Highfields Surgery - SR Choudhary

Quality Report

25 Severn Street
Leicester
LE2 0NN
Tel: 0116 254 3253
Website: www.highfieldsurgeryservernst.co.uk

Date of inspection visit: 10/07/2014
Date of publication: 14/11/2014

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.

Contents

Summary of findings

Overall summary

Highfields Surgery, 25 Severn Street is located in the centre of Leicester. The practice provides primary medical services to the area of Highfields. On the day of our inspection the practice served 3,342 patients.

We reviewed written and verbal feedback from patients and observed staff interaction.

We spoke with six patients and the feedback we received was mainly positive.

We spoke with six members of staff. They gave positive examples of how they considered patients views about the way the practice was run and with regard to their individual health needs and treatments.

The practice demonstrated that it understood the local patient population and provided flexible and responsive services to meet patients' needs. Patients told us they felt safe, the staff were kind, caring and respectful and the practice was well led.

We found that the practice was responsive to the needs of older people, people with long term conditions, mothers, babies, children and young people, the working age population, people in vulnerable circumstances and people experiencing poor mental health.

We have asked the practice to take action on six issues where we found that improvements were needed.

The provider was in breach of regulations related to:

- Cleanliness and Infection control
- Assessing and monitoring the quality of service provision

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

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 was providing safe care in most areas but improvements were needed.

Patients who were in vulnerable situations were safeguarded by knowledgeable and trained staff underpinned by effective systems for sharing information and highlighting risk.

Staff demonstrated that they understood and followed procedures to protect children and vulnerable adults from abuse.

The systems in place for repeat prescriptions ensured patients received the correct medicine at the right dose and that medicines prescribed continued to be safe and appropriate for each individual patient.

Clinical staff worked in partnership with other services to develop and share strategies to reduce the risk for patients.

There were plans in place to manage emergencies, such as a power failure, which could disrupt the continuity of the service provided by the practice.

Patients were not protected against the identifiable risk of acquiring infections as there were no systems in place to assess the risk of, to prevent, detect and control the spread of health care associated infections.

Patients who used the service, staff and visitors were not always protected against the risks of unsafe or unsuitable premises.

Are services effective?

The service was effective

The care and treatment being provided to patients was effective and met the patients' needs.

Systems were in place to work collaboratively with other health care professionals and services for the benefit of the patients.

Patients had good access to a range of health promotion advice and support.

The practice has begun to develop initiatives to improve the monitoring, management and outcomes for patients at the surgery in line with the local CCG and national guidelines.

Are services caring?

The service was caring.

Summary of findings

Patients were given choice and involved in decision making.

Patients told us they respected and involved with their care.

We observed staff treating patients with kindness and compassion and with dignity.

The practice provided a range of services to support patients. These included a chaperone service, information packs for carers and use of translation.

Are services responsive to people's needs?

The service was responsive to people's needs.

The practice demonstrated an understanding of the local population and were planning their services in response to different needs. The surgery had extended its appointment hours on a Monday evening to accommodate those patients who were unable to access GP services during working hours.

Patients with restricted mobility were able to access the main door at the practice via a ramp but we found that the push button to alert staff at the front door was not working on the day of the inspection.

Are services well-led?

The practice was well led in some respects but improvements were needed.

The leadership at the practice was open and transparent and willing to take advice to improve. The practice manager and business manager were supportive to staff and encouraged their professional development. Members of staff said that senior staff were approachable and they had an open door policy.

The practice was going through a period of change. One GP partner left the practice in June 2014 and two new GP partners were not joining the practice until the end of July 2014. The new GP partners had employed a business manager to oversee proposed changes to the practice. We found on the day of the inspection that he had good links with the local commissioning group (CCG) and other health care providers.

The practice did not have an effective system in place to regularly assess and monitor the quality of service that patients received.

The practice had not identified, assessed and managed risks relating to health, welfare and safety of people who used the services and others who could be at risk.

Summary of findings

There was limited evidence that learning from incidents/ investigations took place and appropriate changes were implemented.

There was no evidence that all significant adverse events were recorded in a timely manner and that they were reviewed and necessary actions documented and implemented.

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
We found that the practice was responsive to the needs of older patients.

The practice had reviewed the health care plans of this population group. Patients had been contacted when they required a vaccine against influenza. The health care plan also identified which older patients would need a home visit.

Patients we spoke with told us that their health care needs were being met by the practice.

We found the practice worked well with other agencies and health care providers to provide support and accessed specialist help when required.

People with long-term conditions
The practice was responsive to the needs of patients with long term conditions.

There was evidence of a multi-agency approach working alongside, for example, the community matron.

Care was planned to reduce the incidence of attendance or admission to hospital.

Mothers, babies, children and young people
The practice provided services to meet the needs of this population group.

The practice had provision for maternity care for both antenatal and postnatal care. We were told that the clinics are always popular and very busy.

Staff was knowledgeable about safeguarding children.

A midwife attended the practice meetings on a regular basis to share information on families and children who are registered with the practice.

There were national vaccination programmes which were managed effectively to support patients.

The working-age population and those recently retired
The practice provided a range of services for patients to consult with the GP and nurses which included on-line booking and telephone consultations.

Summary of findings

The GPs and practice staff were aware of the challenges the appointment system presented for working age patients and as a result had introduced extended hours on a Monday evening to allow people access to appointments after work.

People in vulnerable circumstances who may have poor access to primary care

The practice was responsive to the needs of patients with learning disabilities. The practice had reviewed the attendance arrangements and as a result they had made changes to the appointment system to facilitate easier access. The emergency treatment plans for this patient group had been reviewed to ensure they were up to date and met their current needs.

