

# Limes Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## 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         | 10   |
| Areas for improvement                       | 10   |

### Detailed findings from this inspection

|                                    |    |
|------------------------------------|----|
| Our inspection team                | 11 |
| Background to Limes Medical Centre | 11 |
| Why we carried out this inspection | 11 |
| How we carried out this inspection | 11 |
| Detailed findings                  | 13 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Limes Medical Centre on 08 September 2016 Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events and lessons learnt were discussed at staff meetings.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Appropriate recruitment checks were undertaken before employment for permanent staff and locum staff members.
- Risks to patients were assessed and managed. The practice provided evidence to show an updated fire risk assessment would be carried out, as well as a five year electrical installation safety check.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out to demonstrate quality improvement and findings were used to improve services.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had devised a guide of health promotion for patients with learning disabilities.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

# Summary of findings

- The practice identified carers and written information was available, however there was a limited number of carers identified.
- The practice had recently started to host a carers clinic which was run by Voluntary Action South Leicestershire (VASL), which patients could self refer to.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, near patient testing for patients receiving oral anticoagulation therapy, a joint clinic with a Diabetic Specialist Nurse, a musculoskeletal service provided by two extended scope physiotherapists and an urgent care clinic.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice had recently changed the telephone system, which allowed the practice to

review and analyse the call system identifying the periods of time with higher demand. As a result, the practice had increased reception staff cover during certain times.

- The practice had a five year business plan in place which underpinned the vision for the practice. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a meeting structure in place to ensure relevant topics were discussed at the relevant meetings.
- The PPG had worked with the practice to create five videos regarding services provided by the practice and how to use them. This included, online services, self check in and the urgent care system.

The areas where the provider should make improvement are:

- Continue to review the carers register and identify patients, as appropriate.

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 lessons learnt were discussed at staff meetings.
- When things went wrong patients were informed of the incident, an explanation was given regarding the incident and told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- We observed the practice to be visibly clean and tidy.
- Appropriate recruitment checks were undertaken before employment for permanent staff and locum staff members.
- Risks to patients were assessed and managed. The practice provided evidence to show an updated fire risk assessment would be carried out, as well as a five year electrical installation safety check.
- There was a comprehensive business continuity plan in place in the event of a major incident or disruption to the service.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Information we reviewed before the inspection showed the practice had higher exception reporting than local and national averages in various clinical indicators. The practice reviewed this information and evidenced patients were either invited into the practice for an appointment on three occasions but did not attend or the patients declined (informed dissent).
- Clinical audits were carried out to demonstrate quality improvement and findings were used to improve services.
- 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.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff were aware of and demonstrated good knowledge of the Mental Capacity Act.
- The practice had devised a guide of health promotion for patients with learning disabilities.

## 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 treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified carers and written information was available, however there was a limited number of carers identified.
- The practice had recently started to host a carers clinic which was run by Voluntary Action South Leicestershire (VASL), which patients could self refer to.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, near patient testing for patients receiving oral anticoagulation therapy, a joint clinic with a Diabetic Specialist Nurse and a musculoskeletal service provided by two extended scope physiotherapists.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice had recently changed the telephone system, which allowed the practice to review and analyse the call system identifying the periods of time with higher demand. As a result, the practice had increased reception staff cover during certain times.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised.

## Are services well-led?

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

- The practice had a five year business plan in place which underpinned the vision for the practice. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice had a meeting structure in place to ensure relevant topics were discussed at the relevant meetings.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was active and established within the practice.

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

- 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.
- Quarterly visits, as well as visits as required, were carried out at two care homes the practice supported.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 85% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice provided additional services including near patient testing for patients receiving oral anticoagulation therapy, a joint clinic with a Diabetic Specialist Nurse.
- The practice hosted a diabetic eye screening service.

Good



### 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.

Good



# Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice has a twitter account to target younger people to keep them up-to-date with information.

## 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 was proactive in offering online services including booking appointments online and requesting repeat prescriptions.
- A full range of health promotion and screening was offered that reflected the needs for this age group.
- The practice provided additional services including a musculoskeletal service provided by two extended scope physiotherapists.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities.

Good





# Summary of findings

## 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).

- 98% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 88%.
- 98% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice identified patients experiencing poor mental health and these patients were given a named GP.
- 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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was generally performing in line with local and national averages. 220 survey forms were distributed and 110 were returned. This represented 0.8% of the practice's patient list.

- 45% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%. The practice were aware of the low scores and taken action to address this issue.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 28 comment cards which were all positive about the standard of care received. Patients said they were happy with the service and that staff were kind, caring and professional. However, three comment cards also said that at times they found it difficult to get an appointment with a specific GP.

The results from the NHS Family and Friends Test (FFT) between April 2016 and July 2016 showed 87% of patients would recommend the practice. This was 45 out of 52 returns.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Continue to review the carers register and identify patients, as appropriate.

