The Cottage Surgery

Quality Report

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Date of inspection visit: 2 December 2016
Date of publication: 13/04/2017

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Requires improvement**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Cottage Surgery on 2 December 2016. Overall the practice is rated as requires improvement.

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

- The practice had a vision to provide a high quality service in a timely manner.,much of which they told us was being delivered via the successful implementation of Dr First. Although Dr First was contributing to the very positive access results in responsive care we found that the practice lacked the capacity to identify and implement some of the other required systems and processes to support that overall vision.
- Patients were at risk of harm because effective systems and processes were not in place to keep them safe. For example, patient safety alerts, infection control, emergency medicines, regular temperature monitoring of the refrigerators used to store vaccines.
- Risks to patients were assessed and well managed, with the exception of those relating to fire and legionella.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However the system in place in place to monitor adults and children on the at risk register or identify looked after children was not consistent.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to speak with and where appropriate have an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- Patients were very positive about their interactions with staff and said they were treated with compassion and dignity.
- The practice did not have a robust system in place to monitor the training of the GPs and staff within the practice. For example, not all clinical staff had received appropriate training in safeguarding to ensure they were up to date with current procedures.
- Although some audits had been carried out, we saw limited evidence that audits were driving improvement in performance to improve patient outcomes.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
  - Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
  - Comment cards were positive about the standard of care received. They identified that staff were caring, polite, respectful and professional.
- Information about services and how to complain was available and easy to understand.
  - There was a limited governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
  - Significant issues that threaten the delivery of safe and effective care had not been identified or adequately managed.

The areas where the provider must make improvements are:

- Ensure there is sufficient leadership capacity in the practice to generate a culture of improvement that ensures that systems and governance are in place to deliver safe and effective care.
- Improve the systems and processes in place for the management of risks to patients and others against inappropriate or unsafe care. For example, patient safety alerts, infection control, emergency medicines, regular temperature monitoring of the refrigerators used to store vaccines, fire and legionella.
- Ensure the system in place for palliative care monitoring is effective to ensure all relevant information is in place.
- Ensure clinical audits are undertaken in the practice which include completed clinical audit or quality improvement cycles to ensure improvements have been achieved.
- Ensure appraisals which are undertaken follow the practice policy.

The areas where the provider should make improvement are:

- Embed the reviewed process for significant events to ensure that recording and documentation is in line with the practice policy.
- Embed the system for safeguarding to ensure that coding and monitoring of vulnerable adults and children on the at risk register or looked after children to ensure it is consistent.
- Embed the system to ensure prescriptions stationery and sharps bins are dealt with in line with national guidance
  - Review the training needs analysis and ensure a process is in place to ensure staff training is monitored and all staff are up to date with training appropriate to their role.
- Ensure verbal references are documented in line with national guidance. Review the current systems in place to ensure all clinicians are kept up to date with national guidance and guidelines embed the new process for clinical meeting minutes to include safety alerts and updates on NICE guidance.
- Ensure any verbal complaints are recorded as per the practice policy.
- Ensure policies and procedures are reviewed and include additional information such as name of responsible person, where clinical waste and oxygen is stored.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures.

Summary of findings

Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Patients were at risk of harm because effective systems and processes were not in place to keep them safe. For example,
- There was a system in place for reporting and recording significant events but it was not consistent or clear and did not follow the guidelines set out in the practice significant event toolkit.
- The practice did not have a consistent process in place for safety alerts.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, fire and legionella.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse but some were not consistent.
- The systems and processes in place in regard to infection control required improvement.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was limited evidence of completed clinical audit cycles or that audit was driving improvement in performance to improve patient outcomes.
- The system the practice had in place to identify when training was due was not effective therefore we could not be assured that the learning needs of staff had been identified.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care.

Summary of findings

- We received 31 comment cards all of which were overwhelmingly positive about the standard of care received. Comments cards also told us that patients felt they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

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. For example, a system called Doctor First was in place which enabled the practice to manage patient demand by a GP talking to all patients as a first point of contact.
- Comments cards we reviewed told us that patients found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice 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. Verbal complaints were currently not recorded.

