

The Central Surgery

Quality Report

Brooksby Drive
Oadby
Leicester
Leicestershire
LE2 5AA

Tel: 08444996973

Website: www.thecentralsurgeryoadby.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

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

We carried out an announced comprehensive inspection at The Central Surgery on 20 September 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice carried out an annual review of incidents to identify themes and take action to improve patient services.
- The practice monitored prescribing data provided by the local clinical commissioning group and took action as appropriate to ensure prescribing was in line with best practice guidance.
- There was a comprehensive business plan in place in the event of a major incident or disruption to the service.
- The practice actively discussed new and updated NICE guidance to ensure practice was in line with current guidance.
- The practice actively carried out clinical audits to demonstrate quality improvement.
- The practice supported patients to live healthier lives.
- 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.
- The practice actively reviewed the number of appointments available to ensure demand could be met in line with national guidance.
- Patient feedback stated patients were generally happy with the appointment system and got an appointment when they needed one. However, 12 comment cards we received expressed difficulties at

Summary of findings

times in accessing the service. This information was reflected in the most recent national GP survey results and the practice had implemented an action plan to improve access and patient satisfaction.

- The practice had a clear vision to provide excellence, compassionate, personalised NHS care our the community.
- The practice had a number of policies and procedures to govern activity and had an established meeting structure to discuss governance issues.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on, including national survey results.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice carried out an annual review of incidents to identify themes and take action to improve patient services.
- When things went wrong with care and treatment, patients were informed of the incident, received support, received an explanation regarding the incident, as well as a verbal or written apology. They were also told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice monitored prescribing data provided by the local clinical commissioning group and took action as appropriate to ensure prescribing was in line with best practice guidance.
- Risks to patients were assessed and well managed.
- There was a comprehensive business plan in place in the event of a major incident or disruption to the service.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice actively discussed new and updated NICE guidance to ensure practice was in line with current guidance.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice actively carried out clinical audits to demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice supported patients to live healthier lives.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Data from the national GP patient survey showed patients rated the practice generally on average compared to others for several aspects of care. Where they had rated the practice lower than average, the practice had implemented an action plan to improve patient satisfaction and the care provided.
- 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.

Good



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.
- The practice actively reviewed the number of appointments available to ensure demand could be met in line with national guidance.
- Patient feedback stated patients were generally happy with the appointment system and got an appointment when they needed one. However, 12 comment cards we received expressed difficulties at times in accessing the service. This information was reflected in the most recent national GP survey results and the practice had implemented an action plan to improve access and patient satisfaction.
- 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 and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision to provide excellence, compassionate, personalised NHS care our the community.
- There was a clear leadership structure and staff felt supported by management.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice had a number of policies and procedures to govern activity and had an established meeting structure to discuss governance issues.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on, including national survey results.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had devised a social inclusion pack to give to patients if they felt socially isolated.
- The practice allocated named GPs to the care homes it supported.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 81% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a diabetic clinic which was with a practice nurse and diabetic specialist nurse.

Families, children and young people

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

Good



- 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.

Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 78% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services for ordering repeat prescriptions and booking appointments.
- A full range of health promotion and screening was offered that reflected the needs for this age group.
- Extended access appointments were available, both face-to-face and by telephone.

Good



People whose circumstances may make them vulnerable

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

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

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



Summary of findings

- 98% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 88%.
- 78% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- 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.
- The practice had access to a range of services which could support patients experiencing poor mental health. This included Improving Access to Psychological Therapies (IAPT), the CRISIS resolution team and the practice also hosted a mental health clinic to enable assessment and treatment.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with national averages. 227 survey forms were distributed and 106 were returned. This represented 1.2% of the practice's patient list.

- 62% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 66% 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%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 65% 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%.

The practice had carried out a comparison from the most recent survey to previous surveys and implemented an action plan to try and improve patient satisfaction around those areas that were lower compared to national averages.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 40 comment cards which were all positive about the standard of care received. Feedback from the comment cards stated all staff were friendly, helpful and courteous. However six comment cards said there was sometimes a long wait on the telephone, three said they had found it difficult at times to get an appointment and another three said they didn't always see the same GP.

The Central Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Central Surgery

The Central Surgery is a GP practice, which provides primary medical services to approximately 8,727 patients predominately living in Oadby and surrounding areas. East Leicestershire and Rutland Clinical Commissioning Group (EL&RCCG) commission the practice's services.