# Limes Medical Centre

## 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 nurse specialist adviser.

## Background to Limes Medical Centre

Limes Medical Centre is a GP practice, which provides primary medical services to approximately 14,181 patients predominately living in Narbrough and surrounding areas. All patient facilities are accessible. East Leicestershire and Rutland Clinical Commissioning Group (EL&RCCG) commission the practice's services.

The practice has five GP partners (three male and two female) and two salaried GPs (one female and one male). The nursing team consists of three nurse practitioners, three practice nurses and four health care assistants. The practice also has two extended scope physiotherapists and a GP registrar. They are supported by a Practice Manager, Assistant Practice Manager and a team of administrative and reception staff.

The practice is open between 8am and 6pm Monday to Friday. Extended hours appointments are offered between 7am and 8am Tuesday to Thursday with either a GP or a nurse. In addition to pre-bookable appointments that can be booked up to three weeks in advance, urgent appointments are also available for people that need them.

To assist with access the practice also holds an urgent care clinic Monday to Friday from 8am to 6pm, a musculoskeletal (MSK) service provided by two extended scope physiotherapists and a sexual health clinic on a weekly basis.

Patients can also access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest walk-in centre, as well as accident and emergency departments.

The practice is an approved training practice.

## 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 08 September 2016. During our visit we:

- Spoke with a range of staff, including GPs, nursing staff, Practice Manager, Assistant Practice Manager and administrative and reception staff.
- Spoke with members of the Patient Participation Group.

# Detailed findings

- 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?
- 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 told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, an explanation regarding the incident and a written or verbal apology. They were also told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and discussed learning and actions at monthly meetings.

We reviewed safety alerts and Medicines and Healthcare products Regulatory Agency (MHRA) alerts and saw evidence of the action the practice took as a result. This included contacting any patients that were impacted as a result of the alert and arranging a consultation to review their care and treatment as appropriate.

### 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 in place to safeguard children and vulnerable adults from abuse reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- We observed the premises to be visibly clean and tidy. The practice had an ongoing plan with regards to premises upgrades which included replacing taps with lever operated taps to reduce the risk of re-contamination. Preventative measures were in place during the upgrade duration. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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 medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. A new policy had been implemented regarding prescription security including ensuring blank prescription forms and pads were securely stored, their use was monitored and uncollected prescriptions were reviewed. Three of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification,

# Are services safe?

references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The same recruitment checks were relevant to locum staff.

## Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a fire risk assessment carried out in December 2013 which identified various actions and we saw confirmation that action had been taken accordingly. However, a further risk assessment had not been carried out. The practice provided evidence to show a fire risk assessment had been arranged for 22 September 2016. Regular fire drills were carried out and fire exits and emergency lighting was checked on a regular basis. The practice were aware that the five year electrical installation check was due and had been arranged for 22 September 2016. 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 control of substances hazardous to health 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. GPs had a buddy system in place to ensure appropriate cover was available if a GP had planned or unplanned leave. The management teams for the different staff groups also had a buddy system to ensure there was appropriate cover for planned leave.

## 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 computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and identified staff members who were vulnerable to pandemic flu.

# 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. Any new NICE guidance was discussed at clinical meetings.
- Clinical meetings were also used to discuss articles from journals and a nominated person was asked to review and present back to the team.
- Registrars were involved in the practice clinical meetings discussing NICE guidance and journal reviews.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better compared to the national average. For example, 85% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Performance for mental health related indicators was better compared to the national average. For example, 98% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and

agreed care plan in place, compared to 88%. 98% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.

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. Information we reviewed before the inspection showed the practice was higher than local and national averages in various clinical indicators, specifically within hypertension, asthma, chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), diabetes, dementia, mental health, osteoporosis and rheumatoid arthritis. The practice reviewed the figures and the data they held for the period 2014/15 which evidenced differences in the data, although still showing higher than local averages for some of these indicators. A further review into the patients evidenced patients were either invited into the practice for an appointment on three occasions but did not attend or the patients declined (informed dissent), this was in line with the practice protocol.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, action taken as a result of the antibiotic prescribing audit demonstrated a reduction in over 11% which was a result of talking to patients regarding self help, as well as providing patient information leaflets.

### 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, fire safety, health and safety and confidentiality.



# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of in-house training and e-learning training modules. However, we noted not all staff had completed fire safety awareness, either face-to-face or e-learning. The practice were aware of this and had arranged in-house training to be completed on 06 October 2016.

### 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.
- Care plans had been produced for those patients identified as high risk of hospital admissions to ensure appropriate care and treatment was provided.
- Care plans were reviewed and amended as appropriate following a hospital admission.

- The practice worked with a local hub of practices to put protocols into place to assist the care homes they supported. This included a falls decision tree, the process to follow for a suspected urinary tract infection and how to check for changes in general health.

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 regular basis when care plans were routinely reviewed and updated for patients with complex needs. This included meetings with district nurses, palliative care nurses and community matrons.

