

Dr Abdul-Kader Vania

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 Dr Abdul-Kader Vania on 28 January 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- A clinical pharmacist worked in the practice on a regular basis to carry out medicines and prescribing audits.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

Summary of findings

- Ensure all individual policies and procedures are dated and include a review date in-line with the dates held on the software system used to coordinate and store all policies and procedures.
- Ensure the practice zero tolerance policy is displayed for patients.
- Ensure translation services are promoted for patients to ensure they are aware of these services available to them.
- Ensure a process is in place to record all informal complaints received and actions taken.
- Ensure a process is in place to cross check the temperature of the vaccination fridge.
- Ensure a process is in place to reduce the probability of accidental interruption of the electricity supply.

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.
- GPs provided weekly educational sessions to members of the nursing team.
- GPs provided regular clinical supervision sessions to members of the nursing team.
- There was no process in place to cross check the temperature of the vaccination fridge.

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

Are services caring?

The practice is rated as good for providing caring services.

Good



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

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice 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.
- The practice had access to 'Language Line' and 'Ujala Centre' for telephone and face to face interpreter services for patients whose first language was not English.

Good



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 comprehensive 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.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The GP principal 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 had been re-launched and was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The GP principal held weekly educational sessions with clinical staff and also provided regular clinical supervision sessions for the practice nurse which was documented.

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.
- The practice offered all patients over 75 years of age who were identified as at risk of unplanned admission to hospital a same day appointment if requested by the patient.

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.
- A GP and practice nurse met on a weekly basis to review patients with long term conditions.
- Performance for diabetes related indicators was 88.3% which was comparable to the national average of 89.2%.
- A diabetic clinic was held on a weekly basis for diabetic patients with complex needs.
- 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.

- 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.

Good



Summary of findings

- 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 79.45%, which was higher than the CCG average of 73.3% and the national average of 74%.
- There was a clinical lead in place for immunisations.
- The practice held a weekly 'baby' clinic outside of school hours to encourage patients to attend for childhood immunisations at an accessible time.
- 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.
- The practice provided weekly midwifery led clinics.
- The practice provided baby changing and breastfeeding facilities.

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 such as ordering repeat prescriptions and booking of routine appointments.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered on the day appointments and a telephone triage service for patients.

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. The practice had 26 patients registered with a learning disability and worked closely with a local residential home where the majority of these patients resided to ensure the needs of these patients were met.

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.
- The practice were working in conjunction with a local 'Ujala centre' to produce accident & emergency avoidance information in different languages to meet the needs of those whose first language is not English in particular travellers and asylum seekers. (the 'Ujala centre' provide face to face translation services within Leicester City).

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 88.5% which was lower than the national average of 92.8%. However, the practice had one of the lowest prescribing rates within Leicester City CCG for the prescribing of anti-depressant medications.
- 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 promoted evidence based practice in the treatment of patients who suffered poor mental health and helped patients explore their health needs in context to physical, social and psychological impacts.
- 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 on 2 July 2015. The results showed the practice was performing mostly above local and national averages. 438 survey forms were distributed and 74 were returned. This represented a response rate of 16.9%.

- 92.6% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 85.7% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 73.2% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Patients told us they felt listened too and that practice staff were caring and professional. Patients also told us they were treated with dignity and respect. We did not speak with any patients during our inspection.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure all individual policies and procedures are dated and include a review date in-line with the dates held on the software system used to coordinate and store all policies and procedures.
- Ensure the practice zero tolerance policy is displayed for patients.
- Ensure translation services are promoted for patients to ensure they are aware of these services available to them.
- Ensure a process is in place to record all informal complaints received and actions taken.
- Ensure a process is in place to cross check the temperature of the vaccination fridge.
- Ensure a process is in place to reduce the probability of accidental interruption of the electricity supply.

Dr Abdul-Kader Vania

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, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Dr Abdul-Kader Vania

Dr Abdul-Kader Vania also known as Ar-Razi Medical Centre provides primary medical services to approximately 2466 patients in Leicester City. The practice also provides services to patients residing in two residential care and nursing homes in the surrounding area.

