

Dr Manoj Maini

Quality Report

54 Main Street

Desford

Leicester

LE9 9GR

Tel: 01455 828947

Website: www.desfordmedicalcentre.co.uk

Date of inspection visit: 02 March 2016

Date of publication: 16/05/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr Manoj Maini	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Manoj Maini on 02 March 2016. Overall the practice is rated as good.

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

- The practice had developed protocols on the patient record system as a result of new guidelines, the system then alerted GPs to carry out certain tests for specific medical conditions.
- There was an effective system in place for reporting and recording significant events and staff were aware how to report an incident. However, a summary of significant events was not maintained to identify potential trends.
- Detailed discussions were held to ensure lessons were learnt and shared, however minutes did not always record who was responsible for agreed action points and when they should be completed by.
- There were embedded systems in relation to obtaining, prescribing, recording, handling, storing and security of medicines.
- Data from the Quality and Outcomes Framework showed patient outcomes were average compared to the national average. The practice had high exception reporting in some clinical areas, however had investigated the reasons for exception reporting and taken action.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. This included the community matron, integrated care co-ordinator, district nurse and LOROS (a county based charity specialising in hospice care for persons over the age of 16).
- Referrals through the choose and book system were made during a patient consultation and GPs completed the referral template with the patient.
- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were very satisfied with the care and treatment received and staff treated them with dignity and respect.
 - The practice supported patients and carers emotionally with their care and treatment and signposted them to relevant support groups as required.
 - The practice engaged with the NHS England Area Team and Clinical Commissioning Group to review the needs of the local population and participated in service improvements and local initiatives. For example, utilising the local area co-ordinator to ensure patients social care needs were also cared for.
 - Patients told us they found it easy to make an appointment with a GP and nurse.
 - Information about how to complain was available in the patient waiting area. However, aspects of the complaints procedures was not in line with recommended guidance.
 - The practice had a clear vision to support the delivery of good quality care and staff were aware of their roles to achieve the vision.
 - There were arrangements for identifying, recording and managing risks. Actions were carried out to mitigate potential risks.
 - There was a clear leadership structure in place and staff felt supported by management.
 - There was an active patient participation group which met on a regular basis and assisted with health promotion. The practice acted on feedback from the group and also feedback from patients and staff.
 - The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The areas where the provider should make improvements are:
- Maintain a summary of significant events to identify trends.
 - Record when agreed actions should be completed by within meetings.
 - Ensure annual registration with professional bodies, for instance General Medical Council and Nursing and Midwifery Council, are checked for all clinical staff.
 - Ensure complaints procedures and policies are in line with recommended guidance.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events and staff were aware how to report an incident. However, a summary of significant events was not maintained to identify potential trends.
- Detailed discussions were held to ensure lessons were learnt and shared, however minutes did not record who was responsible for agreed action points and when they should be completed by.
- Staff were knowledgeable about the actions they would take if they had any safeguarding concerns and were aware who the safeguarding lead was.
- The premises were visibly clean and tidy.
- There were embedded systems in relation to obtaining, prescribing, recording, handling, storing and security of medicines.
- Risks to patients were assessed and actions put in place where identified.
- There were plans in place in the event of a major disruption to the service and all staff were aware of this.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had developed protocols on the patient record system as a result of new guidelines, the system then alerted GPs to carry out certain tests for specific medical conditions.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were average compared to the national average. Where the practice had removed patients from QOF calculations, work had been carried out to identify the reasons for this and took relevant action.
- Clinical audits were carried out and improvements made to the service provision as a result.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place to ensure all incoming mail, including pathology results, were reviewed by a GP on a daily basis.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. This included the community matron, integrated care co-ordinator and district nurse.
- Referrals through the choose and book system were made during a patient consultation and GPs completed the referral template with the patient.
- A range of health assessments and checks were available.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were very satisfied with the care and treatment received and staff treated them with dignity and respect.
- Information for patients about the services available was displayed in patient waiting areas and was easy to understand.
- We saw staff were polite and professional, they treated patients with kindness and respect, and maintained patient confidentiality.
- The practice supported patients and carers emotionally with their care and treatment and signposted them to relevant support groups as required.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice engaged with the NHS England Area Team and Clinical Commissioning Group to review the needs of the local population and participated in service improvements and local initiatives. For example, utilising the local area co-ordinator to ensure patients social care needs were also cared for.
- An access checklist had been carried out to identify any areas where reasonable adjustments may be required and action was taken as a result.
- Patients told us they found it easy to make an appointment with a GP and nurse.
- Data from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than the national averages.
- Information about how to complain was available in the patient waiting area. However, aspects of the complaints procedures was not in line with recommended guidance.

