

Broom Leys Surgery

Quality Report

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Coalville,
Leicestershire.
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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?		Requires improvement	

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 Broom Leys Surgery on 28 November 2017.

We carried out the inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

This practice is rated as Good.

The key questions are rated as:

Are services safe – Good

Are services effective – Good

Are services caring – Good

Are services responsive – Good

Are services well-led – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

At this inspection we found:

- The practice learned and made improvements when things went wrong. Systems were in place to enable staff to report and record significant events. Further work was required to ensure details of the investigation or what actions and learning had taken place were documented on each significant event form.
- Risks to patients were assessed and well managed, with the exception of those relating to legionella.
- The practice had a system in place to safeguard service users from abuse and improper treatment but on the day of the inspection some of the processes was not effective. Since the inspection the practice had completed a full review of its safeguarding processes and an action plan and supporting documents are now in place.

Summary of findings

- Staff we spoke with were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Feedback from people who use the service and stakeholders was positive. 23 patients expressed high levels of satisfaction about all aspects of the care and treatment they received. The feedback from comments cards we reviewed from patients told us that staff were welcoming, caring, courteous, friendly, understanding and professional.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Information about services and how to complain was available. 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.
- Quality improvement had been carried out but we saw limited evidence that demonstrated that audits were driving improvements to patient outcomes.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvements are:

- Establish and embed effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For example, significant events, safeguarding, NICE guidance, quality improvement including clinical audit.
- Complete the work required to ensure staff and patients are safe. For example, in regard to remedial actions for legionella. Advise the Care Quality Commission when the work has been completed.

The areas where the provider should make improvement are:

- Ensure the nurse practitioner has regular clinical supervision.
- Ensure learning from significant events and complaints are shared with staff.
- Explore how the patient satisfaction scores in relation to how patients could access care and treatment from the National Patient Survey can be improved.
- Ensure meeting minutes contain details of the discussions that have taken place and actions identified are completed.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Broom Leys Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, Deputy Chief Inspector for Primary Medical Services and a practice manager adviser.

Background to Broom Leys Surgery

Broom Leys Surgery is situated in the village of Coalville north west of the city of Leicester. It has approximately 7,800 patients and the practice's services are commissioned by West Leicestershire Clinical Commissioning Group (CCG). They are also a part of the North West Leicestershire Federation. The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

At the Broom Leys Surgery the service is provided Lead GP (male), one salaried GP (female, currently on maternity leave), three long term locum GPs (two male and one

female), one practice manager, one business manager one nurse practitioner, two practice nurses, three health care assistants, one practice pharmacist, one administration/ information technology lead, 11 administration and reception staff and three housekeepers.

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

Dr Stuart Scrivens, Broom Leys Surgery, Broom Leys Road, Coalville, Leicester. LE67 4DE

The practice is open between 8.00am to 12.45 and 1.30pm to 6.30pm Monday to Friday. Appointments are available from 8:30am to 11am and 2pm to 5pm Monday to Friday. The practice closed 12.45 to 1.30pm. A separate phone number is available to contact the practice during the lunchtime period where there are emergencies which cannot wait until the practice reopens at 1.30pm.

Appointments could be booked up to four to six weeks in advance. The practice does not have extended hours.

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

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

The practice was rated as good for providing safe services because:

- Systems and processes were in place for receiving, disseminating or actioning national patient safety alerts.
- Most risks to patients were assessed and well managed to ensure patients were kept safe.
- The practice had reliable systems for appropriate and safe handling of medicines.
- There was an effective system to manage infection prevention and control.
- The practice had a system in place to safeguard service users from abuse and improper treatment but on the day of the inspection some of the processes were not effective.
- The significant event analysis process needed further work to ensure details of the investigation, what actions and learning had taken place were documented on each significant event form and shared with staff.

Safety systems and processes

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

- On the day of the inspection we could not establish if the practice had an effective system in place to safeguard service users from abuse and improper treatment. There was a lead GP for safeguarding. Staff we spoke with were aware who the lead GP was. 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.
- The practice provided us with a list of children on the at risk register, child in need, looked after children or under a child protection plan. However when we reviewed some of the records we found that these were not up to date with current information and icons and alerts for family members were not present on all records.

