

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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

On 19 May 2016 we carried out an announced comprehensive inspection at Glenfield Surgery. The practice was found to be requires improvement in safe, caring, responsive and well-led. It was found to be good in the effective key question.

The overall rating for the practice was requires improvement. The full comprehensive report on that inspection can be found by selecting the 'all reports' link for Dr JG Cooper and Partners on our website at www.cqc.org.uk.

As a result of that inspection we issued the practice with requirement notices. This was in respect of the governance of the practice as we found there were ineffective systems to monitor risk to patients. We also had concerns regarding the process for managing serious events.

This inspection was an announced comprehensive inspection on 13 July 2017. Overall the practice is now rated as 'Good'.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice was responsive to the needs of patients and tailored its services to meet those needs.
- Patients prescribed high risk medicines were well managed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was continuity of care, with easy access to GPs and nurses.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice should continue to take positive steps identify carers on its patient list.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

The areas where the provider should make improvements are:

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Medicines were effectively and safely managed.
- The practice was clean and tidy and staff had reviewed infection prevention control and cleaning policies.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse
- Risks to patients were assessed and well managed.
- There were effective systems in place to ensure the practice could continue to function in the event of foreseeable events such as fire, flood or loss of utilities.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible in a number of different languages.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.
- GPs offered support to relatives and carers in times of bereavement where that was appropriate.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- Patients were able to make appointments to be seen on the day they contacted the practice when appropriate.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand on the practice website and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke with were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings for all staff groups.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The GP partners were aware of the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- There was a whistleblowing policy in place and staff we spoke with had a good understanding of what it meant for them as individuals.
- The practice proactively sought feedback from staff and patients, which it acted on.

Good



Summary of findings

- The patient participation group was active and demonstrated a desire to work with the practice to improve the service to patients.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for older patients.

- Patients over 75 years of age had a named GP.
- Home visits including medication reviews and phlebotomy were available for patients who were unable to attend the surgery.
- The practice undertook opportunistic dementia screening for patients in this group.
- Each residential care home where patients from the practice lived had an assigned GP to foster continuity of care and to help build positive relationships with the home and patients.
- The computer system in use by the practice alerted staff if the patient was a carer.

Good



People with long term conditions

The practice is rated as good for patients with long term conditions.

- Staff had lead roles in disease management and patients identified as at risk of hospital admission were seen as a priority.
- All patients in this population group had a named GP and a structured annual review to check their health and medication 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.
- Longer appointments and home visits were available when needed.

Good



Families, children and young people

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

- The full range of childhood immunisations were offered.
- Baby change facilities were available.
- Reversible contraceptive services were available.
- Practice policy was that all unwell children under the age of 12 years were seen on the day unless parents or guardians requested a later appointment.
- Appointments were available outside of school hours and the premises were suitable for babies and children.
- The practice held quarterly meetings with health visitors.

Good



Summary of findings

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 85%, which was comparable to local and national averages.

Working age people (including those recently retired and students)

The practice is rated as good for patients of working age (including those recently retired and students)

- Monday evening appointments were available to meet the needs of these patients.
- Telephone consultations were available.
- There was online access to appointments and repeat prescriptions.
- The practice was part of the electronic prescribing scheme.
- The practice gave advice and direction on lifestyle and health promotion.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for patients whose circumstances may make them vulnerable.

- The practice had effective systems in place to safeguard people from abuse.
- Patient records alerted staff to the patient being a vulnerable child or adult.
- The practice register showed there to be 73 patients with a learning disability and an annual physical health checks were offered to these patients.
- There were monthly adult and children's safeguarding meetings.
- There was an open registration policy to meet the needs of the homeless and the travelling community.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for patients experiencing poor mental health including people with dementia.

- The practice offered an in house cognitive behaviour therapy service through GP and self-referral.
- In addition the practice had a mental health facilitator who offered assessment and extended care at a level above cognitive behavioural therapy but below consultant led services.

Good



Summary of findings

- The practice offered dementia screening.
- Patients experiencing dementia were offered an annual structured dementia review.
- Of those patients diagnosed with dementia 86% had their care plan reviewed in a face-to-face review in the preceding 12 months. This was 5% higher than the CCG and 2% higher than the national average.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2017. The results showed the practice performance to be similar to local and national averages. 224 survey forms were distributed and 115 were returned. This represented a response rate of 51% compared to the national average of 38%.

- 60% of respondents found it easy to get through to this practice by phone compared to the local average of 64% and the national average of 71%.
- 79% of respondents said the last appointment they got was convenient. This was comparable to the local average of 80% and the national average of 81%.
- 76% of respondents described the overall experience of this GP practice as good compared to the local average of 84% and the national average of 85%.
- 71% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 79% and the national average of 77%.