Summary of findings

Are services well-led?

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

- The practice had a clear vision to support the delivery of good quality care and staff were aware of their roles to achieve the vision.
- Practice specific policies were implemented and were available to all staff.
- There were arrangements for identifying, recording and managing risks. Actions were carried out to mitigate potential risks.
- There was a clear leadership structure in place and staff felt supported by management.
- There was an active patient participation group which met on a regular basis and assisted with health promotion. The practice acted on feedback from the group and also feedback from patients and staff.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

Good



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 provider is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent on the day appointments.
- Those at high risk of hospital admission and end of life care needs were identified and reviewed regularly, this included working with other health professionals to provide co-ordinated care.
- Those identified as high risk had a care plan in place and multi-disciplinary meetings were held on a monthly basis to discuss ongoing needs.
- The practice referred patients to the local area co-ordinator who was able to identify specific social needs and make appropriate referrals to relevant services.
- Two GPs had completed a frailty course to assist with the identification of conditions of frailty and implement early interventions.

People with long term conditions

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

Requires improvement



- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had higher than average exception reporting (where the practice had removed patients from QOF calculations) in relation to patients with long-term conditions. Work had been carried out to identify the reasons for this and the practice took relevant action.
- Performance for diabetes related indicators, for example monitoring of blood sugar levels, was better compared to the national average. 86% compared to 78%.
- The practice offered longer appointments and home visits to those that needed it.
- A structured annual review was carried out to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care, for instance heart failure service.

Summary of findings

- A diabetes nurse specialist provided a monthly clinic for complex diabetic patients.
- A chronic kidney disease (CKD) nurse specialist attended the practice to maintain the CKD register of patients.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates for the standard childhood immunisations were mixed. For example,
- 80% of patients diagnosed with asthma had an asthma review in the last 12 months. This was slightly higher than the national average of 75%.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a room for antenatal visits so pregnant women could be seen at the surgery.
- The practice offered contraception services, including the insertion and removal of contraceptive implants.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services to book appointments and order repeat prescriptions.
- Health promotion advice was offered during consultations and a range of accessible health promotion material was available in the patient waiting area.
- Telephone consultations were also available.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Same day appointments were available for patients from the travelling community.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and ensured regular reviews and care plans were in place.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities and knew how to contact relevant agencies in normal working hours and out of hours.
- All staff had received training in safeguarding vulnerable adults and children.
- The practice referred patients to the local area co-ordinator who was able to identify specific social needs and make appropriate referrals to relevant services.

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).

Good



- 79% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.
- 100% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia. This included working closely with and making referrals to the mental health facilitator.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Longer appointments were available for patients who needed additional support from the GP.

Summary of findings

What people who use the service say

The national GP patient survey results was published on January 2016. The results showed the practice was performing above national averages. 233 survey forms were distributed and 120 were returned. This represented 3% of the practice's patient list.

- 93% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 96% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 95% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection, we also asked for CQC comment cards to be completed by patients before our inspection. We received 14 comment cards, which were all positive about the standard of care received. The comment cards stated the practice provided a good star service and that patients felt listened to.

We spoke with four patients during the inspection. They said they were happy with the care they received and thought all staff from reception to the GP were approachable. The NHS Friends and Families Test (FFT) results for the last three months showed that 99% (80 out of 81 returns) of patients would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Maintain a summary of significant events to identify trends.
- Record when agreed actions should be completed by within meetings.
- Ensure annual registration with professional bodies, for instance General Medical Council and Nursing and Midwifery Council, are checked for all clinical staff.
- Ensure complaints procedures and policies are in line with recommended guidance.

Dr Manoj Maini

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Manoj Maini

Dr Manoj Maini, also known as Desford Medical Centre, is a GP practice providing primary medical services to around 4,211 patients within the Hinkley and Bosworth area. West Leicestershire Clinical Commissioning Group (WLCCG) commission the practice's services.

The service is provided by a senior GP (male) and two female salaried GPs. There is a nursing team comprising of a locum practice nurse and a healthcare assistant. A practice manager and a team of reception and administration staff support them.

The practice is located within a single-storey building and all patient facilities are easily accessible.

