

DR JG Cooper & Partners

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 Dr JG Cooper & Partners on 19 May 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, we found that incidents had occurred that had not been investigated and reported as such as they were non clinical which had not been identified as a significant event.
- Risks to patients were not fully assessed and well managed. The practice did not have risk assessments such as a fire risk assessment and health and safety risk assessment.
- There had been no infection control audit completed however this was completed and forwarded the day after the inspection.
- Safety alerts were received and forwarded to staff in the practice to action as necessary.
- Portable appliance testing had not been carried out, however equipment had been calibrated and checked
 - Not all staff that acted as a chaperone had completed chaperone training, received a DBS check or had a risk assessment undertaken to determine if this was needed.
- Data showed patient outcomes were comparable to the national average.
- Audits had been carried out that were driving improvements to patient outcomes.
- Patients said they were treated with compassion, dignity and respect.
- The practice had identified 22 patients as carers (0.13% of the practice list). The practice identified this as an issue and since the inspection had began to look at the processes to be able to increase this, such as amending the new patient registration form and posters promoting carers.

Summary of findings

- Patients were able to get an appointment on the day and were happy with the appointment system and availability.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- The practice management team had recently seen changes with new staff recruited to roles and the definition of the different aspects of managing the practice were not always clear as to who was responsible and for what.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review and were not all specific to the practice, for example some had incorrect telephone numbers listed

The areas where the provider must make improvements are:

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses including non-clinical.
- Ensure formal governance arrangements are introduced with systems for assessing and monitoring risks including fire safety, health and safety and portable equipment testing.
- Ensure chaperones have a DBS check in place or a policy or risk assessment in place to define the requirements for chaperones to have a DBS check.

In addition the provider should:

- Review and update procedures and guidance to make sure they are specific to the practice.
- Clarify the management structure and ensure roles and responsibilities are clearly defined.
- Ensure all staff who act as a chaperone are competent to fulfil the role
- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.
- Ensure the prescription forms that were left in printers in rooms are kept secure.
- Identify issues in relation to exception reporting.

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 requires improvement for providing safe services.

Requires improvement



- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, staff were not identifying incidents and reporting them as such although there was action taken and discussions in relation to them.
- Not all risks to patients who used services were assessed such as health and safety and fire and portable electronic equipment had not been checked.
- Not all staff that were available to chaperone had completed the relevant training.
- Not all staff had a DBS check in place, including those that were chaperoning and no risk assessment had been completed.
- Blank prescription pads were securely stored and there were systems in place to monitor their use. However, the prescription forms were not kept secure.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been completed to demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as requires improvement for providing caring services.

Requires improvement



- Data from the national GP patient survey showed variable results in respect of several aspects of care. For example,

Summary of findings

although 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%, only 78% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%. 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.

- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment but not all patient survey responses supported these view
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Data showed patients consistently rated the practice below others in relation to access to the service and continuity of care. For example 33% of patients said they usually get to see or speak to their preferred GP compared with a CCG average of 60% and the national average of 59%
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had appointments with GP and nurses on Monday evening until 8.30pm.
- Patients said they found it easy to make an appointment in an emergency but it was not always easy to get an appointment with a particular GP in advance.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- The practice had good facilities and was well equipped to treat patients and meet their needs, recent expansion had allowed for increased disabled parking as requested by patients.

Requires improvement



Summary of findings

- The practice was expanding and had taken into account feedback from patients for example increasing the disabled parking spaces.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had an overarching governance framework however it did not fully support the delivery of the strategy and good quality care.
- There was clear leadership and a structure clinically and staff said they felt supported by the partners. However the practice was going through a period of transition which included the implementation of a new management team and these roles were not clearly defined.
- The practice had a number of policies and procedures to govern activity however these were not all practice specific and had not all been reviewed.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust. We found incidents that had not been recorded and risks assessments had not been completed such as fire risk assessment, health and safety risk assessment and at the time of inspection there had not been an infection control audit completed.
- The practice held meetings including partner meetings, business meetings and practice meetings which were minuted.
- The practice had sought feedback from patients and the patient participation group was active in surveying patients and looking at ways to improve the practice.
- There was a focus on continuous learning and improvement at all levels part of the future plans were been identified and in the process of development, such as employing an advanced nurse practitioner and recently working with a pharmacist.

