prescribing.

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 was kept under review using feedback from staff and 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, those reviewing patients with long-term conditions such as chronic obstructive pulmonary disease (COPD) attended regular updating training.
- The member of staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. They kept up to date with changes to the immunisation programmes, for example by attending training, accessing on line resources and discussion at practice meetings.
- The learning needs of staff were identified through appraisals, meetings and reviews of practice development needs and staff requests. Staff told us that they felt encouraged and supported to develop new skills. 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

Good

Are services effective?

(for example, treatment is effective)

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.

- Staff had received a variety of training that included safeguarding, fire safety awareness, basic life support, dementia awareness 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

Relevant staff had timely access to the information they needed to plan and deliver care and treatment through the practice's patient record system and their internal computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results. We found that any incoming information was dealt with by the GPs promptly on the same day and that clinicians met briefly at the end of morning surgery to discuss any concerns they had about patients.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. The senior GP also reviewed non-two-week wait referrals made by locum GPs.
- Special patient notes had been created and were available to out of hours services. These notes provide information for clinicians about the patient's condition and treatment.

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 quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. Child development and vaccination clinics were jointly held with the GP, practice nurse and health visitor on-site allowing easy sharing and communication of any issues identified.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of patients, including those whose circumstances made them vulnerable. There was close working with a local hospice and anticipatory medicines were put in place.
- The GP had recently started to schedule proactive reviews of residential care home patients working with the care home prescribing pharmacist to ensure safe prescribing.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinicians have completed training in the Mental Capacity Act and the Deprivation of Liberty safeguards
- 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, for example, ensuring written consent for joint injections.

Supporting patients to live healthier lives

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

- Patients who were experiencing difficulties in their home environment were referred to a local Care Navigator service, which provided practical help and support to help people live safely in their own home. The service was provided by Leicester City Council and Leicester Clinical Commissioning group (CCG).

Good

Are services effective?

(for example, treatment is effective)

- Patients were also referred to the local 'Health Trainer' service for advice and practical support with smoking cessation, dietary advice, and generally achieving a healthier lifestyle.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/ national averages. For example, rates for the vaccines given to under two year olds ranged from 93% to 100% and five year olds from 92% to 93%.
- The practice's uptake for the cervical screening programme was 88%, which was above the CCG average of 78% and the national average of 81%.

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 ensuring a female sample taker was available and working with the carers of people with a learning disability. There were 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. 81% had attended for breast cancer screening in the last 36 months, which was above the CCG and national averages of 73%.

56% had attended for bowel cancer screening in the last 30 months, which was above the CCG average of 45% and comparable with the national average of 58%. The CCG was planning a local initiative to improve these rates which would involve GPs contacting patients to encourage them to take the screening test. The practice welcomed this initiative and planned to be fully involved with it.

The practice actively promoted appropriate health assessments and checks through posters, on its website and when patients visited the surgery. These included health checks for new patients and NHS health checks for patients aged 40–74. There were appropriate follow-ups for the outcomes of health assessments and checks where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in 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.
- The practice employed female locum GPs for up to 2 days per week where ever possible so that patients could choose to see a female GP.

All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt that everyone at the practice provided an excellent service and that staff were helpful, polite and caring. One patient told us that there was a caring culture from top to bottom.

We spoke with six patients including two members of the patient participation group (PPG). They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when patients needed help and provided support when required. Patients told us that the senior GP considered his patients as individuals and was genuinely caring and concerned for them.

Results from the national GP patient survey published in July 2017 showed patients felt they were treated with care, dignity and respect. The practice's scores were higher in many areas than local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% 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%.
- 87% of patients said the GP gave them enough time compared with the CCG average of 83% and the national average of 86%.
- 95% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 93% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared with the local average of 81% and national average of 91%.
- 94 % of patients said the nurse was good at listening to them compared with the CCG average of 88% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 98% 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%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the local average of 87% and national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared with the CCG average of 80% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt staff involved them 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. At times they had been asked to return for a second appointment so that they had more time to consider their options. Patient feedback from the comment cards we received was also positive and mirrored these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals, for example, the practice offered contraception and daily prescribing for young people.