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

At the time of our inspection the practice employed one GP principal who was supported by a practice manager, an assistant practice manager, a practice nurse, a health care assistant, three receptionists, one administrator and a domestic. The practice also used the services of three locum GPs. The surgery is open from 8.30am until 12.15pm Monday to Friday and from 2pm until 6.15pm with the exception of a Thursday when the practice is open until 5.45pm. The practice offers an open-access service for routine appointments on a Monday and Friday morning each week. The practice is part of a pilot scheme within Leicester City which is operating until 31 March 2016. This scheme 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 one location registered separately with the Care Quality Commission (CQC) which is Dr Abdul-Kader Vania, 1 Evington Lane, Leicester, LE5 5PQ.

The practice has an active patient participation group (PPG) who meet on a regular basis. The practice has a higher population of patients between the ages of 0-39 years of age.

The practice offers on-line services for patients including ordering repeat prescriptions and booking routine appointments.

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

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

Detailed findings

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 28 January 2016. During our visit we:

- Spoke with a range of staff including the GP principal, a locum GP, a practice manager, an assistant practice manager, a practice nurse, a receptionist and a midwife.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed 17 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).

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.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and actions were agreed and implemented following the event.

During our inspection we reviewed three significant events (SEAs) raised between May 2015 and January 2016. We also reviewed a case study which had been written based on a significant event which included a full analysis of the event and learning outcomes agreed. 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. We saw evidence of numerous meeting minutes which showed that significant events were discussed in practice meetings. We also saw evidence of meeting minutes based on a review of one significant event, actions were agreed following this review to implement a significant event audit.

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 GP 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. Non clinical staff were trained to level 1.

- 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). We saw evidence of a chaperone policy during our inspection. We also saw evidence of a form which patients were required to complete should they not consent to having a chaperone present.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Members of staff and comments received from patient comments cards told us that the practice was 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. Infection control audits were undertaken on a monthly basis, we saw evidence that action was taken to address any improvements identified as a result.
- We saw evidence of cleaning schedule which covered all areas of the practice. We also saw evidence of a cleaning schedule for clinical equipment which was signed and dated when cleaning had taken place. A domestic was employed who cleaned the practice on a daily basis. During our inspection we saw that clinical waste was stored appropriately.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice had a cold chain policy in place dated September 2015 with specific guidance to ensure that medicines were kept at the required temperatures and described the action to be taken in the event of a potential failure. During our inspection, we saw evidence of a significant event (SEA) which had been carried out following an incident which had involved a patient accidentally switching off the vaccination fridge at the power socket. The practice had carried out an SEA and made adjustments as a result of this incident to the location of the vaccination fridge to ensure only staff members had access to the power socket.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, the practice employed the services of a clinical pharmacist who worked in the practice on a regular basis 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw evidence of PGDs during our inspection which were signed and dated. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed six 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. We saw evidence of a DBS check policy and consent form during our inspection.
- 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 comprehensive fire procedures in place which included up to date fire risk assessments and a fire risk assessment checklist. We saw evidence that the last fire risk assessment had been carried out in December 2015. We saw evidence that actions were taken following completion of the fire risk assessment. For example, it had been agreed that two fire marshals would be identified for the practice and training was to be arranged. The practice also carried out regular fire drills. We observed that all fire safety equipment had been serviced on a regular basis and weekly checks of the fire alarm system were carried out and recorded, we saw evidence of checks carried out since June 2010. Emergency lighting was serviced on a regular basis by an external contractor. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw evidence that clinical equipment was last calibrated in March 2015. Air conditioning units were also serviced on a regular basis, the last service was carried out in February 2015.
- The practice had a risk register in place, we saw evidence of 13 risk assessments during our inspection such as to monitor safety of the premises, control of substances hazardous to health (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence of a certificate provided by an external contractor to evidence that routine water sample testing had been carried out to ensure the prevention of Legionella. The practice had procedures in place to carry out regular temperature checks of hot and cold water supplies in line with their legionella processes. We also saw evidence that COSHH data sheets were kept by the practice for all substances used by the practice. We saw evidence of 11 COSHH data sheets during our inspection which were in date.
- We saw evidence that all members of staff had undertaken a display screen equipment (DSE) assessment.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- We saw evidence of a 'premises management quality monitoring checklist' the last audit had been carried out in December 2015. This audit included various areas such as health and safety, fire safety, water hygiene, electrical testing, cleaning standards and waste management.
 - A disability access audit had been carried out in December 2015 to assess disabled access for patients and identify reasonable adjustment measures to be taken where identified.
 - 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 evidence of a written rota for all clinical and non-clinical staff.
 - 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.
 - Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit.
- Arrangements to deal with emergencies and major incidents**
- The practice had adequate arrangements in place to respond to emergencies and major incidents.