Staff had received safeguarding training and were aware of how to identify patients at risk and take action where appropriate to safeguard both vulnerable adults and children. They had access to practice policies and procedures.

The practice was able to access a range of translation services, for example, the Ujala Resource Centre for patients who did not speak English. The Ujala Resource Centre provided interpreting and translating services to support providers of health care across Leicester, Leicestershire and Rutland.

People experiencing poor mental health

The practice was responsive to the needs of patients with poor mental health. The GP worked with other services to review and share care as required with specialist teams.

There was a very low incidence of substance misuse in the area covered by the practice but referrals were made to the appropriate team if required.

Summary of findings

What people who use the service say

On the day of the inspection the practice was only open for the morning. We spoke with six patients who had attended the surgery for a consultation with a GP.

Patients told us they were generally happy about the staff especially the doctors and nurses. They felt respected, listened to, included and able to express opinions, which were taken into account.

We reviewed 12 comments cards that had been completed and left in a CQC comments box. The comment cards enabled patients to express their views on the care and treatment received. Eight of the comment cards reviewed were positive. Patients felt that the surgery met the needs of the local community. They also felt that staff were polite and helpful and the surgery was safe and hygienic. Four of the comments cards reviewed were negative in respect of being able to get through to the surgery to make an appointment. Patients told us they experienced problems with some reception staff due to their lack of English speaking skills. This was also identified as an issue by patients we spoke with on the day of the inspection especially when contacting the practice to make an appointment.

Patients told us that communication between the practice and other health care settings was good.

Patients we spoke with on the day of the inspection were not aware of the patient participation group (PPG).

The main concerns for the patients we spoke with on the day of inspection were contacting the practice by telephone to make an appointment and the ability to book appointments in advance.

We spoke with the chair of the patient participation group (PPG). The PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

The chair told us the doctors at the practice very caring. They put their patients first and were still seen as a family doctor practice. They told us they felt the practice reached to the community. The reduction in missed appointments rates known as did not attend (DNA) and improvements in the number of health care checks undertaken evidenced that the practice was responsive to the needs of the patients registered with the practice.

The chair told us that the group had an average of four members who attend the meetings. They had changed the time of the meetings to the evening in order to support wider participation and encourage membership to the group.

The minutes of the PPG meetings were not published on the website or made available in the waiting room as the PPG felt that issues which related to specific population groups should only be highlighted to that group. We were not shown any evidence that feedback was given to patients or any of the population groups.

Areas for improvement

Action the service MUST take to improve

The practice must have good infection prevention and control systems to ensure that patients who use the services receive safe and effective care. The practice must have systems in place to assess the risk of, prevent and detect and control the spread of health care associated infections.

The practice must have an effective system in place to regularly assess and monitor the quality of service that people received to enable patients to benefit from safe quality care.

The practice must have in place appropriate risk assessments relating to health and safety. The risk assessments must include an appropriate fire and legionella risk assessment. Relevant professional advice

Summary of findings

must be obtained where necessary. There are legal regulations in place in the UK that cover the area of legionella control and water systems, and they are enforced by the Health and Safety Executive (HSE).

The practice must ensure that all significant adverse events are recorded in a timely manner and that they are reviewed and necessary actions documented and implemented. A significant adverse event is a medical event or error that causes an injury to a patient. Necessary changes may not have been implemented to ensure that patients received safe and effective care.

Safety alerts such as those disseminated by the Medicines and Healthcare products Regulatory Agency (MHRA) must be dealt with in line with the practice policy. MHRA alerts are sent where there are concerns over the quality of the medication or equipment .This could affect the patient in terms of the safety or effectiveness of the medication or equipment.

Action the service SHOULD take to improve

There was a confidentiality hatch in the reception area at Highfields Surgery .The practice should provide information to patients to advise them that they could ask to speak confidentially to clinical and non-clinical staff members in another area of the practice at any time.

All new staff should have induction training and induction training should be fully documented.

The practice should have a process for staff to report accidents, slips, trips and falls.

Copies of patient participation group (PPG) minutes should be displayed in the reception area and on the practice website so that they can be accessed by all patients, staff and the public.

The drugs and equipment required for emergency situations should be stored in one location on the premises to ensure the safety of patients and ensure they are responded to in a timely manner.

Ensure that clinical and domestic waste is disposed of in line with HTM-07-01 Safe Management of Healthcare Waste. HTM-07-01 Safe Management of Healthcare Waste provides guidance to healthcare providers on the safe management and disposal of healthcare waste

The practice should have a ramp to allow for evacuation of disabled patients at the rear of the building.

Complaints received by the practice should be investigated. Outcomes, recommendations and actions should be completed and fully documented.

Outstanding practice

Our inspection team highlighted the following areas of good practice:

The practice undertook research with some of their patients and found that people who were born in Eastern Europe for example, Albania, Bulgaria, Lithuania and Romania were used to calling into the hospital or other medical centre as a first point of call, rather than using the GP. During the interviews with patients it was found that the people who were on employment contracts would not be allowed to take paid time off to attend appointments during the working day. As a result they would attend walk- in centres at the weekend or in the evening. The practice contacted these patients and supported them to understand how the NHS system operated. As a direct result of feedback from patients the surgery opening hours were extended so that people could attend when they finished work.

Highfields Surgery - SR Choudhary

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC inspector. The team also included a second CQC inspector, a GP, a practice manager and an expert by experience.

An Expert by Experience is a person who has experience of using this type of service and helps us capture their views and experiences of patients and carers.

