

# Humberstone Medical Centre – IP Jones

## Quality Report

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

## Ratings

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



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Humberstone Medical Centre - IP Jones on 25 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. The practice had an effective risk register in place and had carried out numerous risk assessments which were reviewed on a regular basis.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had an active patient participation group (PPG) who met on a regular basis and arranged health promotion events within the practice for patients.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.



# Summary of findings

- Address the issues highlighted in the national GP survey in order to improve patient satisfaction, including in respect of appointment access in relation to GP appointments.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice



# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. The practice had an effective risk register in place and had carried out numerous risk assessments which were reviewed on a regular basis.
- Clinical staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). All alerts were coordinated by the practice manager and staff were notified of these alerts via an electronic system.
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- A practice nurse had completed extended training in COPD management. A practice nurse had also recently completed a Diploma in practice nursing at Loughborough University.
- There was evidence of appraisals and personal development plans for all staff.



# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had a discreet and effective system in place to alert all staff via the electronic patient care record of reminder messages relating to patients such as those who were either vulnerable, suffered with dementia or had a learning disability.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients views were mixed when asked questions during a national patient survey if they were treated with compassion, dignity and respect and feeling involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a carers register in place and provided information and guidance for carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they did not always find it easy to make an appointment with a named GP or that there was continuity of care, with urgent appointments available the same day. However, the practice was pro-active in improving the availability of appointments for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Members of staff spoke numerous different languages.
- The practice had recently introduced an on-line, virtual surgery which would extend the range of services available to patients remotely from their own homes. Services included the ability



# Summary of findings

for patients to track progress of their own secondary care referrals, request sick notes or request travel vaccination advice. Patients could also see which clinicians were on duty that day and send an electronic question to a clinician.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice was a training practice and delivered training to GP Registrars. (A GP Registrar is a fully qualified Doctor who is training to become a GP).

**Good**





# Summary of findings

## The six population groups and what we found

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

### Older people

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

- 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.
- Patients received personalised care plans from a named GP to support continuity of care.
- The premises were accessible to patients with mobility difficulties.
- Those at high risk of hospital admission and end of life care needs were identified and reviewed regularly, this included working with other health professionals to provide co-ordinated care.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice provided weekly in-house diabetic clinics with provided by trained practice nurses.
- Performance for diabetes related indicators was 93.2% which was higher than the national average of 89.2%. (This included an exception reporting rate of 12.3% which was higher than the CCG average of 7.9% and the national average of 10.8%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good





# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. Health visitors attended the practice twice weekly and also attended regular in-house meetings.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice participated in an electronic prescribing service.
- The practice offered a text reminder service for booked appointments.
- The practice had recently introduced a 'virtual surgery' which enabled patients to access improved services on-line, this included the ability to ask a GP or nurse a question or check the progress of secondary care referrals made by the practice.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

**Good**





# Summary of findings

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

## People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was 99.5% which was higher than the national average of 92.8%. (This included an exception reporting rate of 23% which was higher than the CCG average of 8.4% and the national average of 8.1%). The practice provided weekly counselling clinics for those patients who experienced poor mental health to improve access to support for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing either slightly below or in line with local and national averages. 321 survey forms were distributed and 117 were returned. This represented 1.24% of the practice's patient list.

- 50% of patients found it easy to get through to this practice by phone compared to the CCG average of 68 % and the national average of 73%.
- 50% 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 67% and the national average of 76%.
- 73% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.
- 63% 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 71% and the national average of 79%.

Since our inspection, more recent patient survey results were published in July 2016 which showed some areas of improvement in patient satisfaction. For example:

- 77% 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 79% and the national average of 85%.
- 67% 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 69% and the national average of 78%.
- 76% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% 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 11 comment cards which were mostly positive about the standard of care received. Patients told us that clinical staff provided a high level of care and provided home visits when required. Comments that were less positive were in relation to the ability to obtain a routine appointment.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.

- Address the issues highlighted in the national GP survey in order to improve patient satisfaction, including in respect of appointment access in relation to GP appointments.



# Humberstone Medical Centre - IP Jones

## 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 advisor and a practice nurse specialist advisor.

## Background to Humberstone Medical Centre - IP Jones

Humberstone Medical Centre was first established in 1952 and provides primary medical services to approximately 9,425 patients within Leicester City and is located within a spacious, purpose built health centre. The practice also provides services to patients residing in 13 nursing and residential homes in the surrounding area which included two learning disability homes.

The practice has seen a steady increase in its patient list size increasing year on year from 8,127 patients in 2009 to its current list size of 9,425 patients. It was anticipated that the list size would continue to increase due to the recent closure of two other local GP practices.