We reviewed the results of the 'Friends and Family Test' for April and May 2017. Of the 32 patients who had completed the survey, 31 (97%) had said that they were either extremely likely or likely to recommend the practice to family and friends.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards from patients of which 24 were wholly positive about the practice and the standard of care received. Of the remaining eight, three expressed their concerns about being asked personal medical questions by receptionists prior to being given an appointment, four expressed their frustration in getting an appointment, one stated they didn't like the offhand attitude of two of the GPs and another expressed their concern that they found it difficult to see a GP of their choice.

We spoke with the Chair of the patient participation group during the inspection. They told us they were happy with the care they received and had seen improvements with the practice. They said staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- The practice should continue to take positive steps identify carers on its patient list.

DR JG Cooper & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP specialist advisor, a practice manager specialist advisor and a practice nurse specialist advisor. They were accompanied by a GP who acted as an observer.

Background to DR JG Cooper & Partners

Dr J G Cooper and Partners, also known as Glenfield Surgery provides primary medical services to 13,977 patients in an area that includes Glenfield, Groby, Ansty and Ratby. The practice list is increasing and is likely to continue to do so as a result of housing development.

The practice demographics show there are fewer younger people registered with the practice than the national average and a higher number of patients aged 60-84 years of age. The practice is in the tenth less deprived decile. Life expectancy for both males and females is higher than the national average. The percentage of patients with a long standing health condition is lower than both the CCG and national average.

At the time of our inspection the practice had two GP partners, three salaried GPs, two GP registrars and four regular GP locums providing a total of 58 GP sessions per week. The GPs consisted of six males and five females.

There was one nurse practitioner, three practice nurses and one health care assistant. In addition the practice had two regular locum nurses. The practice also employs a pharmacist and a pharmacy technician.

They are supported by a range of management, administration and reception staff.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract for delivering primary care services to local communities.

It is not a dispensing practice, although a community pharmacy is located within the same building as the medical practice.

The provider has one location registered with the Care Quality Commission which is Glenfield Surgery, 111 Station Road, Glenfield, Leicester LE3 8GS. There are no branch surgeries.

The provider is registered to provide the regulated activities of; treatment of disease disorder or injury, diagnostic and screening procedures, family planning services, maternity and midwifery services and surgical procedures.

The surgery is open from 8am to 6.30pm Monday to Friday. Extended hours were offered on a Monday evening from 6.30pm to 8.30pm.

Phone call consultations with a GP and urgent appointments with a nurse practitioner were available on the day for people that needed them. Appointments with GPs could be booked on-line up to two weeks in advance.

The practice is located within the area covered by NHS East Leicestershire and Rutland Commissioning Group. The CCG is responsible for commissioning services from the practice.

The practice has a website which we found has an easy layout for patients to use. It enabled patients to find out information about the care and treatment provided by the practice and signposted them to other healthcare services.

Detailed findings

When the practice is closed, GP out-of-hours services are provided by Derbyshire Health United which is accessed by the NHS 111 service.

Why we carried out this inspection

On 19 May 2016 we had 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. That inspection was planned to check whether the provider was 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. At that inspection we found the practice required improvement overall and specifically for providing a safe, caring, responsive and well led was requires improvement. It was rated as good for providing effective services.

We undertook this announced comprehensive inspection on 13 July 2017. This inspection was carried to ensure improvements had been made.

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 13 July 2017.

During our visit we:

- Spoke with a range of staff and spoke with a patient who used the service and who was the Chair of patient participation group.

- Observed how patients were being cared for.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

At our previous inspection on 19 May 2016, we found the arrangements in respect of the management of significant events and measures intended to keep people safe were not effective. The practice was therefore rated as requires improvement for providing safe services.

These arrangements had significantly improved when we undertook the inspection on 13 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

- The senior partner was the accountable person for significant events and there was an effective system in place for reporting and recording such events.
- The members of staff we spoke with told us they would inform the Operations Manager or the Patient Services 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, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed the five serious incidents that had been recorded in the previous year and found the practice had carried out a thorough analysis of the events which had been discussed and documented at regular practice and partner meetings.
- Themes had been identified and actions taken to help recurrence. For example we saw how the practice had been pro-active in promoting aortic aneurism screening following a significant event. Actions had included a notice board and message on the screens in the patient waiting area, involving the patient participation group in increasing patient awareness and conducting a training session for all staff during their protected learning time. In addition the practice had reviewed its procedures and

process for checking incoming correspondence, standardised letters for missed appointments and investigations in secondary care and audits of staff actions when dealing with incoming correspondence.

- We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice employed a pharmacist who assessed them for relevance to general practice and they shared the alerts with their clinical team and discussed them at meetings.