Background to Highfields Surgery - SR Choudhary

Highfields Surgery is located at 25 Severn Street Leicester. The practice provides primary medical services to the area of Highfields in the centre of Leicester. On the day of our inspection the practice served 3,342 patients. The practice is currently operated by one GP partner, two locum GP's, a practice manager, four receptionists, one health care assistant who also covers reception duties and two locum practice nurses.

The practice is located within the area covered by Leicester City Clinical Commissioning Group (CCG). The CCG is responsible for commissioning services from the practice.

Highfields Surgery is currently undergoing a period of change and will see two new GP partners joining the practice at the end of July 2014. A new business manager commenced in post two weeks before the inspection.

Highfields Surgery is a multi-level practice, with access for disabled patients but does not have any car parking facilities. The surgery was open 8am to 6.30pm Monday, Tuesday, Wednesday and Friday. Thursday the practice was open 8am to 1pm. The practice offers an extended hours service with pre-booked appointments on Monday evenings between 6.30pm and 8.20pm.

Information from the local clinical commission group (CCG) and Public Health England showed that the practice had a younger patient population group. In Leicester approximately 60% of patients are under 40 compared with 51% in England. There is a large student population and migrant population with young families.

Highfields Surgery has opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided to Leicester City, Leicestershire and Rutland by Central Nottinghamshire Clinical Services.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

- Is it safe?

Detailed findings

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health.

Before we visited Highfields Surgery we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We asked the practice to put comment cards in reception where patients and members of the public could share their views and experiences. We carried out an announced visit on 10 July 2014. The practice was only open for the morning so we only had the opportunity to speak with six patients who used the practice. We spoke with six members of staff, which included two locum GP's, the practice manager, the business manager and two receptionists. We observed how patients were being cared for. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

We met and spoke with the patient participation group (PPG) and we looked at the practice's policies and procedures. The PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

Are services safe?

Our findings

Safe Track Record

Patients received safe care and treatment. The practice engaged with other health providers to coordinate and meet patients' needs. For example, the practice worked collaboratively with the community nursing team to safely support patients who required additional care or treatment.

New patients who registered at the practice were asked to complete a health questionnaire. Clinical staff reviewed and checked the information during the patient's first appointment to ensure their health was safely managed, treated and maintained.

Learning and improving from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events.

There was evidence that learning from significant adverse events and investigations took place and some changes were implemented. A significant adverse event is a medical event or error that causes an injury to a patient.

Staff told us they attended practice meetings and had discussions about any significant adverse incidents at the practice. We saw some records of significant adverse events which gave a description of what happened, what went well and what could have been improved. There was however no assessments done to check if the recommended changes to practice after a significant adverse event had been completed.

The practice manager was responsible for recording and sharing actions which resulted from significant events, incidents and near misses. We saw and we were told that any significant adverse events were shared with the CCG and appropriate actions taken.

Staff told us there were no processes in place to report slips, trips and falls or staff accidents.

Reliable safety systems and processes including safeguarding

Highfields Surgery had a safeguarding lead for vulnerable adults but did not currently have a safeguarding lead for children. We were told that when the two new GP partners commenced their posts at the end of July 2014 a safeguarding lead for children would be identified.

Patients who were in vulnerable situations were safeguarded by knowledgeable and trained staff. Staff we spoke with demonstrated that they understood potential signs and symptoms of abuse and knew what to do if they had concerns. The practice had information for staff which included details of who to contact if they had any concerns.

The practice had a whistleblowing policy in place with guidance for staff to follow however it lacked information on how staff could seek support from outside the organisation in order to raise concerns.

We found that health and safety risk assessments had not been undertaken. However we were told that the new GP partners who were joining the practice at the end of July 2014 had already outlined plans for a whole building refurbishment. This would include health and safety risk assessment for all areas of the practice. These modernisations and improvements were in the planning stage on the day of our inspection.

Monitoring Safety & Responding to Risk

The window in the reception was situated next to the rear fire exit door. On the day of the inspection we found that if the window was open it prevented the fire exit door from being fully opened therefore in the event of a fire evacuation would not be possible through this exit.

We found that there was not a ramp to allow for evacuation of disabled patients at the rear of the building.

We found that the oxygen cylinder did not have a disposable 100% oxygen mask. We spoke to the practice manager who immediately dealt with this situation.

We did not see any evidence that legionella checks had been carried out at the practice. The practice was unable to show us that the premises water supply was safe for patients for use. Any service with public access to their water system has a duty of care to ensure there is a risk assessment in place to ensure legionella does not become a danger to health.

The practice had specific reports which covered the management of maintenance of the premises. We saw evidence that the fire equipment which included the fire alarm and extinguishers were inspected in February 2014. The fire alarm was tested on a monthly basis. New fire

doors were in place where required. Security arrangements for the premises were reviewed in June 2014. The central heating, hot water provision and electrical services had annual maintenance contracts in place.

Medicines Management

The practice had various ways for patients to request repeat medicines. Patients could request repeat medicines via the on-line service, put their requests in a locked box on the wall in the waiting room or hand the request to the receptionist. Patients who were housebound or unable to attend the practice could telephone the surgery and order their repeat medicines. Patients we spoke with told us they found the system easy to use and they felt the system worked well, was efficient and meant they did not run out of prescribed medicines.

We spoke with six patients during our inspection. All of their comments were positive about patients' safety and no one raised any concerns. We asked the patients if they were given information about their medication and the side effects. All the patients we spoke with felt well informed. They told us the doctors and nurses explained all the medications in detail, they felt well informed and there were regular reviews of their medicines.

The practice had systems in place for repeat prescriptions which ensured patients received the correct medicine at the right dose. Medicines prescribed continued to be safe and appropriate for each individual patient. The practice also had a system in place for non-clinical administrative staff to record patient's names in a book when they had requested a repeat prescription for controlled drugs. It was designed to enable the practice to keep a log of the controlled drug (CD) prescriptions and when they were collected.