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 90.5% of the total number of points available with a 12.1% overall exception reporting rate. (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 88.3% which was comparable to the national average of 89.2%.
- Performance for mental health related indicators was 88.5% which was lower than the national average of 92.8%

There was evidence of quality improvement including clinical audit.

- During our inspection we reviewed three clinical audits. One of these was a completed audit where the improvements made were implemented and monitored. We saw evidence of an audit schedule in place for 2015-16 clinical audits to be completed.

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

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The practice nurse was in the process of completing cervical smear sample taking course and received regular supervision from an advanced nurse practitioner mentor (ANP). The ANP mentor had been recruited specifically to support the practice nurse and provide mentorship during this period of training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received a 360 degree appraisal within the last 12 months. All new employees received two reviews within their first six months of employment. Staff also received regular performance reviews, we saw evidence of these reviews during our inspection.
- The practice nurse received a weekly clinical supervision session with the GP principal, we reviewed 10 separate records of clinical supervision undertaken which included various topics such as cervical smear taking and diabetes management. The GP principal also carried out weekly educational sessions for clinical staff which included NICE updates.

Are services effective?

(for example, treatment is effective)

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

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence of a 'Gillick competency assessment policy' during our inspection.
- 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.
- We saw evidence of a consent policy, a confidentiality policy for patients' under 18 years of age.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Diet advice was provided on the premises by members of the nursing team and smoking cessation advice was available in-house.

The practice's uptake for the cervical screening programme was 79.45%, which was higher than the CCG average of 73.3% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice nurse contacted all women who had an abnormal result by telephone.

Childhood immunisation rates for the vaccinations given were lower than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.4% to 94.4% and five year olds from 76.9% to 90.4%. The practice had adjusted 'baby' clinics to encourage patients to attend for childhood immunisations. A weekly 'baby' clinic was provided outside of school hours.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 17 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.

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

- 94.4% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86.1% and the national average of 88.6%.
- 93.8% of patients said the GP gave them enough time compared to the CCG average of 82.8% and the national average of 86.6%.
- 94.6% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93.4% and the national average of 95.2%.
- 89.4% 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 85.1%.

- 96.4% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86.2% and the national average of 90.4%.
- 94.2% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83.3% and the national average of 86.8%.

Care planning and involvement in decisions about care and treatment

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

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

- 92.1% 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%.
- 87.6% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88.6% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available from 'Language Line' for telephone services and the 'Ujala Centre' in Leicester provided face to face interpreter services for patients who did not have English as a first language. The 'Ujala Centre' also provided sign language interpreters for patients who were blind or partially sighted. However, we did not see notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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. There was also a carer's policy in place. The

practice had identified patients as carers which was less than 1% of the practice list size. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. The GP diarised future dates to follow up patients who had suffered bereavement. 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 if the patient requested these services.