- Minutes of safeguarding meetings we reviewed did not have enough detail on the discussions that had taken place or any actions to be put in place.
- After the inspection the practice completed a review of its safeguarding processes with support from the Head of Safeguarding Children within the Leicester, Leicestershire and Rutland Safeguarding team. We were told that all the safeguarding registers had been reviewed, immediate action had been taken where required and an action plan put in place. Going forward the practice would utilise the GP Safeguarding Quality Markers Tool to monitor its processes against safeguarding standards set across Leicester City, Leicestershire and Rutland.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The practice had six members of staff trained to act as chaperones and all had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

Most risks to patients were assessed and well managed to ensure patients were kept safe.

- The practice conducted safety risk assessments. For example, fire safety. The practice also had a variety of other risk assessments to monitor safety of the premises such as slips, trips, falls, and fire exits.

Are services safe?

- It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- There were arrangements for planning and monitoring the number and mix of staff needed. Over the past year the practice had completed a review of the staffing to ensure there was the right skill mix and adequate staffing levels.
- There was an effective induction system for temporary staff tailored to their role. For example, locum GPs and practice nurses.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. We saw a significant event analysis where a patient had attended the practice and had a serious medical emergency and the practice had responded to the emergency very well and the patient was later transferred to hospital to receive ongoing care.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. We looked at the patient electronic record system and found that there was an inbuilt sepsis alert that followed NICE guidance. We were also able to review a patient record where sepsis had been diagnosed and appropriate treatment had taken place.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and contractors.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- We checked the system in place for the management of high risk medicines, which included regular monitoring in accordance with national guidance. We found the system was effective and protected the health and safety of most patients on these high risk medicines. However, in one patient record we reviewed, we found that a patient had not attended for a review for a number of months, recall letters had been sent and upon further investigation found that the patient had not been coded as a vulnerable adult and no icon was in place to alert staff.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had recently reviewed and updated the directions they gave to patients in regard to medicines prescribed.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. However the audits required further work to ensure they were structured and detailed analysis together with action plans to monitor implementation of any recommendations.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- The practice had undertaken risk assessments in relation to safety issues. For example, fire safety, legionella, slips trips and falls.

Are services safe?

- In relation to fire safety we found a risk assessment in place and evidence of regular checking and maintenance of fire equipment, fire alarm and emergency lighting and fire drills had taken place on a six monthly basis.
- We looked at the arrangements in place for the management of legionella. A risk assessment had been carried out by an external company on 31 July 2017 in order to mitigate the risk of legionella. (a bacterium which can contaminate water systems in buildings). Monthly water temperature monitoring was in place but we found that the hot water temperatures were not within the recommended guidance. Following the inspection the practice told us that they had contacted an external provider who will visit them on 8 December 2017 to carry out a full review of the boilers and take action accordingly. We asked the practice to advise the Care Quality Commission (CQC) when this has been completed. Since the inspection the practice had advised the CQC that a full review of the boilers had taken place, actions taken where required and monthly water temperature testing for 3 December 2017 were within the recommended guidelines.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The practice had 10 significant events in the last 12 months. We looked at three in detail and found that the system in place needed further work to ensure they had clinical oversight. In one significant event we looked at we were able to evidence from the patient electronic record that a full investigation had taken place but this was not detailed on the form. Along with two further significant events more detail was required in respect of the impact for the patient and a review to ensure all actions had been completed. We were able to review minutes of meetings where these were discussed but the minutes required further detail to ensure that the discussion was documented when learning had been shared and actions identified had taken place in order to improve safety in the practice. Themes and trends had been identified.
- The practice told us they were in the process of changing to the DATIX system which is a computer process that would enable staff at the practice to report incidents and significant events which in turn would promote staff learning and ownership of risk. Forms could be completed on the computer and this would ensure that investigations, learning and actions were fully documented, discussed and in turn enable the management team to ensure all actions were completed.
- The practice had a system in place for receiving, disseminating or actioning national patient safety alerts. We found the practice had a process where the safety alerts were received by practice manager and nurse practitioner and disseminated to the clinicians for review and action. MHRA alerts were investigated by the relevant clinical team. Searches were carried out and action taken where appropriate. However we did not see any evidence in meeting minutes where these were regularly discussed.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

The practice was rated as good for providing effective services because:

- Areas of performance were above local and national averages.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff worked together and with other health and social care professionals to deliver effective care and treatment.
- Clinical audits needed to be strengthened to ensure they included analysis, conclusion and clearly identified areas for improvement.

