

Melbourne Road Health Centre - R Kapur

Quality Report

47 Melbourne Road
Leicester
LE2 0GT

Tel: 0116 255 9869

Website: www.melbournrdhealthcentre.co.uk

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Melbourne Road Health Centre – R Kapur on 21 March 2016. Overall the practice is rated as requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and the national average.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Not all risks to patients were assessed and well managed. The practice did not have a carpet cleaning schedule in place. Not all areas of the practice were cleaned in line with the practice cleaning schedule and guidelines.
- 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.
- 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.
- The practice had a number of policies and procedures to govern activity.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- 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 provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure appropriate systems and processes are in place relating to infection control in line with national guidance, ensuring consulting and treatment rooms are cleaned as per practice cleaning schedule and guidelines and implementation of carpet cleaning schedules.
- Ensure a suitable fire detection and alarm system is installed to ensure compliance with the action plan served by Leicestershire Fire Service (LFS). Ensure fire risk assessment is effective and all hazards are identified.
- Ensure the property is appropriately maintained and remedial repairs carried out to ensure the health and safety of staff, patients and visitors.
- Ensure procedures for monitoring and recording of water temperatures are in place, in line with the practice Legionella risk assessment.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a written or verbal apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the practice did not have a suitable fire detection and alarm system installed. The fire risk assessment did not identify all potential fire hazards.
- The practice had risk assessments in place including the control of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice did not carry out regular water temperature testing in line with their own Legionella procedures.
- The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- A carpet cleaning schedule was not in place. Areas of the practice were not always cleaned in line with the practice cleaning schedule and guidelines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the 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.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as 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 sign-posted patients who had suffered bereavement to local bereavement services. GPs would also contact the patient by telephone or arrange a home visit in the event of bereavement if requested.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice provided extended opening hours on a Saturday from 9am until 3pm.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- There were disabled facilities available with good disabled access for patients upon entry to the practice. There was also a hearing loop for patients.
- The practice ensured the practice nurse was provided with a face to face interpreter from the Ujala Centre, for all patient consultations for those whose first language was not English. This was due to the nurse speaking only English and the practice had a high level of ethnicity within its patient population.

Summary of findings

- Members of staff spoke numerous different languages which included Punjabi, Hindi, Urdu and Sawali. This helped improve communicate with patients whose first language was not English.

Are services well-led?

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

- The practice told us about their vision and strategy to deliver high quality care and promote good outcomes for patients. However, the practice did not have a robust strategy and supporting business plan in place to reflect the vision and values of the practice.
- Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The practice was rated as good for being caring, effective and responsive. However it was rated as requires improvement for providing safe care and for being well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as good for being caring, effective and responsive. However it was rated as requires improvement for providing safe care and for being well led. The concerns which led to these ratings apply to everyone using the practice, including this population group

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 91.4% which was better than the national average 89.2%. (exception reporting rate was 8.8%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as good for being caring, effective and responsive. However it was rated as requires improvement for providing safe care and for being well led. The concerns which led to these ratings apply to everyone using the practice, including this population group

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was higher than the CCG average of 73.3% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.5% to 100% and five year olds from 73% to 94.6%.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice was rated as good for being caring, effective and responsive. However it was rated as requires improvement for providing safe care and for being well led. The concerns which led to these ratings apply to everyone using the practice, including this population group

- 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 as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided extended opening hours on a Saturday from 9am until 3pm each week.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



People whose circumstances may make them vulnerable

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

Requires improvement



Summary of findings

rated as good for being caring, effective and responsive. However it was rated as requires improvement for providing safe care and for being well led. The concerns which led to these ratings apply to everyone using the practice, including this population group

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as good for being caring, effective and responsive. However it was rated as requires improvement for providing safe care and for being well led. The concerns which led to these ratings apply to everyone using the practice, including this population group

- Performance for mental health related indicators was 80.9% which was worse than the national average of 92.8%. (exception reporting rate was 8.6%).
- 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. 374 survey forms were distributed and 97 were returned. This represented 3.2% of the practice's patient list.

- 69.79% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 63.85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81.68% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 65.47% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Patients told us they were treated with dignity and respect and that they felt listened to. Patients also told us the staff were caring and polite.

We did not speak to patients during our inspection.