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. For example:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice provided a weekly midwifery led clinic.
- There was directional signage in the practice for patients. Name plates were provided on all consulting room doors.
- Hand railing was provided on stairwells for patients to ensure their safety.
- 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 which included a ramp near the main entrance. Automated doors were in place for ease of access to the premises.
- Telephone and face to face translation services were available.
- Bay changing facilities were available.
- The practice offered online services such as for ordering repeat prescriptions and booking routine appointments on-line.
- There was an automated arrival machine to enable patients to book themselves in for their appointment.
- The practice offered an open access service on a Monday and Friday morning each week for routine 'walk-in' appointments.
- Air conditioning was provided in patient areas of the practice.
- Hand sanitizer gels were provided throughout the practice for staff and patients to use.
- A comments box was provided to enable patients to leave comments and suggestions.

- Health promotion information was available in the patient waiting room.

Access to the service

The practice was open from 8.30am until 12.15pm Monday to Friday and from 2pm until 6.15pm with the exception of a Thursday when the practice was open until 5.45pm. The practice offered an open-access clinic for routine appointments on a Monday and Friday morning each week. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The practice also offered telephone consultations and home visits to those patients who required them.

The practice was part of a pilot scheme within Leicester City which was operating until 31 March 2016 and 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 higher than local and national averages.

- 81.1% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 92.6% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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.
- 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.

Are services responsive to people's needs? (for example, to feedback?)

We looked at three 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. The practice had a complaints policy in place and information was available to patients to advise them on how to make a complaint. Lessons were learnt from concerns and

complaints and action was taken to as a result to improve the quality of care. The practice held a record of all formal complaints received. All informal complaints were recorded on the patient care record, there was no process on place to keep a record of all informal complaints received and actions taken.

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 'practice charter' which was displayed within the practice leaflet and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected 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.
- The practice held a very comprehensive range of practice specific policies which were implemented and available to all staff. We looked at nineteen policies during our inspection which included safeguarding children, health and safety, business continuity, whistleblowing, chaperone, carers, consent and confidentiality. Not all policies we looked at had a 'created' date or 'review' date recorded. However, all dates were recorded on an electronic software system which was used to coordinate and store all policies and procedures which all staff had access to. The practice had recently implemented this new software system which would also record an audit trail of when staff accessed revised or newly implemented policies and procedures.
- 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 GP principal and the practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP principal and the practice manager were approachable and always took the time to listen to all members of staff. Staff we spoke with told us there was an open door policy and they felt comfortable to discuss or raise any concerns or issues they may have.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP principal encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

- 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 practice meetings. We saw evidence of numerous practice meeting minutes where various topics were discussed on a monthly basis such as significant events, friends and family test, training and emergency admissions diabetes, palliative care and patients at end of life.
- The practice manager also held a 'daily huddle' to communicate with all staff on duty, these informal meetings were not minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at practice meetings and felt confident and supported in doing so.
- A midwife who provided a weekly midwifery clinic told us that the GP principal met with her on at least a monthly basis to discuss any patient concerns and review patient's needs.
- Staff said they felt respected, valued and supported, particularly by the GP principal in the practice. All staff

Are services well-led?

Good 

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

were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

- The practice provided complimentary access to a chiropractic clinic for all members of staff who wished to access this service free of charge.

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 Friends and Family Test and also the patient participation group (PPG) and through surveys and complaints received. The PPG formed originally in 2013 with eight core members. In 2014 the PPG ceased due to lack of engagement however, in 2015 the PPG was re-launched. A newsletter and a patient survey was carried out to capture the views of patients in relation to the proposed timings of future meetings and purpose of the PPG. The last PPG meeting took place on 21 January 2016.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt supported, involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area such as a pilot scheme within Leicester City which is operating until 31 March 2016 and 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 provided the services of an advanced nurse practitioner (ANP) mentor to support the newly recruited practice nurse who was undertaking cervical smear sample taker training. This ANP also provided regular in-house clinics to ensure there was adequate levels of access to nurse appointments for patients.

The GP principal had a specialist interest in Cardiology. At the time of our inspection, this GP was in the process of completing a training programme which upon completion would lead to formal accreditation to teach medical students within Leicester.

The practice manager had previously undertaken an 'Institute of Learning Management' qualification in practice management and a Master's Degree in management.