Effective needs assessment, care and treatment

On the day of the inspection we found that the practice did not have a formal system in place to keep staff up to day with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However we saw that clinicians had assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. For example, Sepsis, Surgical site infections, antimicrobial stewardship. Information packs were provided for locum staff which included reference to NICE guidance.

Meeting minutes we looked at did not contain discussions on NICE guidance Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.

- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

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

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.

- Routine fortnightly visits were scheduled at the local care home where patients were resident. Urgent requests were responded to on the same day.
- National reported data showed that outcomes for conditions commonly found in old people, which included hypertension and dementia were in line with or above local and national averages. Exception reporting was below both the local and national averages.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

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

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Recall systems were in place and carried out by administration staff. They had a policy and flowchart in place to ensure patients received a regular review of medicines.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 86% of patients who had repeat prescriptions had received a review in the last 12 months.
- 91% of patients on four medicines or more had received a medicine review.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 88.8% which was 5.2% above the CCG average and 5.4% above the national average. Exception reporting was 2.1% which was 1.7% below the CCG average and 1.9% below the national average.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was

Are services effective?

(for example, treatment is effective)

92% which was 0.6% above the CCG average and 1.6% above the national average. Exception reporting was 1.2% which was 10.7% below the CCG average and 10.1% below national average.

Families, children and young people:

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

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above
- We looked at patient records and found that the practice had arrangements to identify and review the treatment of women of child bearing age on long-term medicines. Records of younger children on long term medicines had also been reviewed and letters sent to parents where appropriate.

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 practice's uptake for cervical screening was 88%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

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

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice had 77 patients on their current register. The nurse practitioner was the lead and had an effective system in place to ensure good quality end of life care.

- The practice had 33 patients on a register who were living with a learning disability.
- The practice did not have any homeless people on their register at the time of the inspection but told us they worked closely with Xario Trust who provide temporary supported accommodation to homeless people.

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).

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, we were told by the practice that they were the top practice in the West Leicestershire CCG for the identification of patients with dementia with a score of 84%.
- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- The percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 95.7% compared to CCG average of 95.2% and national average of 90.8%).
- 92.9% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a record of blood pressure in the previous 12 months was 93% which was 2.4% less than the CCG average and 3.4% above the national average.

Monitoring care and treatment

Prior to the inspection the practice provided information on quality improvement activity and reviewed the effectiveness and appropriateness of the care provided on a regular basis.

The most recent published Quality Outcome Framework (QOF) results for 2016/17 were 99.4% of the total number of points available compared with the clinical commissioning group (CCG) average of 97.1% and national average of 95.5%. The overall exception reporting rate was 5.2% which was 4.8% below CCG and national average. (QOF is a

Are services effective?

(for example, treatment is effective)

system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 92.1% which was 0.4% above the CCG average and 0.3% above the national average. Exception reporting was 0.2% which was 5.8% below CCG average and 5.3% below national average.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma was 83.6% which was 6% above the CCG average and 7.2% above national average. Exception reporting was 1.7% which was 5.7% below the CCG average and 6% below national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 88.8% which was 5.2% above the CCG average and 5.4% above the national average. Exception reporting was 2.1% which was 1.7% below the CCG average and 1.9% below the national average.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 92% which was 0.6% above the CCG average and 1.6% above the national average. Exception reporting was 1.2% which was 10.7% below the CCG average and 10.1% below national average.

There was some evidence of quality improvement including clinical audit.

- Prior to the inspection the practice sent us information about quality improvement work completed over the past two years. We reviewed 15 clinical and prescribing quality improvement initiatives and found that most were data gathering audits which would benefit from more structure and detailed analysis together with action plans to monitor implementation of any recommendations.
- We looked at two audits that were full cycle. We found that they these would also benefit from more structure,

detailed analysis and actions to be implemented. On the day of the inspection we did not see a programme of continuous audits to monitor quality and to make improvements.