Are services well-led?

Requires improvement

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

- The practice had a vision to provide a high quality service in a timely manner much of which they told us was being delivered via the successful implementation of Dr First. Although Dr First was contributing to the very positive access results in responsive care we found that the practice lacked the capacity to identify and implement some of the other required systems and processes to support that overall vision.
- The practice was unable to demonstrate strong leadership in respect of safety. For example, safety alerts, infection control and management of risk.
- There was a limited governance framework which supported the delivery of the strategy and good quality care.

Summary of findings

- The arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions were not effective.
- The practice did not have an effective system in place to monitor the training of the GPs and clinical staff within the practice.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review or further information required.
- There was little innovation or service development. There was also minimal evidence of learning and reflective practice.

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

Requires improvement

Following this inspection we found overall the practice was rated as requires improvement. Safe is rated as inadequate. Effective and Well-led is rated as requires improvement. Caring and Responsive were rated as good. These ratings applied to everyone using the practice, including this population group.

The practice is therefore rated as requires improvement for the care of older people.

However we did see some examples of good practice:

- 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.
- 7% of the practice population were older people.
- 3% of patients who had been assessed as being at risk had a care plan in place which was slightly above the required national target
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 91% which was 7.5% above the CCG average and 8.1% above the national average. Exception reporting was 0.8% which was 2.8% below the CCG average and 3.1% below national average.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

People with long term conditions

Requires improvement

Following this inspection we found overall the practice was rated as requires improvement. Safe is rated as inadequate. Effective and Well-led is rated as requires improvement. Caring and Responsive were rated as good. These ratings applied to everyone using the practice, including this population group.

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

However we did see some examples of good practice:

Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission and those who were housebound were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 96.9% which was 5.9% above the CCG average and 5.6% above the national average. Exception reporting was 0% which was 5.4% below CCG average and 5.5% below national average.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma was 85.2% which was 5.9% above the CCG average and 9.6% above the national average. Exception reporting was 2% which was 7.7% below the CCG average and 5.9% below national average.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 100% which was 9% above the CCG average and 10.4% the national average. Exception reporting was 0% which was 12.2% below the CCG average and 11.5% below national average.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.70% of patients had been screened for bowel cancer which was above the CCG average of 63% and national average of 58%. 84% of patients had been screened for breast cancer which was above the CCG average 80% and national average of 72%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

Following this inspection we found overall the practice was rated as requires improvement. Safe is rated as inadequate. Effective and Well-led is rated as requires improvement. Caring and Responsive were rated as good. These ratings applied to everyone using the practice, including this population group.

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

However we did see some examples of good practice:

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given were mixed and for some immunisations not comparable to CCG/ national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 100% and five year olds from 85% to 98%.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 77% and the national average of 74%.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.70% of patients had been screened for bowel cancer which was above the CCG average of 63% and national average of 58%. 84% of patients had been screened for breast cancer which was above the CCG average 80% and national average of 72%.
- The practice offered 24 hour and 6 week baby checks. We saw positive examples of joint working with midwives and health visitors.
- A practice nurse had an interest in Sexual Health and the practice had seen a slight increase in chlamydia screening.

Working age people (including those recently retired and students)

Requires improvement

Following this inspection we found overall the practice was rated as requires improvement. Safe is rated as inadequate. Effective and Well-led is rated as requires improvement. Caring and Responsive were rated as good. These ratings applied to everyone using the practice, including this population group.

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

However we did see some examples of good practice:

- 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. For example, a system called Doctor First was in place which enabled the practice to manage patient demand by a GP talking to all patients as a first point of contact.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

Following this inspection we found overall the practice was rated as requires improvement. Safe is rated as inadequate. Effective and Well-led is rated as requires improvement. Caring and Responsive were rated as good. These ratings applied to everyone using the practice, including this population group.