A CD is a prescription medicine controlled under the Misuse of Drugs legislation. For example, morphine, pethidine or methadone. Stricter legal controls apply to prevent the drugs being misused, obtained illegally or causing harm.

When a CD prescription was collected the administrative staff documented on the computer system that the prescription had been collected and by whom. The system ensured patients were more likely to receive the medicines prescribed for them and there was less likelihood of CD's being collected by a person who was not authorised to do so.

We asked the practice manager how the practice responded to Medicines and Healthcare products Regulatory Agency (MHRA) alerts. MHRA are responsible for regulating all medicines and medical devices in the UK by ensuring they work and are acceptably safe. We were told that the alerts are sent by email and printed off by the practice manager and given to the GP's who sign to say they have read them. The alerts can be drug alerts on defective medicines. Medical device alerts or safety warnings about medicines. The practice manager then checks that they have been read and actioned but we found no evidence to demonstrate the actions taken. The MHRA alerts were not discussed at practice meetings and we were not shown any evidence that patients were reviewed in a timely manner to ensure the medicines or equipment continued to be safe to use.

We looked at the vaccine fridge and saw that it could be locked. However on the day of inspection the key could not be found and the fridge had been left unlocked. We saw there was a process in place to monitor the fridge temperature daily to ensure they were operating in line with guidance on vaccine storage. We found that the monitoring system only monitored and recorded the low temperatures and the thermometer was not reset after the temperature was recorded. During our inspection a process was put in place to ensure that both high and low temperatures would be recorded and the thermometer reset.

Cleanliness & Infection Control

We found that the premises were visibly clean on the day of the inspection.

There were no effective systems in place to reduce the risk and spread of infection. There was no nominated infection prevention and control lead for the practice. Therefore no-one held the responsibility for the practice's infection prevention policies or to implement and conduct audits to ensure their effectiveness. The Health and Social Care Act 2008 advises in the 'Code of Practice on the prevention and control of infection' and related guidance that services should have a named infection control and prevention lead. We looked in the consultation rooms and found that effective cleaning schedules and systems were not in place. There was no guidance for clinical staff who used the consultations rooms about their responsibilities for

Are services safe?

cleaning surfaces and equipment between patients. The practice employed a cleaner but the cleaning carried out was not documented and there was no audit of cleaning standards undertaken.

We found that the practice did not have elbow operated taps for hand washing sinks in line with national guidance. We saw that hand washing instructions were visible in the toilets but not in the treatment rooms.

We asked the practice how they ensured all staff employed were involved in the prevention and control of infection. Staff told us and records confirmed that only one member of staff had received infection prevention and control training.

We looked at the management of clinical waste. The practice had the correct clinical waste bags but we found that domestic waste had been added to these bins. This system did not ensure that clinical and domestic waste was being disposed of in line with the Department of Health guidance HTM-07-01 Safe Management of Healthcare Waste.

Staffing & Recruitment

There was a recruitment and selection process in place. We looked at staff files and found that the practice had not followed its own recruitment and induction policies which stated all new recruits would have an induction checklist together with an induction timetable.

We were told on the day of the inspection that the practice was actively recruiting. Two new GP partners were joining the practice at the end of July 2014 and advertisements were in place for two full time practice nurses. At the time of the inspection the practice had two locum practice nurses who worked alongside the GP to deliver safe and effective care.

There were policies in place which described how the practice ensured the recruitment of staff was safe. We also found that the practice had policies in place, for example, for new recruits and induction. We found that the induction policy had been recently updated but the recruitment policy had not been updated since November 2012.

Dealing with Emergencies

Reception staff had clear visibility of the patient waiting area. They explained that if a patient became unwell they would get the patient seen by a doctor straight away.

We saw in the main treatment room that emergency equipment was available such as oxygen and an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses the life-threatening disturbances in the normal rhythm of the heart in a patient. The AED is able to treat them through defibrillation, the application of electrical therapy which stops the arrhythmia, allowing the heart to re-establish an effective rhythm.

We checked the emergency box and found that the airways were not in single use packets. Single use packets guarantee a completely clean and sterile instrument for every patient. They are used once and disposed of, removing the need for lengthy cleaning processes. We spoke with the practice manager who immediately dealt with this issue. We saw a checklist which demonstrated that the contents and expiry dates were checked monthly.

The practice had the medicines required for emergency situations on the premises. We found that the emergency medicines were not all kept together in the same room. We also found that the equipment required for emergency situations was not kept in one place. We spoke with the practice manager who told us that arrangements had already been made to ensure that medicines and equipment would be stored in one room and all staff would be informed of the new location.

The provider had systems and protocols in place to ensure business continuity in the event of any emergency, such as a power failure, which could disrupt the continuity of the service provided by the practice. However we found that the policy which had been updated in March 2014 contained inaccuracies, for example, staff were identified who were no longer at the practice and there was still a reference to the Primary Care Trust which no longer existed and had been replaced by Clinical Commissioning Groups (CCG's).

Equipment

The practice checked and serviced the equipment appropriately.

Records listed the dates of checks and services that had been completed and when they were next due.

Are services safe?

There were arrangements for checking such equipment. We saw test and calibration records of, for example, the AED, the vaccination fridge, ultrasound equipment and thermometers that showed they had been checked regularly and were working correctly.

There was an automatic door entry system for people with mobility problems at the front of the building and we saw that this system had been serviced in March 2014.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care & treatment in line with standards

The practice had begun to plan services based on the needs of the local population which included monitoring the quality of care provided. The practice was committed to provide care which was patient-focused. This was in line with guidance from local clinical commissioning group (CCG).