- The practice had a recall system which was opportunistic and operated by the administration staff. A prescription handling protocol was in place to provide guidance to staff and if a patient was overdue for a medicine review a flowchart was in place for staff to follow to ensure a patient was seen before further medicines were obtained. Recall systems were in place and carried out by administration staff. They had a policy and flowchart in place to ensure patients received a regular review of medicines. Patients on high risk medicines, those with long term conditions and patients who lived with dementia, mental health conditions and learning disability were invited to attend for a review.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, CCG initiative to reduce the use of broad spectrum antibiotics and to increase the atrial fibrillation prevalence and use of anticoagulants.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff whose role included immunisations and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring and support for revalidation.
- There was no system of clinical supervision in place for nurses working in advanced roles such as prescribing or diagnosis of acute illness and no audits of their clinical decision making, including non-medical prescribing had taken place. Since the inspection the practice had

Are services effective?

(for example, treatment is effective)

advised us that a plan was in place to carry out an appraisal in January 2018 where regular mentorship and support will be discussed. This will be reviewed when we carry out a further inspection.

- The induction process for healthcare assistants included the requirements of the Care Certificate.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The NHS e-Referral Service was used with patients as appropriate. (The NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

- The practice reviewed patient deaths for those who had previously been on the palliative care register to consider what had gone well and where things could have been improved so that lessons could be shared and actions put in place to improve patient outcomes.

Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking and drinking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. For example, minor surgery, coil fitting clinic.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Our findings

We rated the practice, and all of the population groups as good for caring.

The practice was rated as good for caring because:-

- Staff treated patients with kindness, respect and compassion.
- The practice were above CCG and national averages for most of its satisfaction scores from the July 2017 patient survey on consultations with GPs and nurses.
- Staff helped patients be involved in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff we spoke with understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they would endeavour to offer them a private room to discuss their needs.
- All of the 23 patient Care Quality Commission comment cards we received were extremely positive about the service experienced.

Results from the July 2017 national GP patient survey showed positive results when patients were asked if they were treated with compassion, dignity and respect. 252 surveys were sent out and 107 were returned. This represented about 1.37% of the practice population. The practice were above CCG and national averages for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 89% of patients who responded said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 98% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 82% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 93% of patients who responded said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 93% of patients who responded said the nurse gave them enough time compared to the clinical commissioning group (CCG) average of 93% and the national average of 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 82% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Involvement in decisions about care and treatment

- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (AIS - a requirement to make sure that patients and their carers can access and understand the information they are given):
- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Are services caring?

- Information about AES was available on the practice website. Patients were asked to inform the practice if they had any specific needs to help them access and understand the information given to them.

The practice proactively identified patients who were carers. There was carer's information available in the practice and patients. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 152 patients as carers (2% of the practice list).

- A member of staff had just commenced the role as a 'carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement the practice sent a sympathy card. Alerts were put on patient records to ensure that if the family contacted the practice their needs were met and advice given on how to find a support service.

Results from the July 2017 national GP patient survey showed mixed results when patients responded to questions about their involvement in planning and making decisions about their care and treatment. Not all the results were in line with local and national averages:

- 83% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- On the inspection day we found that the practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups as good for providing responsive services.

The practice was rated as good for being responsive to people's needs because:

- It organised and delivered services to meet patients' needs.
- Most patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- Complaints and concerns were taken seriously and responded to appropriately to improve the quality of care. However it was not clear from meeting minutes what learning had been shared with staff and whether actions identified had been completed.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. 21% of its services were patient facing. (For example, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- Alerts were recorded on the electronic patient record to ensure staff were aware of any particular patient needs. This included carers where longer appointments were needed or where there was safeguarding concerns.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered. Interpretation services were available and the practice had a hearing loop in place.
- The practice made reasonable adjustments when patients found it hard to access services. For example, patients with reduced mobility could access the building via the main front entrance or a rear exit. Staff were on hand to support them. A GP and practice nurse made fortnightly visits to a local care home and carried out home visits as required.

- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

- All patients had an allocated named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice were responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided primary care services to a local care home. A GP and practice nurse visited on a fortnightly basis to review service users and any urgent requests were also carried out. We received positive feedback from the care home who told us they were looked after really well. A number of patients were reviewed each fortnight and anyone who was unwell on the day and they confirmed their medical needs were being met.
- The practice had recently commenced a weekly coffee morning in conjunction with the local county council. The aim of the coffee mornings were to provide support to patients who were registered at the practice and signpost them to relevant services if required.
- The practice had an effective process in place to assess and case manage older people over the age of 65 who were frail and the severity of the condition. This enabled them to select the most appropriate care to meet those needs. The practice currently had 3.8% in the severe category and 3.6% in the moderate category. These patients were on a frailty register and received regular reviews which included a falls assessment and review of medicines.