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

However we did see some examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

Following this inspection we found overall the practice was rated as requires improvement. Safe is rated as inadequate. Effective and Well-led is rated as requires improvement. Caring and Responsive were rated as good. These ratings applied to everyone using the practice, including this population group.

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

However we did see some examples of good practice:

- The practice had participated in the West Leicestershire CCG scheme to improve the diagnosis rate for patients with Dementia.

Summary of findings

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months. Care plans were in place.
- The practice had 23 patients on a mental health register. 90% of patients had received a face to face review in the last 12 months. The practice were supported by a mental health facilitator from the CCG who supported the practice to complete the care plans. No all patients who were diagnosed with mental health had alerts on their patient records.
- 100% of patients who had been diagnosed with depression had received a face to face review in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing well above local and national averages. 210 survey forms were distributed and 115 were returned. This represented a 55% response rate and 4% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and the national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards all of which were overwhelmingly positive about the standard of care received. Patients who completed these cards told us that they received excellent care, that the GP was caring, listened and truly cared. They told us that staff were attentive, caring, courteous, friendly and professional.

Areas for improvement

Action the service MUST take to improve

- Ensure there is sufficient leadership capacity in the practice to generate a culture of improvement that ensures that systems and governance are in place to deliver safe and effective care.
- Improve the systems and processes in place for the management of risks to patients and others against inappropriate or unsafe care. For example, patient safety alerts, infection control, emergency medicines, regular temperature monitoring of the refrigerators used to store vaccines, fire and legionella.
- Ensure the system in place for palliative care monitoring is effective to ensure all relevant information is in place.
- Ensure clinical audits are undertaken in the practice which include completed clinical audit or quality improvement cycles to ensure improvements have been achieved.
- Ensure appraisals which are undertaken follow the practice policy.

Action the service SHOULD take to improve

- Embed the reviewed process for significant events to ensure that recording and documentation is in line with the practice policy.
- Embed the system for safeguarding to ensure that coding and monitoring of vulnerable adults and children on the at risk register or looked after children to ensure it is consistent.
- Embed the system to ensure prescriptions stationery and sharps bins are dealt with in line with national guidance
- Review the training needs analysis and ensure a process is in place to ensure staff training is monitored and all staff are up to date with training appropriate to their role.
- Ensure verbal references are documented in line with national guidance. Review the current systems in place to ensure all clinicians are kept up to date with national guidance and guidelines embed the new process for clinical meeting minutes to include safety alerts and updates on NICE guidance.

Summary of findings

- Ensure any verbal complaints are recorded as per the practice policy.
- Ensure policies and procedures are reviewed and include additional information such as name of responsible person, where clinical waste and oxygen is stored.

The Cottage 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 and a practice manager specialist adviser.

Background to The Cottage Surgery

The Cottage Surgery is located in the village of Woodhouse Eaves which is in Charnwood Forest in North Leicestershire. It has approximately 2,856 patients and the practice's services are commissioned by West Leicestershire Clinical Commissioning Group (CCG).

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

At the Cottage Surgery the service is provided by one GP partner (male), one long term locum (female), one managing partner, one assistant practice manager, two nurses, two health care assistants and two administration and reception staff.

The practice has one location registered with the Care Quality Commission (CQC) which is

The Cottage Surgery, 37 Main Street, Woodhouse Eaves, Leicestershire. LE12 8RY

The practice is open between 8.30am to 6pm Monday, Tuesday, Wednesday and Friday. Thursday from 8:30am to 12 midday. Primecare covers 8am to 8.30am and 6pm to 6.30pm each day and Thursday afternoon from 12 midday.

A system called Doctor First is in place which enables the practice to manage patient demand by a GP talking to all patients as a first point of contact.

Appointments are available from 8:30am until 6:30pm Monday, Tuesday, Wednesday and Friday and from 8:30am until 1:00pm on Thursdays. Appointments can be made in advance without limitation. The practice does not have extended hours.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Derbyshire Health United. There are arrangements in place for services to be provided when the practice is closed and these are displayed on their practice website.

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 2 December 2016.