The practice has six GP partners (four male and two female) and two registrars. The nursing team consists of a nurse practitioner, a practice nurse and two health care assistants. They are supported by a Practice Manager, an IT Manager and a team of administrative and reception staff.

The practice is open between 8am and 6pm Monday to Friday. Extended hours appointments are offered between 7.30am and 8am on Mondays and Wednesdays and between 7.45am and 8am on Tuesdays and Thursdays. In addition to pre-bookable appointments, urgent appointments are also available for people that need them.

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

Central Surgery is an approved training practice.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 September 2016. During our visit we:

- Spoke with a range of staff, including GPs, a locum GP, practice nurse, practice manager and administrative and reception staff.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, received an explanation regarding the incident, as well as a verbal or written apology. They were also told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events, which were discussed at the relevant meetings.
- An annual report regarding incidents and sharing learning had also been completed. This reflected on the themes of incidents and what changes to practice had been made, as well as encouraging staff to continuously report incidents. For example, 23 incidents relating to the warfarin service were reported in a six month period which was linked to a change in GPs carrying out the service. Incidents included an inconsistent approach and no dedicated clinics. As a result, dedicated warfarin clinics were set up and the practice saw a large decrease in the number of incidents reported.

Safety and medicine alerts were distributed to staff by email. Staff actioned the alerts and returned the alert to the practice manager for information on what action was taken. Minutes from clinical meetings we reviewed also demonstrated discussions of safety alerts and the actions to be taken.

Overview of safety systems and processes

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

- Staff were aware of the arrangements in place to safeguard children and vulnerable adults from abuse, which reflected relevant legislation and local requirements. Staff were able to access the policies and had received training on safeguarding children and vulnerable adults relevant to their role. 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, which all staff could name. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- 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 either a Disclosure and Barring Service (DBS) check or an appropriate risk assessment had been carried out. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Data provided by the CCG demonstrated the practice was the second lowest prescriber for antibiotics within the locality and highlighted areas for improvement. For example, in April 2015, the practice had been identified as one of the highest prescribers for buprenorphine patches (pain medicine). The practice reviewed their practice and in June 2016 data demonstrated their prescribing rate had decreased by 35%. Blank prescription forms and pads were securely stored and

Are services safe?

there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The same recruitment checks were carried out for locum staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

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

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.
- New NICE guidance and updates to existing guidance were discussed in detail at clinical meetings. Minutes were reviewed confirmed this.
- 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 94% of the total number of points available.

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

- Performance for diabetes related indicators was better compared to the national average. For example, 81% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Performance for mental health related indicators was better compared to the national average. For example, 98% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 78% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits completed in the last two years, three of these were completed audits with a second cycle and the improvements made were implemented and monitored.
- Findings from the audits demonstrated improvements in the quality of care being provided. For example, patients taking anticoagulants were reviewed to see if the medication was being used safely. As a result, patients were referred back to the warfarin clinic for further review or alternative medicines were considered as appropriate to the patients' needs.
- The practice participated in local audits, national benchmarking and peer review.

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, including asthma.
- 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, annual refresher training 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, informal clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services or if patients accessed services out of hours.
- Care plans for patients at high risk of a hospital admission were reviewed at least annually and following a hospital discharge.
- The practice allocated named GPs to the care homes it supported to ensure social care professionals had contact with a specific GP for continuity of care.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. This included meetings with health visitors and school nurses for safeguarding concerns.

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. GPs had also completed training for the Mental Capacity Act.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. 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 had devised a social inclusion pack to give to patients if they felt socially isolated. This provided details of how to access extra support if needed.
- The practice had recently started a monthly campaign to raise awareness regarding specific services or medical symptoms to be aware of. This included raising awareness if blood was found in a persons' urine as well as more recently information regarding the flu vaccination. Plans were in place to complete campaigns regarding carers and Barnados.
- The practice monitored referrals that adhered to the two week wait process to ensure patients received an appointment. If an appointment was not on the system, the practice contacted the relevant hospital.

The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 78% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97% which was comparable to the CCG average of 95% to 98% and five year olds from 85% to 98% which was comparable to the CCG average of 94% to 98%. The practice had a protocol in place to contact the parents/guardians of children who did not attend for

Are services effective?

(for example, treatment is effective)

their immunisation, this had resulted in an increase of uptake for childhood immunisations. Data from April 2016 to May 2016 showed the childhood immunisation rates for the vaccinations given to under two years had increased to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. The practice had carried out 246 NHS health checks since April 2016. 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 staff members 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 40 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, friendly and courteous.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 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%.
- 73% 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%.