The practice participated in recognised benchmarking programmes such as Quality Outcomes Frameworks (QOF). The QOF results showed that Highfields surgery scored a high overall achievement of 98%. QOF gives an indication of the overall achievement of a surgery through a points system. Practices aim to deliver high quality care across a range of areas for which they score points.

Patients we spoke with told us they were referred appropriately and in a timely manner

Patients told us they were supported to make choices.

Management, monitoring and improving outcomes for people

Highfields Surgery was highlighted as being an outlier in respect of diabetes prevalence and insulin prescribing. An outlier means that the numbers of patients with a condition is either higher or lower when compared with other practices nationally. We spoke with the business manager and one reason identified was the capture of demographical data. Patients' demographical data included name, date of birth, race, ethnicity, and language spoken. The data could then be used to plan, improve, and evaluate health services and to reduce inequalities.

The practice told us that they will liaise with the medicines management team at the clinical commissioning group (CCG) and will undertake an audit and re-audit in the last quarter of the financial year to ensure there is improvement.

The practice had also been identified as a service with a high number of patients admitted to the local hospital with atrial fibrillation and asthma. Atrial fibrillation, or AF, is the most common type of arrhythmia. An arrhythmia is a problem with the rate or rhythm of the heartbeat. As we were unable to talk to the GP partner on the day of inspection we looked at the Annual Quality Review (AQR) produced by the CCG and the subsequent action plan for the practice dated April 2014. An annual quality review reflects the progress and performance of a GP practice over the previous year. The AQR demonstrated that the practice felt that there had been coding issues at the local hospital and the practice had provided the CCG with documentary evidence of coding errors for the CCG to follow up. Codes are used for each patient pathway to ensure that their patient records are accurate. The codes are a record all episodes of inpatient and day case activity in NHS hospitals, for example, planned and emergency admissions, minor and major operations, and hospital stays. The records are coded by clinical coders. If it is not obvious in a patient's notes, the coder may have to make a judgement on what they consider to be the primary diagnosis for that patient. This could result in coding errors.

The practice participated in the NHS Quality and Outcomes Framework (QOF) system used to monitor the quality of services in GP practices. QOF consisted of groups of indicators against which practices score points according to their level of achievement. Clinical indicators which related to the management of patients, for example, heart failure, hypertension, diabetes, asthma and stroke. We saw that this included reviews of such areas as A&E and outpatient attendance.

We reviewed data on QOF information and found that the Practice achieved 980 points out of maximum of 1000. The Leicester City Clinical Commissioning Group (CCG) average for the locality was 946. There are 65 GP practices split into four localities within the Leicester City CCG. All GP practices belong to a locality which is a geographic area, and has a lead GP who is a member of the CCG Board.

The computerised administration system used by the practice incorporated the QOF information. The system ensured that staff in the practice was made aware if a patient required an additional test or appointment to help improve their treatment outcomes.

We saw evidence that the practice undertook regular audits. One example related to medicines management, for example, antibiotic prescribing (a mandatory audit for 2014 for the Leicester Clinical Commissioning Group), prescriptions, repeat prescription and regular medicines prescribed.

Patients told us that they were happy with the information they received from the GP or practice nurse about their

Are services effective?
(for example, treatment is effective)

prescribed medicines. They felt the information they received on current medication and any side effects was informative. Medicines were reviewed on a regular basis and patients felt they could ask questions and got good answers. We were also told that a reminder by letter or text was sent to the patient about the review appointment.

Effective Staffing, equipment and facilities

We saw that arrangements were in place to ensure that all clinical staff were revalidated in order to meet the requirements of their professional registration. For example the locum practice nurse had her nursing and midwifery council (NMC) registration checked on a yearly basis to ensure they were revalidated in order to meet the requirements of the NMC.

A member of staff we spoke with told us the current system in place for training and appraisal worked well. They found it useful and had identified some training which they have now completed.

All of the patients we spoke with told us there were always enough staff at the practice. They told us the receptionists kept them up to date if surgeries were running late and let them know how long they could expect to wait.

The patients we spoke with said they could always get an appointment if they needed one, but not necessarily at a time convenient to them. The staff we spoke with felt that patients always got seen in an emergency as they offered on the day appointments or a telephone conversation with a GP. On the day of inspection we saw these systems in practice and found the staff made every effort to ensure patients who needed to be seen were seen by a GP.

On the day of the inspection the practice was covered by two locum GPs who were working the morning as the practice was only open for half the day. We were told that one GP partner had left and two new GP partners were not joining the practice until the end of July 2014. Both locum GPs had been with the practice for some time and were familiar with the practice which ensured stability and continuity for patients.

Working with other services

We found staff at the practice would take steps to ensure their patients received care and treatment they needed form other health care providers in a safe and timely manner. Patients we spoke with told us this was a swift and efficient aspect of the service.

We found that there was a system in place for managing blood test results and recording information from other health care providers. We were told and we were shown evidence that the practice received an email notification followed by a letter after attendance at Accident and Emergency or the out-of-hours service. This enabled the efficient exchange of information about patients who used accident and emergency or the out-of-hours services. The notifications also ensured any follow-up action could be taken by the practice if required. Similarly with blood tests the results would be reviewed by a GP who would then inform the receptionist if the patient required an appointment.

Staff at the practice told us there were meetings with other professionals and agencies where patients with complex needs were discussed. Information was shared and care and treatment planned and co-ordinated to ensure an integrated approach.

Health Promotion & Prevention

There was a range of health promotion information available in the practice. This included information on minor conditions and illnesses, travel vaccines and screening for Hepatitis B. Information was also available about groups and services aimed at health promotion such as walking groups and smoking cessation groups.