Overview of safety systems and process

- A GP was the lead for safeguarding. 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 on the practice computer system to which all staff had access. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. In addition a wall chart displayed in a conspicuous position provided a visual prompt to staff about the process and contacts. The GPs attended the monthly 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 children's safeguarding level three and nurses to level two.
- 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).
- Effective processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- There were effective systems in place to monitor patients prescribed potentially high risk medicines such as lithium and disease-modifying anti-rheumatic medicines.

Are services safe?

- Systems were in place to ensure that hospital prescribed medicines were added to patients medication records held at the practice.
- 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.
- Blank computer generated prescription forms were not securely stored but there were systems in place to monitor their use. The provider took immediate action to ensure that the forms were stored securely at all times.
- Notices in the patient waiting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice was visibly clean and tidy. The practice had appropriate infection prevention control policies such as those relating to hand washing and the care of spillages of body fluids. The practice lead nurse was the infection control clinical lead who liaised with the GPs. Regular audits were conducted on the practice cleaning and we saw evidence that action was taken to address any improvements identified as a result.
- We checked the staff files of recently employed members of staff and found all appropriate recruitment checks had been undertaken for them prior to employment.
- Similar checks had been undertaken in respect of locum GPs and nurses.
- There was a system in place to ensure that healthcare professionals had the appropriate registration with their professional body.
- 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- A health and safety policy was available with a poster which identified local health and safety representatives and was clearly displayed to inform staff.
- The practice had up to date fire risk assessments and had recently carried out a drill using the evacuation sledge on the first floor of the building.
- 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 different staffing groups to ensure enough staff were on duty. The practice planned their staff absences and scheduled clinical care around these to minimise disruption to patients. For example we saw how two key members of staff who administered repeat prescriptions did not have leave at the same time.

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 clinical computer system in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines and emergency equipment were reviewed regularly and we checked they 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 and included the measures to be taken in the event that insufficient GPs were available. The plan included emergency contact numbers for staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- All electrical equipment had been checked to ensure the equipment was safe to use.
- Clinical equipment had been checked to ensure it was working properly.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice carried out assessments and treatment 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 ensure all clinical staff was kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.
- We saw minutes of partner and clinical meetings where NICE guidance was discussed and implications for the practice's performance and patients were identified and required actions agreed.
- Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

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 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

The exception reporting rate was similar to both the CCG and national averages both overall and in the clinical domain. (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). The overall exception rate was 5.3% compared to the CCG average of 5.3% and the national average of 5.7%

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

- Performance for diabetes related indicators was similar to the CCG and national averages. For example the combined indicators were 90% of the total points available compared to the CCG average of 90% and national average of 91%
- Performance for atrial fibrillation indicators was higher than the CCG and national averages. For example the combined indicators were 100 % of the total points available which was higher than the CCG and national average of 97%.

There was evidence of quality improvement including clinical audit:

- We looked at completed two cycle audits where the improvements made were implemented and monitored. One of the audits concerned the self-monitoring of glucose levels in diabetic patients on metformin where Hb A1C was a more reliable long term indicator. The audit had resulted in a decrease from 27 to two patients conducting self- monitoring.

Effective staffing

We found staff were appropriately supported and had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had introduced a formal induction programme for all newly appointed staff.
- 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. All eligible staff had received an appraisal within the last 12 months.
- On appointment all staff commenced training, covering such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff received role-specific training and updating for relevant staff. For example; cervical screening and immunisation update training.
- Staff received training that included: safeguarding, fire safety awareness, and 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

Are services effective?

(for example, treatment is effective)

- 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 and medical records.
- There was an effective system to check and act on any pathology results received on the day of receipt wherever possible.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had reviewed its procedures and process for checking incoming correspondence, standardised letters for missed appointments and investigations in secondary care and audits of staff actions when dealing with incoming correspondence.
- The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner, through the use of special patient notes.
- 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.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff had undertaken training in 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 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.
- 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 above the CCG of 82% and national average of 81%.
- The practice encouraged its patients to attend national screening programmes for bowel cancer and breast cancer. The percentage of eligible patients attending for screening were higher than both CCG and national averages
- 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.

Consent to care and treatment

Are services caring?

Our findings

At our inspection on 19 May 2016 we rated as requires improvement for providing caring services.

These arrangements had significantly improved when we undertook the inspection on 13 July 2017. The practice is now rated as good for providing caring services.

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 space to discuss their needs.

Care Quality Commission comment cards we received were generally positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with the Chair of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 89%.

- 98% 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%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 86%.
- 81% 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 national average of 91%.
- 93% 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 the comment cards we received told us they felt involved in decision making about the care and treatment they received. Most told us they felt listened to and supported by staff.