Areas for improvement

Action the service MUST take to improve

- Ensure appropriate systems and processes are in place relating to infection control in line with national guidance, ensuring consulting and treatment rooms are cleaned as per practice cleaning schedule and guidelines and implementation of carpet cleaning schedules.
- Ensure a suitable fire detection and alarm system is installed to ensure compliance with the action plan served by Leicestershire Fire Service (LFS). Ensure fire risk assessment is effective and all hazards are identified.
- Ensure the property is appropriately maintained and remedial repairs carried out to ensure the health and safety of staff, patients and visitors.
- Ensure procedures for monitoring and recording of water temperatures are in place, in line with the practice Legionella risk assessment.

Melbourne Road Health Centre - R Kapur

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to Melbourne Road Health Centre - R Kapur

Melbourne Road Health Centre – R Kapur provides primary medical services to approximately 2,964 patients in Leicester City.

It is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning; maternity and midwifery services and surgical procedures.

At the time of our inspection the practice employed two GPs and two locum GPs (two male and one female), one practice manager, one senior receptionist, two receptionists, one administrator/health care assistant (HCA),

The surgery is open from 8am until 6.30pm Monday to Friday. The practice provides extended opening hours on a Saturday from 9am until 3pm. The practice is part of a pilot scheme within Leicester City which offers patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments are available from 6.30pm until

10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments are available by walk in, telephone booking or direct referral from NHS 111.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering care services to local communities.

The practice is registered with the Care Quality Commission (CQC) to provide regulated activities at Melbourne Road Health Centre - R Kapur, 47 Melbourne Road, Leicester, LE2 0GT. The practice is located in an end terrace converted property which consists of a patient waiting area and consulting rooms on both the ground floor and first floor.

The practice has an active patient participation group (PPG) who meet on three monthly regular basis. The practice has a higher population of patients between the ages of 0-18 years of age.

The practice offers on-line services for patients including ordering repeat prescriptions, booking routine appointments and access to summary care record.

The practice lies within the NHS Leicester City Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 March 2016.

During our visit we:

- Spoke with a range of staff which included a GP, a practice manager, a practice nurse and a receptionist.
- Observed how patients were being cared for and talked with carers and/or family members
- Spoke with the Chair of the patient participation group (PPG).
- Reviewed 22 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). During our inspection we reviewed three significant events. We saw evidence that significant events were investigated, and reporting forms detailed outcomes and a record of any actions taken as a result which included timescales for completion. For example, we saw evidence that staff training was implemented as a result of one significant event we reviewed.
- 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.
- The practice carried out a thorough analysis of the significant events and held a record of these events which included details of actions taken and lessons learned.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice did not always have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Practice nurses were trained to Level 2.

- During our inspection, we were told that due to the high number of patients from various ethnic and religious groups, patients were at a higher risk female genital mutilation (FGM is a form of female circumcision which is illegal in England). The practice had a policy in place in relation to FGM. The practice had a discreet and effective system in place to alert clinical staff via the electronic patient care record of any patients who were either vulnerable, had safeguarding concerns or suffered with a learning disability. This included patients at risk of FGM. We saw evidence of this during our inspection.
- 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 checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had not maintained appropriate standards of cleanliness and hygiene in all areas of the practice. The practice had a cleaning schedule in place which stipulated areas to be cleaned on a daily, weekly and monthly basis however it did not appear that this schedule was being followed. Some areas of vinyl floor covering were worn and contained levels of dust and stains. In one GP consulting room, areas of the flooring were torn and a cupboard door was broken and in need of repair. There was also high levels of dust and dirt on skirting boards. We also noted some ceilings had visible water stains and walls were in need of re-décor. Some areas of the practice was fitted with carpets however, there was no evidence of a carpet cleaning schedule in place. Patient seating was fitted with fabric covering, some seating areas were stained, there was no cleaning

Are services safe?

schedule in place for the cleaning and decontamination of chairs. Following our inspection, we were provided with evidence of revised cleaning schedule templates. We were also provided with evidence of a building maintenance policy which included a schedule of maintenance to be implemented by the practice following our inspection.