- 87% 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%.
- 83% 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 told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and did not feel rushed during appointments.

Results from the national GP patient survey showed patients generally 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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 73% 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%.
- 77% 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.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 102 patients as carers (1.1% 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.

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.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and the practice had plans in place to include an emergency pull cord in the disabled toilet.
- Translation services were available, however the practice did not have a hearing loop. Although staff told us they had not had a need to use a hearing loop.
- The practice offered a diabetic clinic which was with a practice nurse and diabetic specialist nurse.
- The practice had access to a range of services which could support patients experiencing poor mental health. This included Improving Access to Psychological Therapies (IAPT), the CRISIS resolution team and the practice also hosted a mental health clinic to enable assessment and treatment.
- The practice did not have a lift to assist patients to the consultation rooms on the first floor. However, if a patient could not walk upstairs, an alternative room would be sought.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Extended hours appointments were offered between 7.30am and 8am on Mondays and Wednesdays and between 7.45am and 8am on Tuesdays and Thursdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance for a nurse and four weeks in advance for a GP, urgent appointments were also available for people that needed them.

The practice reviewed the number of appointments available per GP per session to ensure they worked in line

with national guidance of 70 appointments per 1,000 patients and amended the number of appointments available accordingly. This was actively managed on a weekly basis.

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.

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 62% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patient feedback stated patients were generally happy with the appointment system and got an appointment when they needed one. However, six comment cards we received said there was sometimes a long wait on the telephone, three said they had found it difficult at times to get an appointment and another three said they didn't always see the same GP. This information was reflected in the most recent national GP survey results and the practice had implemented an action plan to improve access and patient satisfaction.

The practice had a system in place to assess:

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

All home visit requests were allocated to the duty doctor with a brief summary. The duty doctor then telephoned the patient to determine if a home visit was required and the urgency to the home visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Staff were aware of the practice complaints procedure and knew how to support patients to raise a concern or complaint.

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 three complaints received since April 2016 and found the complaints had been investigated and responded to in a timely manner. The practice offered patients a meeting to discuss their concerns, if that was appropriate and apologised as appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to provide excellence, compassionate, personalised NHS care for the community. The values the practice had set underpinned this vision and all staff knew and understood their roles to achieve it.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice had a clear and established meeting structure which enabled effective discussion around topics such as complaints and incidents. Actions as a result of the meetings and any lessons learnt were shared appropriately at other meetings within the practice to ensure all staff were informed.
- A comprehensive understanding of the performance of the practice was maintained and QOF activity was monitored on a weekly basis.
- The practice carried out continuous clinical and internal audit to monitor quality and to make improvements.
- There were robust 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. The partners were passionate about providing high quality care and all staff members shared the same ethos throughout the practice. 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 support, an explanation regarding the incident and a verbal or written apology
- The practice kept written records of verbal interactions as well as written correspondence

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

- Staff told us the practice held regular team meetings, this included nurse meetings, reception meetings, clinical meetings and executive team meetings. Locum staff were also invited to attend practice meetings if they were available.
- Staff feedback told us the partners and practice manager were approachable and always willing to listen. Staff told us they felt they worked as a united team. The practice manager told us all staff members were encouraged to be a part of the resolution and suggest ideas for improvement to the services provided.

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 was due to be re-launched in October 2016. The group had been formed previously, however due to changes within the partnership and practice management over the last two to three years, the group had limited input from the practice. The group was now positive about the direction of the group and the support they were receiving from the practice. The practice had listened to some of the suggestions from the PPG regarding changing the telephone number from an 0844 number to a traditional landline number, as well as introducing online booking to lower the demand

Are services well-led?

Good 

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

of telephone calls in the morning. The PPG had plans to improve the membership, including encouraging your patients to attend the meetings and to publicise current members.

- The practice had carried out a comparison of the most recent national GP survey results compared to the results published in January 2016. The practice identified areas where patient satisfaction had decreased and identified action points to try to improve patient satisfaction and access to the services. This included getting through to the practice on the telephone, seeing a preferred GP and being involved in care, having enough time and tests and treatments being explained by both GPs and nurses. The analysis was discussed at the relevant meetings and suggestions to improve this was welcomed.
- The practice gathered feedback generally from staff through staff meetings, appraisals and general

discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us about the changes to services as a result of staff feedback, for example changes to the appointment system to ensure call backs to patients were completed at the end of a morning session and providing administration time within clinics.

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. The practice worked with other practices in the local area to develop a business plan to develop Oadby Primary Care Centre to improve the services available to the local population.