The patient registration packs were seen and contained questions which screened patients for risk factors in their medical and social history. The practice website provided guidance for all new patients (including the registration of children) and indicated what information and documents would be needed to register at the practice.

We were shown an information pack which was available in the practice for carers. A carer is a person who identifies themselves as a person providing care for a relative, friend or neighbour. The pack gave information and suggested services which would assist and support them in their caring responsibilities. The practice had a policy which indicated how they would identify and support carers. A member of staff we spoke with told us that carers come up on the home page of their computerised health records. This enabled staff to ensure that they were offered the opportunity, for example, to have flu jab in winter.

We found from information received from the local commissioning group (CCG) that Highfields Surgery had exceeded the year to date locality and CCG target for NHS

Are services effective?

(for example, treatment is effective)

Health and Learning Disability health checks. The NHS Health Check programme aims to help prevent or identify heart disease, stroke, diabetes, kidney disease and certain types of dementia. These figures demonstrated the commitment made by Highfields Surgery for patients with learning disabilities. The system in place enabled the GP and staff at the practice to be proactive in preventing ill health by checking and monitoring the health of patients registered with the practice.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Within the waiting room, at reception, we found patients had to speak to the receptionists through a confidentiality hatch. However there was no information available that advised patient's they could ask to speak in confidence to clinical and no-clinical staff members if they required. Patients we spoke with felt that confidentiality was maintained despite the small reception area.

Patients told us that some of the receptionists were not always helpful and good at listening and went on to say that they can be abrupt at times.

We reviewed 12 comments cards that had been completed and left in a CQC comments box. The comment cards enabled patients to express their views on the care and treatment received. Eight of the comment cards reviewed were positive. Patients felt that the surgery met the needs of the local community. They also felt that staff were polite and helpful and the surgery was safe and hygienic. Four of the comments cards reviewed were negative in respect of being able to get through to the surgery to make an appointment and with some reception staff due to their the lack of English speaking skills . This was also identified as an issue by patients who we spoke with on the day of the inspection especially when contacting the practice to make an appointment.

We spoke with the chair of the patient participation group (PPG). The PPG is a group of patients who have volunteered to represent patient's views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improve quality of care.

The chair told us the doctors at the practice very caring. They put their patients first and were still seen as a family doctor practice. In all, a very receptive and caring team. They felt the practice reached to the community. The reduction in did not attend (DNA) rates and improvements in the number of health care checks undertaken evidenced that the practice was responsive to the needs of the patients registered with the practice.

We were told and we saw evidence that a patient satisfaction survey had been completed by way of questionnaire, which had been given to the patients to complete. The survey focussed on patient access. Results were generally favourable. Most patients (64%) said they could get a same day appointments. The figure rose to 76% if the need to see a doctor was urgent. However patients we spoke with on the day of inspection told us that they were not routinely asked for their point of view through patient surveys.

The practice had access to counsellors who were able to support patients and also signposted them to other agencies for support in circumstances such as bereavement.

Involvement in decisions and consent

Patients told us they were generally happy about the staff especially the doctors and nurses. They felt respected, listened to, included and able to express opinions which were taken into account.

Patients told us they had confidence in the GP and nurses working at the practice as they were carefully listened to and felt involved in their treatment and options including treatment from other health care settings and specialists.

We saw a notice that informed patients that a chaperone could be requested if required. A chaperone is a person who accompanies and looks after another person or group of people. All staff and patients we spoke with were aware of the chaperoning policy. Patients told us that chaperoning was provided and patients could choose to see a female doctor if they wanted (or wished) to. They felt this maintained their personal dignity.

Patients told us that communication between the practice and other health care settings was good.

The staff supported patients to be involved in their care. They notified patients about test results, discussed medicines with them and provided adequate information about their conditions. Patients we spoke with told us the staff always provided clear explanations about any tests or treatments. They told us their consent to these tests and treatment was informed.

We found that the practice rarely used the interpreting and translating service. Staff did not have a clear understanding about how to access the interpreting and translating services within Leicester City. Without this system in place patients may have to use family members or friends to interpret which may not always be appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was responsive to patients' needs. Eight of the comments cards we reviewed and the patients we spoke with told us that the service they received from the practice was good. They told us the staff were helpful and the doctor was helpful and understanding.

The practice demonstrated an understanding of the local population and were planning their services in response to different needs. The surgery had extended its appointment hours on a Monday evening to accommodate those patients who were unable to access GP services during working hours.

All the patients we spoke with trusted the doctors and nurses.

We saw that arrangements were in place on the computer system to alert the staff and GPs to any issues that may affect decisions about their healthcare. These included if the patient was a carer to a family member or if they had allergies to certain medicines. Staff and the GPs were aware of such needs in advance of their appointment.

The practice ran a range of clinics, for example, antenatal clinics, immunisation and seasonal flu vaccine clinics and a phlebotomy service. Phlebotomy is the surgical opening or puncture of a vein in order to withdraw blood or to introduce a fluid.

Information we received from the local clinical commissioning group (CCG) told us that Highfields Surgery offered a high number of appointments to patients. Booked appointments in advance had been reduced due to high numbers of 'did not attend' (DNA) incurred. We were told that the practice offered more same day appointments. SMS Text reminders were sent to patients' and often the practice will contact the patients on the day.

Patients told us that the practice had made quick referrals to other health care providers and this was a swift and efficient aspect of the service .They went onto say that the provision of health checks and more information regarding diets and lifestyle would be beneficial.

Access to the service

In reception there was a self-booking in screen with multiple languages available for patients to book in on their arrival.