- 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; the last audit was carried out on 14 March 2016. However, we did not see visible evidence that action was taken to address any improvements identified as a result.
- During our inspection, we saw that clinical waste was not stored appropriately. It was stored in a black, plastic domestic wheelie bin in a locked room inside the premises. However, this bin was not a yellow, lockable clinical waste bin. We did see evidence during our inspection that an appropriate clinical waste bin had been ordered by the practice. We were provided with a revised clinical waste policy following our inspection.
- 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 pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- During our inspection we observed that all vaccinations and immunisations were stored appropriately. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of an effective cold chain policy in place. (cold chain is the maintenance of refrigerated temperatures for vaccines). An alarm was installed to the vaccination fridge which would sound in the event of the temperature falling out of the required range.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We saw evidence of 17 PGDs during our inspection which were all signed.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Not all risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had an up to date fire risk assessment in place however, the risk assessment was not effective. It did not identify potential fire hazards or actions to be taken as a result of hazards identified. The practice did carry out regular fire drills, we saw records which told us that drill were carried out on a regular basis. The last drill was conducted on 7 January 2016. The practice had not installed a suitable fire detection and alarm system to ensure compliance with the Regulatory Reform (Fire Safety) Order 2005, to ensure the safety of staff and patients. There was however, appropriate fire protection equipment in the premises which had been serviced on a regular basis. Following our inspection, an audit was carried out by Leicestershire Fire Service (LFS), the provider was served with an action plan to ensure a suitable fire detection and alarm system was installed and a fire risk assessment to be completed. A further audit will be undertaken by LFS to ensure the action plan has been adhered to. Following our inspection and the audit carried out by LFS, the practice provided confirmation that a fire risk assessment had been

Are services safe?

scheduled to be carried out by an external specialist.

We were also assured that the practice would be taking all necessary remedial actions as detailed within the action plan served by LFS.

- 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella risk assessment was last carried out on 16 December 2015. It stated that cold water temperatures were always below 20 degrees and hot water temperatures were always above 50 degrees. However, there was no evidence of regular water temperature testing being carried out, there were no records of water temperatures taken. Following our inspection, we were provided with evidence of a revised process in relation to water temperature testing.
- We saw evidence of control of substances hazardous to health (COSHH) data sheets held on file and on display. We saw evidence of 14 data sheets during our inspection, the practice also had a COSHH policy in place.
- 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. Staff we spoke with told us that they felt the levels of cover were sufficient.

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 and there were emergency medicines available in the treatment room.
- 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. Staff had received in-house training to ensure they were aware of the location of emergency equipment.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through 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 92.7% of the total number of points available. The overall exception reporting rate was 7.9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for some QOF outcomes (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was 91.4% which was better than the national average 89.2%. (exception reporting rate was 8.8%).
- Performance for mental health related indicators was 80.9% which was worse than the national average of 92.8%. (exception reporting rate was 8.6%).

There was evidence of quality improvement including clinical audit.

During our inspection we reviewed two clinical audits completed by the practice. One of these was a completed audit where the improvements made were implemented and monitored. For example, the practice carried out an audit of antibiotic prescribing. The aim of

the audit was to ensure 100% of antibiotics prescribed were in accordance with antimicrobial policy and guidance. A further re-audit showed that the practice had made improvements in the levels of prescribing, actions were implemented to ensure that all GPs were aware of the Leicester Medicines Strategy Group (LMSG) antibiotic policy and guidance. The practice also ensured locum GPs were aware of the guidance and adhered to it.

The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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, 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.

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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

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.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was higher than the CCG average of 73.3% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.5% to 100% and five year olds from 73% to 94.6%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member 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. 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 either comparable to or slightly lower than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82.6% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85.5% and the national average of 89%.
- 77.7% of patients said the GP gave them enough time compared to the CCG average of 82.2% and the national average of 87%.
- 92.5% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92.6% and the national average of 95%.

- 82.8% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 81.37% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 80.7% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83.4% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 83.1% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82.8% and the national average of 86%.
- 81.03% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 81.39% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice ensured the practice nurse was provided with a face to face interpreter from the Ujala Centre, for

Are services caring?

all patient consultations for those whose first language was not English. This was due to the nurse speaking only English and the practice had a high level of ethnicity within its patient population.