The practice is open from 8am to 6.30pm Monday to Friday. Appointments are available between 8.30am and 11am and 3.3pm and 6pm. Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest walk-in centre to treat minor illnesses and injuries, as well as accident and emergency departments.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 02 March 2016. During our visit we:

- Spoke with a range of staff, including GPs, practice manager, healthcare assistant and administrative and reception staff.
- Spoke with patients who used the service and observed how patients were being cared for.
- Reviewed an anonymised 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.

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?

Detailed findings

- Is it well-led?

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff would inform the practice manager of any incidents and knew how to record incidents using a reporting template. All completed forms were kept in the reception office.
- The practice also recorded positive significant events and discussed what went well and shared good practice amongst all staff members.
- Incidents and significant events were discussed at staff meetings, including any changes to service provision as a result of the incident or event to improve safety in the practice. However, we noted meeting minutes did not always highlight who was responsible for the action and when the action should be completed by.

When there were unintended or unexpected safety incidents, patients received a verbal or written apology, an explanation regarding the incident and were told about any actions to improve processes to prevent the same thing happening again. If appropriate, patients were invited to attend the practice and have a meeting with a GP.

The practice did not maintain a summary of significant events to identify and review any emerging trends, although the practice reported minimal numbers of significant events.

All safety alerts, including alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), were circulated to GPs and a folder was maintained by the practice manager. Staff confirmed that they received the alerts and signed the documentation to say they had read the alert and understood it.

Overview of safety systems and processes

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

- The practice had safeguarding children and vulnerable adults policies in place that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns

about a patient's welfare. Staff were aware of their responsibilities and knew who the lead staff member was for safeguarding. All staff had received training in safeguarding adult and children relevant to their role. Any ongoing safeguarding concerns would be discussed at GP meetings, however health visitors did not attend GP meetings where safeguarding concerns were discussed regarding children. The practice manager told us they had made contact with the health visitors but had been unsuccessful in getting someone to attend. Health visitors were contacted and available through a single point of access and contact was made with health visitors if a child did not attend multiple appointments.

- A notice in the waiting room advised patients that chaperones were available. All staff who acted as chaperones were trained for the role and received a Disclosure and Barring Service check (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 observed the premises to be visibly clean and tidy. The practice nurse had recently left the practice and the practice manager was acting an infection control lead temporarily. They had liaised with the local infection prevention teams to ensure current practice was in line with up to date best practice and identify any areas for improvement. There was an infection control protocol in place and staff had received up to date training. We saw records of monthly infection control audits and cleaning checklists that were available in each room.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice nurse was assessed as competent by the GP. The practice had a system for the production of Patient Specific Directions to enable

Are services safe?

Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. The practice also had a clear system in place to monitor prescriptions that had not been collected.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body (for example, General Medical Council and Nursing and Midwifery Council) and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice did not have a system in place to carry out annual checks of the registration of staff with the appropriate professional body, including the General Medical Council (GMC) and Nursing and Midwifery Council (NMC). GPs and nursing staff are required to renew their registration on an annual basis.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available that identified local health and safety representatives and a health and safety risk assessment had been completed. The practice had up to date fire risk assessments and regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A detailed risk assessment had also been carried out for the control of substances hazardous to health (COSHH).

- There was a rota system in place for staff to ensure that enough staff were on duty to meet the patient needs. Staff covered each other's planned leave, as well as sickness.
- At the time of our visit, the practice did not have a practice nurse, however a locum practice nurse worked three to four clinics per week. The locum nurse had previously worked at the practice and was familiar with the patients. All appropriate recruitment checks had been carried out before employment, including evidence of qualifications.
- The practice used a local agency for locum GPs. We saw that the appropriate recruitment checks were carried out before employment. This included references, identification, that they were registered on the local performers lists and registration with the appropriate professional body. A locum information pack and 'frequently used folder' was also available to all staff, including locums, to ensure staff followed and worked to the same policies and protocols.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the patient record system in all the consultation and treatment rooms. This alerted staff to any emergency and the location of the emergency.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and contact details of service providers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' individual needs.
- The practice had developed protocols on the patient record system as a result of new guidelines. The system had also been set up to alert GPs to carry out relevant tests, for example to monitor blood sugar levels for women with gestational diabetes.
- The practice monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.9% of the total number of points available, with 14% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators, for example monitoring of blood sugar levels, was better compared to the national average. 86% compared to 78% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was lower than the national average. 72% compared to 84% nationally. The practice exception reported minimal numbers of patients (4%) and was in line with the CCG (4%) and national averages

(4%). The practice had recently bought a blood pressure machine for the waiting area to encourage patients attending the practice to take their blood pressure and this would be recorded on their patient record.