Good

Are services caring?

Results from the national GP patient survey published in July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages in most areas. For example:

- 90% 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%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 77% and national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 82% and national average of 85%

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about staff who spoke community languages who might be able to support them.
- Information leaflets were available in easy read formats and in several community languages.
- The Electronic Referral Service (ERS) was used with patients as appropriate. The patient could sit with the member of staff in a private room off reception and make choices available which were inputted immediately. (ERS has replaced the Choose and Book service. It 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 television screen. Support for isolated or housebound patients included signposting to relevant support and volunteer services and where appropriate a referral to a local Care Navigator service which supported people to remain in their own homes.
- The practice's computer system alerted GPs if a patient was also a carer.The practice had identified 45 patients as carers (1.45% of the practice list). Staff were encouraged to be aware of situations where elderly patients were in caring roles and might need support, for example, from the Care Navigator service. There was also written information available to direct carers to the various avenues of support available to them.
- Older carers were offered timely and appropriate support, for example, flu and other appropriate vaccinations and annual health checks.
- The practice had held a carers' event inviting a local service and PPG members to provide advice about support available.A member of the PPG was very active in a local carer's support group and had arranged for regular visits to encourage patients to let the practice know of any caring responsibilities they had.
- A patient who was helping care for a relative told us that the GP had contacted them to see how they were feeling and to offer support.
- Staff told us that if families had experienced bereavement, the GP contacted them or sent them a sympathy card. On occasions where he knew the family well the GP had attended funerals or visited the family. This was followed by offering advice about support services available.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. The practice had a good understanding about the age, ethnicity and deprivation factors affecting its patients. The catchment area included people living in deprived circumstances. The practice worked with the Leicester City Clinical Care Commissioning Group (CCG) and with the locality group of eight practices that met monthly to look at local population needs. For example, the practice was hoping to offer ear wax micro-suction for patients within the locality.

- We found good access to appointments with a GP and nurse, with on the day appointments available. Appointments could be booked up to 2 weeks in advance with a GP and six weeks in advance with the nurse or health care assistant.
- On Mondays and on days following a bank holiday the practice did not offer pre-bookable appointments to enable maximum on the day access to a GP or nurse.
- The practice did not offer extended hours but patients were able to access three Healthcare 'Hubs' providing GP services to patients registered with GPs in Leicester City. These were open until 8pm. Information about how to access the Hubs was available at the surgery and on its website.
- Longer appointments were available for patients with a learning disability.
- Certain vulnerable patients such as those with severe depression, mental health issues and learning disabilities had an 'open access 'alert on their patient record to ensure that they saw or spoke to the GP on the same day.
- Home visits were available for older patients and patients who had clinical needs that resulted in difficulty attending the practice.
- Requests for urgent home visits were triaged by a GP or nurse and if it was felt an urgent visit was needed early in the day, perhaps because of potential hospital admission, the practice contacted the crisis response team (CRT) which is a paramedic led service funded by the CCG.
- Patients receiving end of life care would be visited by the GP who was aware of the patient's situation and of any advance care plans in place.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS. Patients were referred to other clinics for vaccines only available privately.
- The practice had completed an audit about accessibility for patients with disabilities and there was a lift, disabled parking, and a hearing loop at reception
- Interpretation services were available and clinical and support staff spoke a range of community languages but owing to the demographics of the patient population these were rarely used.
- There was a room available adjacent to the reception area which was available for those patients who wished to speak to a receptionist in private.

Access to the service

The practice kept its opening hours and appointment availability under review, seeking feedback from patients and the PPG. The surgery was open from 8am until 6.30pm, Monday to Friday.