Requires improvement



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

Requires improvement



The provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice were linked to care homes in the area where they had patients residing at and worked closely with the care home staff to provide reviews and home visits where necessary.
- One of the GPs would ring the care home every Saturday and Sunday morning to ask if there were any concerns and would book patient appointments and give advice where necessary.
- Each care home was linked to a named GP to enable continuity of care and to build relationships with the care home and the patients.

People with long term conditions

Requires improvement



The provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators showed the practice had achieved 90% of targets which was in line with the CCG average (90%) and higher than the national

Summary of findings

average (89%). For example, 96% of patients with diabetes, on the register, have had an influenza immunisation in the preceding 12 months. This was comparable to the CCG average (96%) and national average (94%).

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Families, children and young people

The provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were in line with national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 85% which was higher than the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Appointments with nurses and GPs were available until 8.30pm Monday evenings.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

Requires improvement



The provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 had increased the extended hours to nursing appointments as well as GPs until 8.30pm on Monday evenings.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available and had been increased to meet demand.

People whose circumstances may make them vulnerable

Requires improvement



The provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement



The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 96% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 82% and the national average of 84%.
- 97% of patients experiencing poor mental health were involved in developing their care plan in last 12 months which was better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice were able to refer to a mental health nurse or a counsellor that attended the practice once a week.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below national averages. 238 survey forms were distributed and 115 were returned. This represented a 48% response rate and was 2% of the practice's patient list.

- 59% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 75% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Patients commented that they were able to get an appointment when they needed to and that the care provided as excellent. One of the comment cards whilst having positive feedback also stated that sometimes they had to wait for their appointment.

We reviewed the results of the Friends and Family Test for the months of November 2015 to March 2016. This showed that out of 43 that had been completed 93% of patients said they were either extremely likely or likely to recommend the practice to friends or family with 7% neither likely or unlikely.

Areas for improvement

Action the service **MUST** take to improve

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses including non-clinical.
- Ensure formal governance arrangements are introduced with systems for assessing and monitoring risks including fire safety, health and safety and portable equipment testing.
- Ensure chaperones have a DBS check in place or a policy or risk assessment in place to define the requirements for chaperones to have a DBS check.

Action the service **SHOULD** take to improve

- Review and update procedures and guidance to make sure they are specific to the practice.
- Clarify the management structure and ensure roles and responsibilities are clearly defined.
- Ensure all staff who act as a chaperone are competent to fulfil the role
- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.
- Ensure the prescription forms that were left in printers in rooms are kept secure.
- Identify issues in relation to exception reporting.

DR JG Cooper & Partners

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 and a practice manager specialist adviser.

Background to DR JG Cooper & Partners

DR JG Cooper & Partners is in a converted house in the village of Glenfield, Leicestershire. The practice supports patients in Glenfield, Groby, Ansty and Ratby. The practice have purchased the house next door and are in the process of converting this building for expansion.

All services are provided from 111 Station Road, Glenfield, Leicestershire, LE3 8GS. There is car parking facilities at the practice and also on street parking outside.

- The practice holds a Personal Medical Services (PMS) contract.
- The practice consists of four partners (male) and three salaried GPs (female). The practice is also supported by long term locums when required.
- The all female nursing team consists of a practice nurse, one health care assistant (HCA) and a phlebotomist. The practice also uses locum nurses to provide nursing cover.
- The practice has a management team that comprises of a finance manager, patient services manager and an operations manager who are supported by 16 clerical and administrative staff to support the day to day running of the practice including two trainees.
- This practice provides training for doctors who wish to become GPs and at the time of the inspection had two doctors undertaking training at the practice. (Teaching practices take medical students and training practices have GP trainees and F2 doctors).
- The practice is open between 8.30am and 6pm Monday to Friday with extended hours until 8.30pm on a Monday for GP and nurse appointments. The practice is closed for 30 minutes at 1pm on a Thursday for a staff meeting.
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice list size is approximately 13900 patients and rising with a lower than average number of patients that are aged between 20 – 39 years of age compared with local and national averages and higher than average number of patients aged between 60 - 84 years of age.
- The practice has low deprivation and sits in the 10th less deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures, maternity and midwifery services; family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.
- The practice lies within the NHS East Lincolnshire and Rutland Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 May 2016. During our visit we:

- Spoke with a range of staff (GP's, members of the practice management team, administration staff, practice nurse and HCA).
- 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.'
- Spoke with staff from care homes that the practice worked with.

- Spoke with the chair person of the Patient Participation Group (PPG).

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would complete the form that was held on the practice computer system and inform their line manager of any significant events. We saw a policy was in place with the form to complete.
- Staff were able to describe examples of significant events and incidents that had occurred however these had not all been reported as such.
- The practice meeting minutes identified a number of incidents that should have been recorded as significant events but had not been.
- The minutes showed that the incidents had been discussed with actions; however, there were no lessons learned identified and as these had not been recorded as significant events there would be no trends and themes identified.
- Actions following investigation of significant events were not always robust, for example a theft from one of the treatment rooms had an action for staff to be more vigilant; however, the doors to the treatment rooms still remained unlocked when the staff were not in them.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Safety alerts, including those from the Medicines and Healthcare products Regulatory Agency were received via email and forwarded to the lead GP. These would then be discussed in clinical meetings and actioned if applicable.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We were able to see evidence that incidents, alerts and safety were discussed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare although the children safeguarding policy had the incorrect telephone number noted. The information in the practice that staff were using had the correct information. There was a lead member of staff for safeguarding. Staff had access to a chart which detailed all the contact numbers for local safeguarding teams including out of hours contact. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3 and the practice nurse was trained to child safeguarding level 2 which was appropriate to their roles.
- A notice in the waiting room advised patients that chaperones were available if required. Not all staff who acted as chaperones were trained for the role and not all of these staff 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). There were no risk assessments in place to say that there were reasons why this had not been completed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The cleaning was completed by cleaners employed by the practice and we saw completed check sheets signed daily for tasks that they had completed. The practice nurse was the infection control clinical lead however there had been no infection control audit completed in the practice. The practice nurse said that they were not aware that one should be completed. We spoke with the partners regarding this and the day after the inspection this was completed. There was an infection control protocol in place and staff had received up to date training.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, and disposal). Blank prescription pads were securely stored and there were systems in place to monitor their use however as the doors were left unlocked at all times the prescription forms that were left in printers in rooms were not kept secure. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not fully assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office although this was out of date which identified local health and safety representatives. The practice did not have risk assessments such as a fire risk assessment and health and safety risk assessment. There were no risk assessments in place relating to not all staff requiring a DBS. Portable electrical equipment had not been checked to ensure the equipment was safe to use however clinical equipment was checked to ensure it was working properly. The practice management team

were not aware that this needed to be completed but would organise for it to be done. The practice did have other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff told us that when this was used all staff would attend as this had been done by accident on occasion.
- All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms.
- 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 and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The section which provided details relocating to another premises if necessary said that the practice were in negotiations with a local practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through 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 97% of the total number of points available. Exception reporting overall was 12% which is in line with the CCG or national averages. (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 showed the practice had achieved 90% of targets which was in line with the CCG average (90%) and higher than the national average (89%). For example, 96% of patients with diabetes, on the register, have had an influenza immunisation in the preceding 12 months. This was comparable to the CCG average (96%) and national average (94%).
- Performance for hypertension (high blood pressure) related indicators were comparable to the CCG and national averages. The practice achieved 90% of targets compared to a CCG average (98%) and national average (98%).

- Performance for mental health related indicators was higher when compared to the CCG and national average. The practice achieved 100% of targets compared to a CCG (96%) and national average (93%).