- Performance for mental health related indicators was better compared to the national average. For example, 100% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 89%. Although, 79% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%. Overall, the practice was higher than average for the percentage of patients exception reported regarding mental health related indicators. The practice exception reported 27% compared to 21% for the CCG average and 11% for the national average.

The practice had high exception reporting in various clinical targets, in particular diabetes was higher than the CCG and national averages. The practice had a 17% exception reporting rate compared to 10% within the CCG and 11% nationally. The practice also told us patients who were housebound had their blood test and blood pressure taken by a district nurse, however any other monitoring for specific medical conditions, for instance, diabetes, was not routinely carried out. The practice provided us with evidence to show they were actively asking patients to attend the practice for a review and sending invite letters. However, were aware their exception reporting was high and had started additional work with clinical colleagues to ensure all staff worked to the same processes.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, improvements were implemented and monitored as a result. Each audit had been completed a second time to monitor any changes. As a result of a medicine managers audit, a folder of alerts, including Medicines and Healthcare products Regulatory Agency (MHRA) was available to all GPs and prescribing guidelines were emailed to GPs.
- The practice participated in local audits which were led by the local CCG, as well as informal external peer review.
- The practice had plans in place to carry out practice specific audits, which included two week-wait referrals.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. All new employees were supervised for two weeks and also had a six month review. The induction programme 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, training courses and protected learning time.
- The learning needs of staff were identified through a system of appraisals 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 during one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. We saw evidence of clinical supervision and additional development of the healthcare assistant to enhance their skills as well as improve patient services. This included competencies for ear syringing and flu vaccinations.
- Each staff member was responsible for their personal development and demonstrated on-going development and attendance at local protected learning time events. Two of the GPs had completed a frailty course organised by the CCG to train GPs in conditions leading to a frailty to enable earlier intervention.
- Staff received training that included: safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

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.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- There was a system in place to ensure all incoming mail, including pathology results, were reviewed by a GP on a daily basis.
- We saw that unplanned admissions or frequent accident and emergency attendances were reviewed.

Staff worked together and with other health and social care services 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.

- A protocol was in place to ensure a flag was put on the patient record system to alert GPs that a patient had been discharged from hospital. Any changes to medicine as a result of a hospital admission were reviewed by a GP.
- Special patient notes were used to share information with the out of hours service.
- The practice had specific referral forms when referring a patient to the district nursing teams.
- Referrals through the choose and book system were made during a patient consultation and GPs completed the referral template with the patient. The patient was asked to contact the practice if they had not received an appointment within one week when a referral was made for a two week wait appointment.
- The practice proactively worked within multi-disciplinary teams, including the community matron and integrated care co-ordinator and met on a

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

monthly basis. Palliative care meetings were held on a bi-monthly meeting which included district nurses and staff from LOROS (a county based charity specialising in hospice care).

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 (MCA). All staff had training in MCA. 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.
- Consent for minor surgery, including joint injections, was obtained and recorded on the patient system. Patients were provided with relevant information to ensure a fully informed decision was made.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet. Patients were then signposted to the relevant service.
- Various information and leaflets were available in the patient waiting area. This included local area co-ordinator, Desford Good Neighbours and Sport in Desford. Information regarding various mental health services were also available.

The practice's uptake for the cervical screening programme was 83%, which was slightly higher than the CCG average of 78% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for 2014/15 was slightly higher than the CCG averages.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% and five year olds from 98% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw that staff members were polite and professional to patients and treated them with dignity and respect. We noted that conversations between reception staff and patients were managed confidentially.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew if patients wanted to speak in private, they could offer them a private room to discuss their needs.

All of the 14 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 respectful.

We spoke with the chair and a member of the patient participation group. They told us the practice offered excellent patient care and patients were general very happy with the service provided.

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

- 93% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 86%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 94% said the nurse was good at listening to them compared to the CCG average of 91% and national average of 91%.
- 97% said the nurse gave them enough time (CCG average 92%, national average 92%).