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

The practice is a training practice and delivers training to GP Registrars. A GP Registrar is a fully qualified Doctor who is training to become a GP.

At the time of our inspection the practice consisted of four GP partners, two salaried GPs, two GP Registrars, a practice manager, assistant practice manager, reception manager, nurse team manager/advanced nurse practitioner, two practice nurses, two health care assistants, two phlebotomists, and a reception and administration team.

All GPs have specialist clinical interests in areas such as palliative care, adolescent mental health, chronic heart disease and heart failure, diabetes, dermatology and minor surgery.

Humberstone Medical Centre is open from 8am to 6.30pm Monday to Friday. The practice provides extended opening hours on a Monday until 8pm and on a Tuesday until 8.30pm. The practice is part of a pilot scheme within Leicester City which offers patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments are available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments are available by walk in, telephone booking or direct referral from NHS 111.

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

The practice has a higher population of patients between the ages of 25-59 years of age and also a higher than average elderly population and a higher than average level of deprivation.

The practice has an active patient participation group (PPG) who meet on a regular basis.



# Detailed findings

The practice offers on-line services for patients including ordering repeat prescriptions, booking routine appointments and viewing patient summary care records.

## 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 25 April 2016.

During our visit we:

- Spoke with a range of staff which included a GP, a practice manager, a practice nurse, a reception manager and a member of the reception team and spoke with patients who used the service.
- Spoke with two members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 11 comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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



# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. During our inspection, we reviewed 21 significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.
- Clinical staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). All alerts were coordinated by the practice manager and staff were notified of these alerts via an electronic system. Staff we spoke with were able to tell us about recent alerts received. We saw numerous examples of these alerts and actions taken as a result during our inspection which showed that an effective system was in place.

### Overview of safety systems and processes

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

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

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

- The practice had a discreet and effective system in place to alert clinical staff via the electronic patient care record of any patients who were either vulnerable, had safeguarding concerns or suffered with a learning disability. We saw evidence of this during our inspection.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the last audit had been completed in March 2016 and we saw evidence that action was taken to address any improvements identified as a result.
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk



## Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the GPs for this extended role Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- During our inspection we observed that all vaccinations and immunisations were stored appropriately. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place which had been reviewed regularly. (cold chain is the maintenance of refrigerated temperatures for vaccines). An independent thermometer was installed to the vaccination fridge which provided an additional temperature check.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We saw examples of a non-clinical staff rota and also a GP rota during our inspection which showed adequate staffing levels were in place.

### Arrangements to deal with emergencies and major incidents

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

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.3% of the total number of points available. Overall exception reporting rate was 11.6% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was 93.2% which was higher than the national average of 89.2%. (This included an exception reporting rate of 12.3% which was higher than the CCG average of 7.9% and the national average of 10.8%).
- Performance for mental health related indicators was 99.5% which was higher than the national average of 92.8%. This included an exception reporting rate of 23% which was higher than the CCG average of 8.4% and the national average of 8.1%).

The practice was aware of higher than average exception reporting rates in some clinical areas. However, we reviewed these areas during our inspection and it was evident that the practice had effective systems in place in

relation to exception reporting. Exception reporting was only carried following thorough assessment of the patient care record by a GP. The practice had a higher than average elderly population of patients who also suffered co-morbidities which had impacted on the requirement to exception report some patients from clinical indicators.

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed in the last two years. During our inspection we looked at two of these which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included practice nurses received specialist training in diabetes management which improved access for patients to GPs and nurses for their diabetic care.

### 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. Practice nurse had completed extended training in COPD management. A practice nurse had also recently completed a Diploma in practice nursing at Loughborough University.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice



# Are services effective?

## (for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

The practice had a discreet and effective system in place to alert all staff via the electronic patient care record of reminder messages relating to patients such as those who were either vulnerable, suffered with dementia or had a learning disability. Messages we looked at included advice to staff for patients who were hard of hearing or had mobility issues and may take the longer for the patient to answer the door when expecting a home visit. Other messages related to palliative care patients to ensure they always received an appointment whenever requested. We saw evidence of these messages on care records during our inspection

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.



## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% and five year olds from 93% 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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

Most of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed results were lower than average when patients were asked if they felt they were treated with compassion, dignity and respect. The practice was below or comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Following our inspection, more recent satisfaction scores published in July 2016 showed improvement in some areas. For example:

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.
- 92% of patients said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 88% and the national average of 92%.
- 87% of patients said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 87% and the national average of 91%.
- 99% of patients had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 96% and the national average of 97%.

### Care planning and involvement in decisions about care and treatment

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



## Are services caring?

Results from the national GP patient survey showed patients responses were mixed when asked questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

Following our inspection, more recent satisfaction score published in July 2016 showed improvement in some areas. For example:

- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format. Some members of staff spoke numerous different languages.