Detailed findings

During our visit we:

- Spoke with a range of staff
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting and recording significant events but it was not consistent or clear and did not follow the guidelines set out in the practice significant event toolkit.

Prior to the inspection the practice provided us with some information on their significant events. The practice had recorded two significant events in the last twelve months. Both events were not in relation to patient care. We looked at minutes of meetings and following discussions with staff we also found further examples which fitted the criteria set out in the practice significant/critical event toolkit. For example, patient on end of life care, patient near miss event in reception. We spoke with the management team and since the inspection they have had a team meeting where the process has been reviewed and discussed with staff. The practice told us that forms were now available at the front desk for staff to complete. These will be collated into a summary and reviewed at a full practice meeting which will be held twice yearly. They also told us that further discussions with staff were due to take place at the practice team learning meeting on 18 January 2017.

We found that the practice could not demonstrate that they had a system in place for receiving, discussing and monitoring of patient safety alerts. They had a policy which had been reviewed in June 2016 which identified that safety alerts were received by the assistant practice manager and lead nurse. It was not clear whether the practice had received all the patient safety alerts distributed by the various agencies. There was no log of alerts received, how they had been shared and actioned. The practice was unable to evidence that all staff were aware of any relevant alerts to the practice and where they needed to take action. There was no system for the storing of patient safety alerts for future reference. Since the inspection the practice told us that another practice which they were linked to had a system in place to send relevant alerts to appropriate members of staff at this practice but no evidence was sent for us to be assured that this system was effective and protected patients from harm.

Overview of safety systems and processes

During our inspection we found that some of the systems, processes and practices in place to keep people safe and safeguarded from abuse were not effective.

We found:-

- The lead GP was the lead in safeguarding vulnerable adults and children. The dedicated GP had been trained in both adult and child safeguarding and could demonstrate they had the necessary training to enable them to fulfil these roles. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff we spoke with were aware who the lead was, understood their responsibilities and knew who to speak within the practice if they had a safeguarding concern. The lead GP and long term locum were trained to Safeguarding Children Level 3. The long term locum had not had safeguarding adult training since 2013. Both nurses were trained in Safeguarding adults and children to level 2.
- The system in place to monitor adults and children on the at risk register or identify looked after children was not consistent. We found that not all adults and children had alerts on their patient records. Since the inspection the practice told us they have amended this process and alerts were now in place.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed that the practice did not maintain appropriate standards of cleanliness and hygiene. We could not be assured that patients and staff were protected from the risk of infection. The practice employed an external cleaning contractor. We observed visible dust to areas of the practice. We found a nurse trolley which had visible dust in its compartment drawers. The practice nurse was the infection control clinical lead but had not completed any infection control lead training. Mandatory training for infection control had not been updated since 2013. There were no formal records that the management team carried out any spot checks of the cleaning within the practice. There was an infection control protocol in place. An infection control audit had been completed on 12 June 2016. We did not see any evidence that action was taken to address any improvements identified as a result.

Since the inspection the practice have advised us that infection control lead training had been booked for January 2017. A deep clean of the practice took place on 17th and 18th December 2016 by a new cleaning contractor and staff would complete infection control update on 18 January 2017.