- 99% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).
- 98% said they found the receptionists at the practice helpful (CCG average 86%, national average 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 to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 97% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 87% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 91% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of local support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.9% of the practice list as carers. Carer referral forms to a local support group were available in the patient waiting area.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP would either telephone or send a condolence

card to the families. Reception staff were alerted and made aware that patients could be given an appointment to see the GP at any time. The practice also provided information to the families regarding relevant support groups.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability and for those whose circumstances made them vulnerable.
- Home visits were available for older patients and other patients who would benefit from these, including patients experiencing poor mental health.
- Same day appointments were available for children and those with serious medical conditions.
- Same day appointments were available for patients from travelling communities.
- There were disabled facilities, translation services and a portable hearing loop were also available.
- Patients were able to request prescriptions through an on-line service.
- The practice engaged with the local diabetes nurse specialist services who provided a monthly clinic for complex diabetic patients.
- All patient facilities were located on the ground floor and an access checklist had been completed to identify any areas where reasonable adjustments may be required to ensure all patients could access the services without difficulty.
- The practice worked closely with the local area co-ordinator to ensure patients received relevant support to access support groups or get assistance with social care needs. The practice was one of the highest referrers to the scheme.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice provided a room for antenatal visits so pregnant women could be seen at the surgery.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointments are available between 8.30am and 11am and 3.3pm and 6pm. The practice offered telephone consultations at the end of every morning clinic and an

open clinic on a Monday morning. In addition the practice offered pre-bookable appointments four weeks in advance. Urgent appointments were also available for patients that needed them.

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

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 93% patients said they could get through easily to the surgery by phone (national average 73%).
- 47% patients said they always or almost always see or speak to the GP they prefer (national average 36%).

Patients told us they were able to get appointments when they needed them, this included the GP and nurse. The practice told us there had been no impact on appointment availability to see a nurse since the practice nurse had left. They also told us a GP telephoned when results from tests were available and were available for home visits if needed. All 14 comment cards we received were positive about access to the practice.

Listening and learning from concerns and complaints

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

- Staff knew how to support patients in raising concerns or complaints with the practice.
- Its complaints policy and procedures stated that complaints should be raised within six months of the incident that caused the problem or within six months of discovering that there is a problem. Recognised guidance for GPs in England state complaints should be made within 12 months of the incident.
- There was a designated responsible person who handled all complaints in the practice.
- We saw a complaints leaflet was available to help patients understand the complaints system.

We looked at two written complaints received in the last 12 months and found these had been dealt with in a timely way. Actions had been taken as a result of the complaint, including ensuring referrals made through the choose and book system were made during a patient consultation.

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 practices' vision was to provide high quality health care and health promotion and giving patients the tools and information they needed to improve and maintain their health themselves. Staff were aware of the practices' vision and said it was important to maintain good, quality patient care.

Governance arrangements

The practice had a documented overarching governance framework to support the delivery of a strategy and good quality care.

- Practice specific policies and clinical protocols were implemented and available to all staff members.
- Staff were aware of their own roles and responsibilities.
- The practice carried out clinical audits led by the clinical commissioning group (CCG) and had plans to develop internal, practice specific audits.
- There were arrangements for identifying, recording and managing risks. Actions were carried out to mitigate potential risks.

Leadership and culture

The senior GP and practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave a verbal or written apology and provided reasonable support.
- They kept written records of verbal interactions as well as written correspondence.

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

- Reception meetings and clinical meetings were held every month. Detailed minutes of the meetings were kept and recorded discussions around significant events, complaints and service developments.
- Staff told us the practice manager and senior GP were very approachable and felt they could raise any issues or concerns if they had any. Staff told us they felt listened to and there was an open door policy.

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

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

- There was an active patient participation group (PPG) which met regularly, assisted with practice patient surveys and discussed areas for improvement to the practice management team. A health event had been organised for April 2016 by the PPG, this included speakers to raise awareness of specific medical conditions and awareness of relevant support groups. The PPG had also organised for the blood pressure machine to be at the health fair. To ensure the PPG represented all patient groups, they had liaised with a local college, with permission of the practice, and offered students a one week work placement in return for contributions to the PPG. This had proven a success and had two students to date attend the PPG.
- Patient feedback gathered through the NHS Friends and Families Test and patient suggestion box was shared informally amongst staff members and discussed at staff meetings.
- The practice had gathered feedback from staff through practice meetings. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues, the practice manager and GPs. For example, the nursing team suggested implementing a form for patients to complete when bringing urine specimens into the practice to clearly identify the person and the reason for the specimen.

Continuous improvement

Are services well-led?

Good 

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

The practice pro-actively used the abilities of the patient record system, this included implementing practice specific protocols and alerts for specific medical conditions and medicines. GPs were able to access documents relevant to care and treatment during patient consultations.