Data showed that exception reporting data for some specific clinical domains was higher than the local CCG and national averages. For example:

- The practice had higher than average exception reporting for hypertension (7% compared to 5% CCG average and 4% national average).
- The practice has higher than average exception reporting for asthma (16% compared to 11% CCG average and 7% national average).
- The practice has higher than average exception reporting for CKD (13% compared to 8% CCG average and 8% national average).

We discussed this with one of the partners who felt that it may be a coding issue and that the prevalence of the practice had not been reviewed recently which may have had an impact on these figures. This was an area that the practice said that they would look into further.

There was evidence of quality improvement including clinical audit.

- There had been three audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Other audits had been completed however these only had one cycle of audit and the second cycle was yet to be completed.
- Audits were saved on the computer system, as a training practice it was the ethos to involve trainee GPs in audit.
- The practice participated in national benchmarking, accreditation, peer review and research.
- Representatives from the practice attended external CCG led practice based learning three times a year, where CCG strategies discussed and data quality measures on referrals were discussed.

The practice had trained a receptionist to be able to monitor specific shared care drugs. They were trained to check if the patient were up to date with blood tests and check that patients had basic measurements for example,

Are services effective?

(for example, treatment is effective)

height, weight, and blood pressure recorded. This improved quality of monitoring. If the patient record was not up to date with the requirements then the staff member would contact the patient to make an appointment with a GP.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, a staff member that worked on reception had been trained to be able to do phlebotomy and was undergoing competency checks so that they could then provide phlebotomy for patients.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.
- The practice had identified that the practice nurse was retiring and had recruited a new staff member to this role. The practice were providing training for the nurse to increase her knowledge and plan for the future was that the nurse would be an advanced nurse practitioner.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The electronic system in use enabled the practice to communicate with other health professionals through a task system.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis, for example patients that were identified as end of life however there were no minutes in relation to these meetings. One of the administrative staff had a register of these patients that they would update accordingly.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice did not have a consent policy at the time of the inspection however this was forwarded the next day.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice could refer to a mental health practitioner to offer support to those patients that needed it. The practice also had a counsellor that had a clinic once a week that patients could be referred to by the GP.

The practice's uptake for the cervical screening programme was 85% which was higher than the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice had nurse clinics on a Monday until 8pm which enabled patients that worked full time the opportunity to have the screening appointment later in the evening. The practice nurse also said that for patients whose first language was not English that there was a leaflet to explain screening. The practice would also opportunistically speak to patients about

booking their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were in line with CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 96% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Other patients said they felt the practice offered an excellent service and all said that staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.

- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Comment cards told us patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. We also saw that care plans were personalised.

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

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

Comment cards that were completed indicated patients were listened to and that their needs were responded to.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice had a hearing loop system for those patients that required this.
- Information leaflets were available in easy read format.
- The practice nurse said that they used leaflets in other languages to be able to explain services such as cervical screening.

Are services caring?

- Patients had a named GP and were possible the patient would be seen by that GP to enable continuity of care for the patient.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 22 patients as carers (0.13% of the practice list). The practice identified this as an issue and since the inspection have began to look at the processes to be able to increase this, such as amending the new patient registration form and posters promoting carers.

Staff told us that if families had suffered bereavement, a letter of condolence may be sent. Families would be provided with support and signposted to support agencies that may be required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- The Monday evening appointments included appointments with a nurse.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for any children 12 years old and under and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- Some of the clinical rooms were on the first floor however there was a lift in place and any patients that were unable to use the lift would be seen in a ground floor consulting room.
- The practice were able to refer to and used specialist nursing services such as diabetes specialist nurse for patients diagnosed.
- Care Navigators worked with the practice to provide support and advice for patients that needed social care support.
- Patients were able to see a mental health nurse or a counsellor that was based at the surgery.
- The practice had purchased a blood pressure monitoring machine that patients could access in the waiting area.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were from 8.30am every morning to 6pm daily. Extended hours appointments were offered on Monday evening with a nurse and GP until 8.30pm. In

addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them as well as routine bookable on the day appointments.