- We found two sharps bins which had not been signed and dated or replaced after three months in line with national guidance. After the inspection the practice advised us that this had now taken place.
- 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). There was a system in place for the management of high risk medicines. The practice monitored a number of medicines under a shared care protocol, for example medicines used in rheumatology.
- We checked medicines stored in the treatment room and the vaccine refrigerator and found they were stored securely and were only accessible to authorised staff. We checked the recording logs for the medicine refrigerator within the practice. There were a large number of omissions in the records of vaccine refrigerator temperature checks from May to November 2016. Refrigerator temperature checks were not carried out on a daily basis to ensure that medicine was stored at the appropriate temperature. Therefore the practice could not demonstrate the integrity and quality of the medicines were not compromised. Since the inspection the practice have reviewed this process and put measures in place to ensure daily temperature checks are carried out and recorded. Since the inspection the practice have improved the system in place to ensure continuity in the event of staff holidays and sickness.
- We saw that blank prescription forms were handled in accordance with national guidance and that serial numbers were recorded on receipt into the practice. However, serial numbers of blank forms given to GPs for use in their consulting rooms were not recorded. We also observed that blank prescription stationary was kept in unlocked printers in the treatment and GP consulting rooms. Since the inspection the practice have informed us that they have reviewed the process and now blank prescription stationery is stored in a locked cabinet when the rooms are not in use.
- Two nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. We spoke with one nurse who told us they received mentorship and support from a medical colleague in relation to this 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 five personnel files and found most had appropriate recruitment checks undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However we found that the practice did not ask for formal references and did not document verbal references. We spoke with the management team who told us they would put a system in place to record notes of verbal references taken.

Monitoring risks to patients

Risks to patients were assessed but the systems and processes to address these risks were not implemented well enough to ensure patients were kept.

- The practice had carried out general risk assessments in regard to slips, trips and falls, handling of sharps, waste and display and screen equipment.
- The practice had carried out their own fire risk assessment in November 2015 and reviewed in November 2016. They had not made a suitable and sufficient assessment of the risks to which relevant persons are exposed for the purpose of identifying the general fire precautions needed as set out in the Regulatory Reform (Fire Safety) Order 2005.Appropriate fire safety measures had not been put in place. We saw that smoke detectors were checked on a monthly basis. We were told that fire drills had taken place at the practice 16 March and 21 August 2016 we saw a monitoring sheet but there was no detail as to whether it was a full fire drill where patients had also been evacuated. The monitoring sheet did not identify if any areas for improvement had been identified. No staff had been trained as fire wardens.
- The practice had undertaken their own legionella risk assessment. The risk assessment did not include a responsible person ,name of competent person carrying

out the risk assessment, description of the practice system, potential sources of risk, any controls in place to control risks, monitoring, inspection and maintenance procedures, records of the monitoring results, inspections and checks carried out and arrangements to review the risk assessment regularly. The policy was not robust and did not provide sufficient guidance for staff in relation to legionella. We were shown a certificate of legionella testing dated 9 August 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). After the inspection the practice sent evidence that legionella water temperature monitoring took place on a monthly basis.

- On the day of the inspection we found that the practice did not have a gas safety certificate. After the inspection the practice sent us evidence that this had been completed on 6 December 2016.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises with adult defibrillator pads. We saw the practice had oxygen with adult masks.We did not see any children's oxygen masks but the practice have since advised us they were kept in the cupboard next to the oxygen cylinder.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Not all of the medicines we checked were in date. We spoke with the management team who removed the out of date medicines immediately. All were stored securely. Since the inspection the practice have improved the system in place to ensure continuity in the event of staff holidays and sickness.
- We checked the contents of two nurse trolleys used at the practice. We found a number of items that were out of date. The items were removed from the trolley by the inspection team and disposed of by the practice. Since the inspection the practice have put a process in place to ensure that this does not occur in the future.
- The practice had a comprehensive service continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice told us they 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. We were shown a link on the practice computer where staff could access up to date guidelines. However we were not assured that they had systems in place to keep all clinical staff up to date. We looked at practice meeting minutes and could not find any evidence that NICE guidance had been discussed with all staff.