- Members of staff spoke numerous different languages which included Punjabi, Hindi, Urdu and Sawali. This helped improve communication with patients whose first language was not English.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 37 patients as carers (1.25% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. During our inspection, we saw information in the waiting room for patients directing them to local bereavement services. The practice also signposted patients to these services if they required them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended opening hours on a Saturday from 9am until 3pm for working patients who could not attend during normal opening hours.
- 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.
- The practice employed the services of long term locum GPs to ensure there was adequate appointment availability for patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was a TV screen in the waiting room which provided patients with health promotion information.
- There was a 'Jayex' board in the waiting room which was an electronic call board to call patients through to see the GP or nurse.
- The practice provided access to a Ujala translation service facility to assist patients whose first language was not English to communicate better. The Ujala centre also provided sign language interpreters.
- The practice ensured the practice nurse was provided with a face to face interpreter from the Ujala centre, for

all patient consultations for those whose first language was not English. This was due to the nurse speaking only English and the practice had a high level of ethnicity within its patient population.

- Members of staff spoke numerous different languages which included Punjabi, Hindi, Urdu and Sawali. This helped improve communicate with patients whose first language was not English.
- Patient information leaflets were available in numerous languages for those patients whose first language was not English.

Access to the service

The practice was open from 8am until 6.30pm Monday to Friday. The practice provided extended opening hours on a Saturday from 9am until 3pm. The practice was part of a pilot scheme within Leicester City which offered patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments were available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments were available by walk in, telephone booking or direct referral from NHS 111.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments, telephone consultations and home visits were also available for people that needed them.

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

- 80.23% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 69.79% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- 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.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with

the complaint. The practice had a complaints policy in place and information was available to patients to advise them on how to make a complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. We saw evidence of one complaint in relation to a home visit request which had led to a serious incident being raised as a result. We saw evidence that this had been fully investigated, the practice implemented a home visit policy as a result of this complaint.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice did not have a robust strategy and supporting business plan in place to reflect the vision and values of the practice.

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. The senior GP was the practice governance lead.
- Practice specific policies were implemented and were available to all staff. We reviewed 20 policies during our inspection which included consent, chaperone, mental capacity act, safeguarding adults and children and disability policies. All policies were dated and reviewed on a regular basis.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were some arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice did not comply with their own risk assessment for the control of legionella and it did not have an effective fire risk assessment in place at the time of our inspection. The practice did not have a maintained fire detection and alarm system installed.

Leadership and culture

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). This included support training for all staff on communicating with patients about notifiable safety incidents. 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 the practice held regular team meetings. We saw evidence of meeting minutes during our inspection. Numerous topics were discussed such as significant events, training and clinical services provided by the practice.
- 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 GP Partner and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 had been active for approximately four years and met on a three monthly basis. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, there was a high number of patients who did not attend for their

Are services well-led?

Requires improvement 

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

appointment without notifying the practice first. This had led to increased pressure on the appointment system as these appointments could have been given to other patients who required them. The PPG worked in conjunction with the practice and arranged for a letter to be sent to any patients who did not attend for their appointment without notifying the practice. This had led to a decrease in the rate of wasted appointments and increased the amount of available appointments for patients.

- There was a notice board in the waiting room which displayed photographs of all members of the PPG which included their names.
- The practice also carried out an annual patient satisfaction survey. We saw evidence of a survey report and action plan during our inspection. The practice had agreed actions to improve services for patients. For example, the results of the survey showed patients were less satisfied with the ability to get through to the practice by telephone. The practice agreed to promote to use of on-line services such as the ability to book appointments on-line to help reduce pressure on the telephone lines.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area such as a pilot scheme within Leicester City which offered patients evening and weekend appointments with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments were available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments were available by walk in, telephone booking or direct referral from NHS 111.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The provider had failed to ensure adequate measures had been taken in relation to fire safety and prevention. The provider had not installed a suitable fire detection and alarm system to ensure compliance with the Regulatory Reform (Fire Safety) order 2005. The fire risk assessment was not effective and did not identify all fire hazards.</p> <p>The provider did not have appropriate arrangements in place for monitoring of water temperatures in line with their own Legionella risk assessment and procedures to ensure the prevention of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>How the regulation was not being met:</p> <p>The provider did not ensure all premises and equipment used by the service provider was clean and suitable for the purpose for which they were being used:</p> <p>The provider did not ensure cleaning schedules and guidelines were in place or adhered to.</p>

This section is primarily information for the provider

Requirement notices

The provider had not maintained the premises to ensure the health and safety of persons in the premises.

This was in breach of regulation 15(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.