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.

For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 68% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

Patient and carer support to cope emotionally with care and treatment

- The practice had identified 116 patients as carers (0.83% of the practice list). This was an increase of 84 since the previous inspection. The practice continued to make in-roads into identifying more carers. For example the new patient registration form enabled patients to identify themselves as carers.

Are services caring?

- The practice patient electronic record system had carer alerts in place to prompt staff to offer greater flexibility and understanding when making appointments.
- Written information was available to direct carers to the various avenues of support available to them.
- The practice had identified 199 patients who were cared for.
- Staff told us that if families had suffered bereavement a letter of condolence sent. Families were provided with support and signposted to other agencies as required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our inspection on 19 May 2016 we rated as requires improvement for providing responsive services.

These arrangements had significantly improved when we undertook the inspection on 13 July 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

- We found that that the practice had made patient needs and preferences central to its systems to ensure flexibility, choice and continuity of care. 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. For example,
- Of those patients diagnosed with dementia 86% had their care plan reviewed in a face-to-face review in the preceding 12 months. This was 5% higher than the CCG and 2% higher than the national average.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were always offered for children under 12 years of age and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Facilities were provided for patients with wheelchairs which included an easy access toilet, a staggered height reception desk section and wide doorways. Automatic opening doors were not fitted although we conformed that their installation had been planned and budgeted for.
- The practice had a passenger lift to provide access to the first floor of the surgery.
- Translation services were available.
- There was an area which could be used if patients wanted a private area to talk with reception staff.

Access to the service

- The surgery was open from 8am to 6.30 pm Monday to Friday. Extended hours pre-booked appointments were offered on a Monday evening from 6.30pm to 8.30pm. These appointments were with both GPs and nurses and provided an additional 12 hours of appointment time per week.
- Phone call consultations with a GP and urgent appointments were available on the day for people that needed them. Appointments with GPs could be booked on-line up to two weeks in advance.

Results from the national patient surveys published July 2017 showed that patients' satisfaction with how they could access care and treatment were generally comparable to local and national averages.

- 87% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 83% and national average of 84%.
- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%.
- 60% patients said they could get through easily to the surgery by phone compared to the CCG average of 64% and national average of 71%.

Listening and learning from concerns and complaints

The practice had a system in place for handling written complaints and concerns.

- Its complaints policy and procedures were recently revised and aligned to recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system. This included how patients may access advocacy services and appeal the outcome of the investigation if dissatisfied.
- The practice had conducted an analysis of the complaints to identify any themes and recurring issues and held an annual meeting where all complaints and trends were reviewed and discussed.
- We found all complaints had been investigated and outcomes and learning identified and shared with practice team through meetings.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 19 May 2016 the practice was rated as requires improvement for being well led, as there was no overarching governance structure and no clear leadership arrangements. The practice had failed to identify and act upon risks.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook the inspection on 13 July 2017. The practice is now rated as good for being well-led.

Vision and strategy

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

- Staff clearly understood what was expected of them in attaining and maintaining an efficient and caring service.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The partners were conscious of the challenges posed by difficulty in recruiting and retaining staff, increasing list size and increasing demands and expectations.
- The partners also expressed their concerns in dealing with the problems of what they termed a dysfunctional hospital trust.

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:

- Staff told us there was now a clear staffing structure with clear lines of management and a flow chart prominently displayed acted as an aid memoir to staff.
- Staff we spoke with were aware of their own roles and responsibilities.
- Practice specific policies had been reviewed, implemented and were available to all staff.
- A programme of continuous clinical and internal systems audit was used to monitor quality and to make improvements

- There were effective 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 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
- 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.

- Staff told us and records showed the practice held regular 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.
- Staff said they felt respected, valued and supported, particularly by the partners in 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 virtual patient participation group (PPG)

Are services well-led?

Good 

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and through surveys and complaints received. We met with the Chair of the group who told us they had six active members and 21 members who comprised the patient reference group. The PPG met in total eight times per annum. The group liaised with patients and submitted proposals for improvements to the practice management team.

- The PPG worked actively in promoting healthier lifestyles and screening.
- The practice had gathered feedback 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. We took the opportunity during our visit to sit in on the weekly office meeting.
- Staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Continuous improvement

- Glenfield Surgery was a GP training practice and two of the partners were trainers.
- Staff we spoke with said they were encouraged to develop and extend their range of skills and the practice provided the training they required. For example we saw how a member of the nursing team was undergoing training to become a prescriber.
- The partners were considering employing an extended scope physiotherapist and mental health facilitator to work in the practice.
- There were plans to employ additional advanced nurse practitioners and thus place less reliance upon GPs.
- The partners continued to invest in the surgery fabric and buildings.