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 for 2015/16 were 100% of the total number of points available, with 4.8% exception reporting which was 4.8% below CCG average and 5% below national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 96.9% which was 5.9% above the CCG average and 5.6% above the national average. Exception reporting was 0% which was 5.4% below CCG average and 5.5% below national average.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma was 85.2% which was 5.9% above the CCG average and 9.6% above the national average. Exception reporting was 2% which was 7.7% below the CCG average and 5.9% below national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 91% which was 7.5% above the CCG average and 8.1% above the national average. Exception reporting was 0.8% which was 2.8% below the CCG average and 3.1% below national average.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 100% which was 9% above the CCG average and 10.4% the national average. Exception reporting was 0% which was 12.2% below the CCG average and 11.5% below national average.
- The percentage of patients diagnosed with dementia whose care has been reviewed ina face-to-face review in the preceding 12 months 13.2% above the CCG average and 16.2% above the national average
- The system the practice had in place for carrying out full cycle clinical audits was not effective.The evidence we were sent prior to the inspection was a prescribing report which included information on six QIPP)areas to identify prescribing where there were cost effective equivalent medicines. For example, switch baskets, insulin pen needle switch, luxury gluten free foods, tackling C Difficile, review of anticoagulation and antiplatelet. There was no system or process in place to identify areas for quality improvement in patient care and outcomes against defined criteria with subsequentevidence of implementation of changes to facilitate this and regular review of these outcomes.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area. The percentage of antibiotic items prescribed that are Cephalosporin's or Quinolones was 5.77% against a CCG average of 4.3% and England average of 5.13%.

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.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The system the practice had in place to identify when training was due was not effective therefore we could not be assured that the learning needs of staff had been identified. We reviewed information given to us on the day of the inspection and found gaps in training. For example, fire safety, information governance, infection control. Staff had received a yearly appraisal.
- Appraisals had taken place but we found that not all followed the practice policy and ensured where appropriate that a clinical member of staff attended.
- We saw that staff had access to and some had made use of e-learning training modules and in house training. This training that included: safeguarding, fire procedures, basic life support and information governance awareness.

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 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.
- The system the practice had in place for patients on the palliative care monitoring and review was not clear and consistent. In the patient records we reviewed alerts and the scanned DNAR forms were not always present. Not all the patients had a care plan in place.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, vulnerable patients and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 77% and the national average of 74%.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 70% of patients had been screened for bowel cancer which was above the CCG average of 63% and national average of 58%. 84% of patients had been screened for breast cancer which was above the CCG average 80% and national average of 72%.
- Childhood immunisation rates for the vaccinations given were not comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 100% and five year olds from 85% to 98%.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

had taken the opportunity at these health checks to recruit patients where appropriate to the GENVASC study which helped to determine if genetic information could improve the risk identification of Coronary Artery Disease.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

31 Care Quality Commission comment cards we received were overwhelmingly positive about the standard of care received. Patients who completed these cards told us that they received excellent care, the GP is caring, listens and truly cares. Staff were attentive, caring, courteous, friendly and professional.

We spoke with two members of the patient reference group (PRG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. They highlighted that staff responded compassionately when they needed help, worked well as a team and provided support when required. Comment cards aligned with these views.

Results from the July 2016 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice were well above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 86% 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 95% and the national average of 95%)
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%).
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%).
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%)

The PRG had carried out a patient survey in 2016 and comments received aligned with these views. Patients commented that the GP was easy to talk to, listened and was approachable. They commented that reception staff were always very pleasant, helpful and efficient.

Care planning and involvement in decisions about care and treatment

Patient feedback on the comment cards we received told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the July 2016 national GP patient survey showed patients responded positively to most questions about their involvement in planning and making decisions about their care and treatment. Most results were above local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice website contained relevant and easily accessible information.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 31 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice had received onsite training and guidance from the Carers Health and Wellbeing service which supports carers throughout Leicestershire.

Staff told us that if families had suffered bereavement, their usual GP contacted them and often visited the family. This call/visit 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.

- A system called Doctor First was in place which enabled the practice to manage patient demand by a GP talking to all patients as a first point of contact.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and a hearing loop available.

Access to the service

The practice was open between 8.30am and 6pm Monday, Tuesday, Wednesday and Friday. Thursday from 8.30am to 12pm. Primecare covered 8am to 8.30am and 6pm to 6.30pm each day and Thursday afternoon from 12pm.

A system called Doctor First was in place which enabled the practice to manage patient demand by a GP talking to all patients as a first point of contact.

Appointments are available from 8:30am until 6:30pm Monday, Tuesday, Wednesday and Friday and from 8:30am until 1:00pm on Thursdays. Appointments can be made in advance without limitation. The practice did not have extended hours.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were well above local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%).