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

From the 30 patient Care Quality Commission comment cards we received seven mentioned that there was sometimes a wait for an appointment.

- 33% of patients said they usually get to see or speak to their preferred GP compared with a CCG average of 60% and the national average of 59%
- 68% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 78%.
- 59% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 55% of patients said their experience of making an appointment was good compared to a CCG average of 71% and a national average of 73%

The practice looked at ways to improve access for patients. The practice offered appointments on the day to any child 12 years old and under if the parent contacted the practice for an appointment. These were sometimes on a sit and wait basis. On the day of the inspection a patient came in and requested an appointment that day for their child and an appointment was booked for later that morning. The practice also had on line booking system where patients were able to book appointments on the day from 7am. Telephone consultations were available and had been increased to enable more people to have access to a GP. We saw that on the day of the inspection that routine appointments and urgent appointments were available on that day.

The practice had also carried out surveys in the practice and had developed actions from this to improve patients experiences. Comments in relation to difficulty in getting through to the practice saw that the practice had added another line to the practice to be able to take more calls at peak times. Comments made about lack of car parking for disabled patients had resulted in extra spaces been made available.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

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

was available. We spoke with the practice as there were no leaflets available to patients to take and we were told that they would make sure these were on the desk so that patients did not have to ask.

We looked at six complaints received in the last 12 months and found these were dealt with in a timely way in line with the complaints policy and there were no themes emerging.

The practice reviewed complaints annually to detect themes or trends. Lessons learned from individual complaints had been acted on and improvements made to the quality of care as a result. For example, systems changed with appointments. The practice was able to provide evidence of the complaint which highlighted how it was managed and responded to.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a robust strategy which reflected the vision and values of the practice.
- The practice had a clear structure for the clinical staff however there had been recent changes in the practice management and at the time of our inspection roles were still been defined.

Governance arrangements

The practice had an overarching governance framework however it did not fully support the delivery of the strategy and good quality care:

- There was a clear clinical staffing structure.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The audits that were completed were reviewed and discussed at meetings with clinicians and used as shared learning with trainees.
- A comprehensive understanding of the performance of the practice was maintained.
- An executive partner was part of the structure of the practice to enable quick decisions to be made where necessary.

However

- The new management team were not aware of their own roles and responsibilities.
- Practice policies were in place and were available to all staff however they were not all practice specific for example the safeguarding policy gave telephone numbers relating to Lincoln area rather than Leicester.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust as we found that incidents that had not been recorded and risks assessments that had not been completed such as fire risk assessment, health and safety risk assessment and an infection control audit

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Administration staff told us that at each practice meeting each person was asked if there was anything that they would like to raise and that they felt supported in doing so if necessary.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice management team had recently seen changes with new staff recruited to roles and the definition of the different aspects of managing the practice were not always clear as to who was responsible and for what.

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

Are services well-led?

Requires improvement 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had met regularly and carried out patient surveys.
- Following each PPG meeting the chair of the PPG would attend the partners meeting to feedback any concerns and issues raised.
- PPG and patient suggestions had led to the purchase of additional arm chair seating for people with poor mobility and extra disabled car parking space.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Administration staff told us of ideas and suggestions that they had made to improve working that had then been implemented by management, such as home visits to be completed were highlighted in yellow on the computer system to alert these requests to the GP.

- Friends and family test was promoted and fed back to staff at meetings, with comments and suggestions made.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had recently taken a pharmacist on a consultancy basis to enable them to offer advice and support to the practice and to complete medicine management reviews. Future plans for development included looking at the practice employing their own mental health nurse and the development of practice nurse to an advanced care practitioner. The work that was in progress in the new building once completed would allow for the practice to plan ahead and invite other teams such as health visitors to work from there as a base and build on existing working relationships.

The practice had administrative apprentices working at the practice and supported by the staff. We saw that one of the full time staff members had been recruited following them completing an apprenticeship with the practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have in place systems and processes which were established and operated effectively to enable them to: assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014</p>