We found that the appointment system did not always meet the needs of that patients registered at Highfields Surgery. Four of the comment cards we reviewed and some of the patients we spoke with told us they found it difficult to make an appointment. They found it difficult to get through on the telephone and often got cut off and had to ring the practice number again. Patients told us that they can wait between five and 15 minutes to see their GP but they did not feel they had to wait a long time.

We were told that patients who repeatedly failed to attend their appointments were not able to book appointments in advance but could attend the practice to see a GP on the day.

Information we received from the local clinical commissioning group (CCG) told us that Highfields Surgery had a reduction in missed appointments rates known as did not attend (DNA). We were told that patients who repeatedly DNA were not able to book appointments in advance but could attend the practice to see a GP on the day.

Patients with restricted mobility were able to access the main door at the practice via a ramp. We found that the push button at the front door to alert staff was not working on the day of the inspection. The reception staff told us that they were usually aware in advance of when someone with restricted mobility would be visiting the surgery.

Telephone consultations for emergencies were offered. Repeat prescriptions could be ordered in several different ways, which included online, in person through the local pharmacy or over the telephone.

Home visits were available. These visits were reserved for patients who could not get to the practice due to illness or disability. This resulted in these appointments being kept for those who were most vulnerable and in need of the service.

The practice had opted out of the requirements to provide GP consultations when the surgery was closed. The out-of-hours service was provided by The Leicester, Leicestershire and Rutland out-of-hours service. Patients' records were available to out-of-hours through the IT system.

The practice website provided information about the appointment systems available at the practice. Online appointments, routine and emergency appointments

Are services responsive to people's needs?

(for example, to feedback?)

together with information about the out-of-hours service. The practice website also provided information about the clinics and services the practice provided to meet the needs of its patient population. This included clinics which would be routinely available in most practices such as antenatal, postnatal and child immunisations. Specialised clinics such as minor surgery were also available.

Concerns & Complaints

The practice had a system in place for handling complaints and concerns. We reviewed the complaints policy and found that it was updated in 2013. The policy was not accurate as it did not reflect the change in partnership as it named the previous partner as complaints lead. We found that the complaints processes were not fully documented. The entire history and outcomes of complaints received by the practice had not been completed in full and clearly documented. Staff we spoke with told us that complaints were discussed with the whole staff team to enable them to learn from these and make changes where needed.

We were told and we saw evidence that a patient satisfaction survey had been completed by way of questionnaire, which had been given to the patients to complete. The practice received a response from 47 patients. The survey focussed on patient access. The questions included, ease of access to the surgery via telephone, the opening hours of the surgery and how quickly appointments to see a doctor were available. Results were generally favourable. Most patients (64%) said they could get a same day appointments. The figure rose to 76% if the need to see a doctor was urgent. The results of the survey were published in newsletter and could be found on the website after 31 March 2014. The results of the survey were also discussed in a PPG meeting. However patients we spoke with on the day of inspection told us that they were not routinely asked for their point of view through patient surveys.

Are services well-led?

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

Our findings

Leadership & Culture

The practice manager and recently appointed business manager told us of the changes the practice had been through over the previous four weeks. Changes within the GP partnership, for example, one GP partner left in June and two new GP partners will commence at the practice at the end of July 2014. This had created an increase in the use of GP locums and an impact on the availability of appointments.

Staff we spoke with felt that the service was well led and told us they felt well supported despite the changes to the practice. Staff also felt that they could express their views and raise any concerns with the practice manager about the care and service provided by the practice. We were told that the practice manager was 'very hot on acting on feedback from staff and patients. They were onto it straightaway'.

Governance Arrangements

We found evidence that the practice did not have an effective system in place to regularly assess and monitor the quality of service that people received. We found evidence that demonstrated that the systems of management and clinical governance of the practice were not effective. The practice did not protect patients, staff and others against the risk of inappropriate or unsafe care or treatment.

The policies and procedures which reinforced all areas of the service provided at the practice were not up to date and in some cases not clear. These documents should provide guidance for staff. The staff confirmed the policy documents were accessible to them but we found that not all the policies were reviewed or fully implemented in the practice. Policies for medicines, decontamination of clinical waste, oxygen handling and storage had not been reviewed since 2012.

Systems to monitor and improve quality & improvement (leadership)

There was information in the waiting room which informed the patients of the change of doctors from the beginning of August.

We found the practice manager and partners held regular practice meetings. These included discussion of any significant events which had taken place and complaints reviewed. There was an open approach to any issues. Staff told us they were kept well informed and were able to raise any concerns. They also told us they felt listened to and part of the team.

The practice participated in the Quality and Outcome Framework (QOF). This was used to monitor quality of services provided within the practice.

Leicester City Clinical Commissioning Group (CCG) undertook an annual quality review (AQR) of all practices from whom it commissioned services. The practice had undergone an AQR visit on 29th April 2014 and were rated green overall by the CCG. The CCG had identified that the practice needed to improve on medicines management with a particular focus on the use of hypnotics. Hypnotics are prescribed for difficulty sleeping. A practice improvement plan was in the process of being developed and a follow up visit would be arranged with the practice at a later date.

Patient Experience & Involvement

The practice had an active patient participation group (PPG) and there was information for patients about what the PPG did and how to join the PPG displayed in the surgery and on the practice website. Views about patient experience had been gathered by means of a patient survey conducted by the PPG and the results were mainly positive and were available for patients to view on the website.

Practice seeks and acts on feedback from users, public and staff

We saw that there was an active patient participation group (PPG). The PPG had changed the times of the meetings to encourage more people to attend. We saw these group meetings were held on a bi monthly basis. The chair told us that they did not disseminate the minutes to all the patients. The PPG felt that issues relating to a certain population group should only be given to that group. We spoke to the practice manager and business manager on the day of inspection about the dissemination of minutes to all the patients. They told us they would ensure that the minutes would be available in the reception area and on the practice website so that they can be accessed by patients, staff and the public.