The practice had a system called GP First in place to assess:

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

The GP spoke to each patient who contacted the practice and made a clinical decision on those who required an appointment on the day. We were told the average time for a call back by the GP was 30 minutes.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice leaflet.

We looked at two complaints received in the last 12 months. Both had been dealt with verbally and no written actions had been documented which was not in line with the practice policy. We looked at minutes of a meeting and found a further complaint which had not been logged in the complaints system and at the time of the inspection no investigation had been carried out. We did not see any evidence that lessons were learnt from individual concerns and complaints. No analysis of trends and action was taken to as a result to improve the quality of care.We spoke with the management team and since the inspection they have had a team meeting where the process has been reviewed and discussed with staff. Further discussions with staff will take place at the practice learning team meeting on 18 January 2017.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision to provide a high quality service in a timely manner, much of which they told us was being delivered via the successful implementation of Dr First. Although Dr First was contributing to the very positive access results in responsive care we found that the practice lacked the capacity to identify and implement some of the other required systems and processes to support that overall vision.

Governance arrangements

The practice had a limited governance framework and not all processes and procedures were effective. We found there were issues that threatened the delivery of safe and effective care and these were not well managed. However since the inspection the provider assured us following our visit that they would address some of these issues and put immediate procedures in place to manage the risks. We have since been sent evidence to show that the practice have taken action and made some improvements to the governance arrangements that related to the problems identified at the inspection. These actions had not had time to be implemented yet or not had time to be embedded but demonstrated that the practice had awareness of the need for change. We have noted the information and it will be reflected once we carry out a follow up inspection at the practice.

We found that:-

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, there was not a clear or consistent system in place for the management of patient safety alerts, infection control, emergency medicines or regular temperature monitoring of the refrigerator which contained vaccines.
- Risks to patients were assessed but the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, fire and legionella.
- Since the inspection improvements had been made to the system in place for reporting and recording significant events.
- The system in place for monitoring adults and children on the at risk register and identifying looked after children was not effective as there was not a consistent process in place to identify those at risk.
- The system in place to monitor the training of the GPs and staff within the practice was not effective. For example, not all clinical staff had received appropriate training in safeguarding to ensure they were up to date with current procedures.
- Although some clinical audits had been carried out, these were not full audits. There was therefore limited evidence that audits were driving quality improvement in performance to improve patient outcomes.
- There was insufficient assurance to demonstrate people received effective care and treatment. For example, the system in place for palliative care monitoring and review was not adequate.
- Practice specific policies were implemented and were available to all staff but some needed a review. For example, cold chain and carers. Further information was required in regard to the storage of clinical waste and oxygen.
- There was little innovation or service development. There was also minimal evidence of learning and reflective practice.

Leadership and culture

The practice was led by a principal GP with the support of a managing partner and assistant practice manager. They told us they prioritised safe, high quality and compassionate care. We found there were issues that threatened the delivery of safe and effective care and these were not well managed. However since the inspection we have since been sent evidence to show that the practice have taken action and made some improvements to the governance arrangements that related to the problems identified at the inspection.

Staff told us and comments cards we reviewed told us the principal GP and the assistant practice manager were approachable and always took the time to listen to patients and 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

Are services well-led?

Requires improvement

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

requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- However the practice did not keep written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff said they felt supported by management. However, we found,

- Whilst we saw evidence of some meetings taking place, these did not include all areas of practice governance and allow opportunities for learning
- Staff said they felt respected, valued and supported, particularly by the management team in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received.
- The PRG had carried out a patient survey in 2016 and worked with the practice put forward proposals for improvements to the management team. For example, in regard to the triage system, first aid training and taking part in the village good neighbourhood scheme.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with patient safety alerts, infection control, emergency medicines, regular temperature monitoring of the refrigerators used to store vaccines, fire and legionella. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider had failed to ensure that systems and processes were established and operated effectively.** **The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others.** **This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**