### **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 42 patients as carers (0.45% of the practice list). Written information was available to direct carers to the various avenues of support available to them, however there was no information available for child carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours appointments on a Monday evening until 8pm and a Tuesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- All routine GP appointments were 15 minute appointment slots.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered at the following times on Monday until 8pm and on a Tuesday until 8.30pm. In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments were also available for people that needed them as well as telephone consultations for those who could not attend the practice.

The practice is part of a pilot scheme within Leicester City which offered patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres.

Appointments were available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments were available by walk in, telephone booking or direct referral from NHS 111.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 50% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%. (Most recent survey results published in July 2016 showed a slight increase in patient satisfaction at 52%).
- 85% of patients said the last appointment they got was convenient compared to the CCG average of 89% and national average of 91%.

The practice was aware of these low satisfaction scores and as a result of the national patient survey results in January 2016, the practice carried out its own patient survey in relation to access to appointments, 254 patients completed this survey. Action points were agreed which included increased GP telephone triage for those patients who requested an on the day urgent appointment. Increased appointments were provided for minor ailments provided by an advanced nurse practitioner and reception team training was introduced to improve signposting of patients to the most appropriate appointment, clinician or service. Following the implementation of these actions, the level of complaints relating to access to appointments had significantly decreased.

Further actions were agreed which included the introduction of a new practice website which included a 'virtual surgery'. The virtual surgery would extend the range of services available to patients remotely from their own homes. Services included the ability for patients to track progress of their own secondary care referrals, request sick notes or request travel vaccination advice. The system also enabled patients to complete health checks on-line such as for asthma, blood pressure, smoking status updates, mental health and alcohol consumption. This system had the ability to update patient information directly into their patient care record to ensure patient health status data was up to date and enabled the GPs or nurses to review this



# Are services responsive to people's needs?

## (for example, to feedback?)

information. Patients were able to see which GPs were on duty that day and could ask a GP or nurse a question on-line. It was hoped that this system would help to reduce the amount of unnecessary appointments in the practice for patients and improve the level of care and advice available for patients from their own homes for those patients who found it difficult to travel to the practice. It was hoped that this would also help to reduce the amount of appointments which patients did not attend or cancel and increase the availability of appointments in the practice for those patients who required them.

The practice also continually monitored the number of missed appointments whereby patients did not ring to cancel. Approximately 247 appointments per month were not cancelled by patients which equated to approximately 12.5 hours per week of GP and nurse time which could have been offered to other patients. The practice was proactively writing to patients who did not attend in the hope that this would help to reduce wasted appointments.

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

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice reviewed all patient accident and emergency attendances during multi-disciplinary meetings to assess whether the attendance could have been prevented by the practice. Actions were agreed where necessary and care plans were reviewed for those who had these in place.

### **Listening and learning from concerns and complaints**

The practice had an effective 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. The practice had a complaints policy in place and information was available to patients to advise them on how to make a complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve.
- 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, a complaints leaflet was available for patients in the reception area. The practice held a register of all formal complaints received.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. All complaints we looked at received a formal written response which included details of any investigations undertaken and an apology where necessary. The practice carried out a significant event analysis on complaints which required this.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement in place and staff we spoke with knew and understood the values of the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- GPs had lead roles which included specialist clinical interest to improve the level of care available for patients.
- Practice specific policies were implemented and were available to all staff. During our inspection, we looked at ten policies which included business continuity, infection control, chaperone, consent and health and safety. All policies had been regularly reviewed and updated. Staff we spoke with were aware of these policies and procedures and how to access them.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience and capability to run the practice and ensure high quality care. However, patients satisfaction results told us that there were areas of

low satisfaction in relation to access to appointments. The practice were aware of these low satisfaction scores and as a result had taken various steps to improve access to appointments and to improve patient satisfaction. The practice was also part of a local pilot scheme which offered patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. The partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. There was an effective management structure in place.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. Practice meetings were held on a two weekly basis. During our inspection we looked at various meeting minutes, topics such as care plans, clinical audit, significant events and staffing updates were discussed during these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.



# Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. During our inspection, we met with two members of the PPG who met on a regular basis. PPG members carried out patient surveys and submitted proposals for improvements to the practice management team. The group arranged for local groups to attend in the practice to give patients advice such as Age UK and Macmillan. They also arranged for local diabetic services to attend the practice on a regular basis which gave patients access to diabetic care, advice and access to screening for diabetes.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give

feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had been a training practice for a number of years and delivered training to GP Registrars. (A GP Registrar is a fully qualified Doctor who is training to become a GP). The practice also provided nurse mentorship and delivered teaching sessions to medical students on a rotational basis who were enrolled with a local University.

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