On Thursday afternoons, the main telephone line was diverted to the Prime Care Service and patients referred to the Hubs if necessary. Prime care contacted the on-call GP if a patient contacting them was one identified as vulnerable or at risk of unplanned hospital admission. The practice then contacted the patient and took appropriate action. There was a second incoming telephone line for health care professionals and social services which was answered as normal. The practice used this afternoon for training, meetings and for a review of the week ensuring, for example, that any rejected referrals were checked as correct, any significant events reviewed and staff checked that all tasks had been carried out as a failsafe exercise. The CCG was aware of this practice.

Results from the national GP patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was comparable or above local and national averages in most areas.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 75% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and national average of 71%.
- 81% 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 76% and the national average of 84%.
- 82% of patients said their last appointment was convenient compared with the CCG average of 73% and the national average of 81%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and often on the day or next day.

The practice worked with its patient participation group and undertook annual surveys. The most recent found that 96% of those surveyed found it easy to get through to someone at the surgery by telephone and also that the receptionists were very helpful.

The practice had a system to assess:

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

Requests were triaged by the nurse or on-call GP and either arranged to visit the patient later in the day or made alternative emergency arrangements for example asking the crisis response team (CRT) to visit.

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. For example, there was a leaflet that asked patients to give feedback and complain if they wished to.
- Reception staff told us that if they were aware that a patient was unhappy they asked if they wanted to have a private conversation with the reception manager in the adjacent room so that any problems could be solved as quickly as possible.

We looked at three complaints received in the last 12 months and found that all had been fully documented and timely responses had been given to patients. In some circumstances the practice had offered to meet with the complainant to discuss their concerns if this was appropriate. We also saw minutes of practice meetings where the complaints were discussed and learning from them identified. Staff told us they were comfortable about raising any area of concern or complaint, as they knew it would be treated as an opportunity for learning.

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 patient centred high quality, safe and responsive care in a way that did not compromise positive traditional values. Staff knew and understood these values.

- The practice had a clear strategy and supporting business plans that reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a 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. The senior GP had lead roles in key areas, for example, safeguarding and staff were comfortable about seeking advice from him.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice and suggest improvements.
- There were brief daily meetings involving clinicians where any concerns about patients could be discussed.
- 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. The practice manager/nurse ensured robust checks relating to the safety of staff and patients, for example, related to legionella and COSHH (control of substances hazardous to health).
- We saw evidence from minutes that the practice had a meetings structure that allowed lessons to be learned and shared following significant events and complaints.
- Staff told us they felt comfortable raising any issues or concerns at these meetings or at any other time.

Leadership and culture

On the day of inspection, the partner and practice manager 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 patient centred care. Staff told us the partner and manager were approachable and always took the time to listen to all members of staff.

The practice encouraged a culture of openness and honesty. For example, the provider 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). From the examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment the practice gave patients information, support and where appropriate a verbal and written apology.

- The practice encouraged staff to record any verbal complaints or concerns so the practice could learn from these as well as from complaints raised formally.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. The senior GP also met with health visitors to monitor vulnerable families and any safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they felt comfortable and supported to raise any issues at team meetings or with the practice manager or GP.
- Staff said they felt respected, valued and supported by the senior GP and manager in the practice. They told us they felt comfortable about making suggestions to help improve the service and that they were listened to. All of the staff we spoke to told us how much they enjoyed working at the practice.

Are services well-led?

Good

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

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. The PPG met regularly, reviewed the results of patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had become concerned about patients accessing appointments before and after bank holidays. The practice had introduced open sessions on these days (with no pre-bookable appointments) to help ensure that patients with relatively urgent needs could be seen.
- The NHS Friends and Family test, complaints and compliments received and an annual patient survey
- Staff 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. For example, the practice was participating in a project to improve national bowel cancer screening by contacting patients who hadn't responded to the test invitation to see if patients would take part in the screening programme which would help early diagnosis of bowel cancer.