We spoke with six members of staff during our inspection. Staff told us they felt valued and well supported. They went onto say that they enjoyed working at the practice, it was a

Are services well-led?

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

nice team and they felt listened to. This included the practice manager's 'open door' policy to discuss any areas of concern or suggestions at any time. Staff from Highfields Surgery attended the CCG locality meetings and practice learning team (PLT) events.

We looked at information from the NHS Choices website for Highfields Surgery. We found three comments for 2014 up to the date of the inspection. Two comments were positive with comments that the surgery is excellent, staff are helpful, polite and do everything with respect. An additional comment centred on getting through on the telephone to make an appointment was difficult at times.

One comment was negative and referred to attitudes of reception staff and being asked too many questions when trying to make an appointment. We received similar feedback in the comments cards left in the CQC box and from patients we spoke to on the day of the inspection. We spoke to the practice manager and the issues will be discussed at the next practice meeting. The practice had responded to all three comments on the NHS Choices website.

Management lead through learning & improvement

We saw evidence that there was an effective system of appraisal in place and the staff we spoke with found these to be relevant and meaningful. We also saw evidence that there were effective arrangements in place to manage staff performance. Staff told us that they felt well supported, could contribute their views to the running of the practice and that they felt they worked well together as part of the practice team to ensure they continued to deliver good quality care.

Identification & Management of Risk

We found that there were no formal mechanisms in place to assess and manage risks to patient's health, welfare and safety. The practice had not undertaken any risk assessments and no Legionella checks had been carried out but we spoke to the business manager who assured us that the practice would complete them in the next four months.

The provider was unable to show us that the premises and water supply were safe for patients to use. Records showed portable appliance checks were undertaken and were last carried out in February 2013 to ensure that appliances were safe to use. There are legal regulations in place in the UK that cover the area of legionella control and water systems, and they are enforced by the Health and Safety Executive (HSE). Any organisation with public access to their water system has a duty of care to ensure there is a risk assessment in place to ensure legionella does not become a danger to health.

We saw some records of significant adverse events which gave a description of what happened, what went well and what could have been improved. There was however no assessments done to check if the recommended changes to practice after a significant adverse event had been successful. There was no evidence of formal closure of significant adverse events which meant that some agreed actions were not confirmed as having been completed.

We saw that there were no systems in place to audit health and safety procedures or for addressing maintenance issues. Fire alarm tests were carried out on a monthly basis but fire safety records were incomplete as the practice did not have written documentation to cover all areas of fire safety, for example, when the practice last had a fire drill practice.

We looked at the systems in place for 'emergency call handling'. Emergency call handling is a telephone call to the emergency services or a GP and is made during an emergency. Although we found a protocol in place to enable staff to respond to emergency calls staff did not use this in a consistent manner. This presented a risk to patient safety and health as systems were not in place to ensure that policies and procedures were understood by key staff and applied consistently.

The practice did not have a system in place to monitor when staff training had been completed or future training requirements.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Our findings

We found that the practice was responsive to the needs of older patients.

The practice had reviewed the health care plans of this population group. Patients had been contacted when they required a vaccine for influenza. The health care plan also identified which older patients would need a home visit.

Patients we spoke with told us that their health care needs were being met by the practice.

We found the practice worked well with other agencies and health care providers to provide support and access specialist help when required.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Our findings

The practice was responsive to the needs of patients with long term conditions.

There was evidence of a multi-agency approach working alongside, for example, the community matron.

The practice worked closely with the community matron to provide, plan and organise their care to patients with long term conditions.

Care was planned to reduce the incidence of attendance or admission to hospital.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Our findings

The practice provided services to meet the needs of this population group.

The practice had provision for maternity care for both antenatal and postnatal care. We were told that the clinics were always popular and very busy.

Staff were knowledgeable about safeguarding children.

A midwife attended the practice meetings on a regular basis to share information on families and children who were registered with the practice.

There were screening immunisation programmes which were managed effectively to support patients.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Our findings

The practice provided a range of services for patients to consult with the GP and nurses which included on-line booking and telephone consultations.

The GPs and practice staff were aware of the challenges the appointment system presented for working age patients and as a result had introduced extended hours on a Monday evening to allow people access to appointments after work.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Our findings

NHS Health Checks - Information we received from the local clinical commissioning group (CCG) told us that Highfields Surgery had achieved a high score and this was attributed to the involvement of the patient participation group (PPG) and the reception staff. The practice were advised by the CCG to ensure that they recorded any treatment used to stop smoking, for example, chewing tobacco, as part of the NHS Health Checks.

Learning Disability Health Checks - Information we received from the local clinical commissioning group (CCG) told us that Highfields Surgery had undertaken these checks during February and March 2014. They were advised by the CCG that these checks should be done over the course of a year as per the CCG Policy.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Our findings

The practice were responsive to the needs of patients with poor mental health. The GP worked with other services to review and share care as required with specialist teams. There was a very low incidence of substance misuse in the area covered by the practice but referrals were made to the appropriate team if required.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The provider had not regularly assessed the quality of the services provided by the practice** **Patients who use services were not protected against the risks of inappropriate care or unsafe care and treatment by means of the effective operation of systems designed to enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of patients from the carrying out of the regulated activities.** Regulation 10 (1) (a) (b)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **The provider had not, so far as reasonably practicable, ensured that people who used the service were protected against identifiable risks of acquiring a healthcare associated infection.** Regulation 12 (1) (a) (b) (2) (a) (c) (i)