### 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.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice had devised a guide of health promotion for patients with learning disabilities. This included information such as community support for people who were registered deaf and blind and easy read guides regarding flu, breast screening, cervical cancer vaccination and keeping you safe.



## Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% 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. 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood

immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% which was comparable to the CCG average of 97% to 99% and five year olds from 95% to 99% which was comparable to the CCG average of 94% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, annual health checks for patients with learning disabilities 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 28 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 kind and courteous.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 88% 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%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 93% 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%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.

- 88% 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 86% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patient feedback from comments cards told us they felt involved in decision making about the care and treatment they received. They also told us staff listened to them and were never rushed during an appointment.

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:

- 84% 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%.
- 79% 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%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

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.
- A patient information folder was available in the waiting area which included topical information, such as travel information (zika virus and ebola), as well as general information such as chicken pox, protecting your child against flu and infectious diseases.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 122 patients as carers (0.9% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice had recently started to host a carers clinic which was run by Voluntary Action South

Leicestershire (VASL). The care co-ordinator from VASL met with carers and assessed and identified any social care needs and provided advice and support appropriately. Patients were able to self refer to the clinic.

Staff told us that if families had suffered bereavement, their usual GP contacted them and a condolence card was sent to the bereaved families. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# 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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided additional services including near patient testing for patients receiving oral anticoagulation therapy, a joint clinic with a Diabetic Specialist Nurse and a musculoskeletal service provided by two extended scope physiotherapists.
- Quarterly visits, as well as visits as required, were carried out at two care homes the practice supported.
- The practice hosted a diabetic eye screening service.
- The practice offered online services including booking appointments online and requesting repeat prescriptions.
- The practice had devised a form to allow patients experiencing poor mental health to pre-book appointments immediately after an appointment with the same GP to ensure they received continuity of care.
- The practice also held aneurysm screening, mental health counselling and alcohol and drugs services on site.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Extended hours appointments were offered between 7am and 8am Tuesday to Thursday. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

To assist with access the practice also held an urgent care clinic Monday to Friday from 8am to 6pm. This clinic was held by nurse practitioners and reception staff booked appointments accordingly. The practice had developed a flow chart of potential illnesses to assist reception staff to ensure appointments were booked accordingly, however there were no guidelines to advise reception staff regarding symptoms to link to the potential illnesses.

The practice offered a musculoskeletal (MSK) service provided by two extended scope physiotherapists. The service diagnosed, triaged and managed patients accordingly, including referrals to secondary care. The practice had reviewed the workload of the service, which had reviewed 1,787 patients in a 12 month period which equated to a potential of 298 hours GP time and potential hospital avoidance. An analysis of the referral rate to orthopaedic secondary care demonstrated a low rate of inappropriate referrals.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 45% 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%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.

Three out of 28 comment cards we received stated they found it difficult at times to get an appointment with a specific GP.

As a result of patient feedback and the national survey results, the practice had recently changed the telephone system, which allowed the practice to review and analyse the call system identifying the periods of time with higher demand. As a result, the practice had increased reception staff cover during certain times.

The practice had a system in place to assess:

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

# Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. The practice were able to refer to the Acute Visiting Service (AVS) team if they were unable to carry out a home visit. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **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, including a patient information leaflet.

We looked at the three most recent complaints received and found they were dealt with in a timely way and were transparent when responding to the patients' concerns. Lessons were learnt from individual concerns and complaints and an annual review was discussed at the relevant meetings.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a five year business plan in place which underpinned the vision for the practice. This included developing and improving the services provided to the local population and ensuring the premises were suitable to provide effective patient care.

Staff were aware of the vision for the practice and their roles in achieving it.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained by the partners and practice management team.
- Clinical and internal audit was used to monitor quality and to make improvements to patient services.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. 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 supported affected people and provided an explanation into the incident, as well as a verbal or written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice had a meeting structure in place to ensure relevant topics were discussed at the relevant meetings.
- Weekly executive meetings were held to discuss appointment demand and achievements against the Quality Outcome Framework (QOF), to ensure the appropriate appointments were available according to demand.
- Weekly clinical meetings discussed reviewed any recent deaths, significant events, new NICE guidance, performance of the practice against targets and admission avoidance.
- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to run and develop the practice and were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

- The PPG met regularly and had an established group. Two members of the group also attended locality PPG meetings with other practices and fed back relevant information to the group. The PPG had their own website and produced a quarterly newsletter which included topical information as well as information on services provided and answers to frequently asked questions. The PPG had also worked with the practice to create five videos regarding services provided by the practice and how to use them. This included, online

# Are services well-led?

Good 

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

services, self check in and the urgent care system. Members of the PPG told us the practice were responsive and willing to take on board any suggestions.

- The practice was also trying to work with the local youth council with various projects to increase health awareness.

- The practice gathered feedback generally from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.