People with long-term conditions:

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

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

Are services responsive to people's needs?

(for example, to feedback?)

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice followed the Leicester Medicines Strategy Group guidelines for the prescribing of specialist medicines and the management of new medicines and related technologies.

Families, children and young people:

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Appointments were available outside of school hours and on the same day when necessary.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of antenatal, postnatal and child health surveillance clinics.

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 practice were proactive in offering on-line services which included booking appointments and ordering repeat medicines. The practice told us 21 % of the patients registered with them had signed up to use the on-line services.
- The practice participated in the electronic prescription service so that patients could collect their medicines from a pharmacy of their choice.
- Text reminder service was available to patients to help reduce wasted appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

- The practice had a monthly minor surgery clinic which provided a local accessible service to patients registered at the practice.
- An ear syringing, paediatric blood monitoring was provided by the practice and this enabled easier access for patients registered at the practice.

People whose circumstances make them vulnerable:

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

- Feedback from the care home we spoke to was very positive regarding the services provided to their service users.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. In February 2017 a review of the register had taken place and they now had 33 patients on the learning disability register.

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).

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- A self-check-in system was situated in the waiting area so that patients could book themselves in directly instead of queuing at reception.
- A TV screen in the waiting area acted as a patient calling system and informed the patient when a GP/Nurse was ready to see them. It also displayed a wide range of health information.

Are services responsive to people's needs?

(for example, to feedback?)

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health. The practice had access to the West Leicestershire CCG home visiting service every weekday. When a patient or carer rang for a home visit, the call was triaged and a decision made on the most appropriate care. Visits took place within one hour of the call in most cases.

Results from the July 2017 national GP patient survey showed that patients' satisfaction with how they could access care and treatment were below local and national averages. However this was not supported by observations on the day of inspection and our review of completed comment cards. 252 surveys were sent out and 107 were returned. This represented about 1.37% of the practice population.

- 71% of patients who responded were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 45% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 71%.

We saw that the practice was aware of the reduced performance in the recent patient survey results published in July 2017. The practice had reviewed the results and told us they had increased the number of staff who answered the phone in busy periods.

- 45% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 55% and the national average of 56%.

The practice had reviewed the results and told us that this could be down to the number of locums used by the practice and they now made every effort to use the same long term locums to ensure continuity of care.

- 80% of patients who responded said their last appointment was convenient compared with the CCG average of 82% and the national average of 81%.
- 63% of patients who responded described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.

The practice had reviewed the results and had made efforts to encourage more patients to use the on line appointment system and had reviewed the process where patients were able to book follow-up appointments before they left the practice.

- 62% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards all were positive about the standard of care received. Patients who completed these cards told us that they received a good service. They also told us that staff were welcoming, caring, courteous, friendly, understanding and professional.

One of the cards we reviewed also had a negative element in regard to booking an appointment by telephone if you contacted the practice in the mornings. We passed on the comment to the management team on the day of the inspection.

We also spoke with two members of the patient participation group. They told us the practice had gone through a journey over the last 12 months and had noticed a lot of improvements. Staff were friendly and welcoming and took the time to listen and help you if required. They would recommend the practice to others.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available in the reception area and on the practice website.
- The complaint policy and procedures were in line with recognised guidance. 10 complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.

Staff we spoke with told us and we saw that complaints were discussed at practice meetings but it was not clear from meeting minutes what learning had been shared with staff and whether actions identified had been completed.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice as requires improvement for providing a well-led service but all of the population groups are rated as good.

The practice was rated as requires improvement for well-led because:-

- Governance arrangements were not always operated effective to ensure clinical oversight of the provision of regulated activities.
- Arrangements to assess, monitor and mitigate risks across the practice needed to be improved.
- Systems for learning from significant events, complaints, quality improvement including clinical audits, NICE guidance were not effective.

Leadership capacity and capability

Broom Leys Surgery was run by a lead GP, three long-term locums, one nurse practitioner and two practice nurses. We were concerned about the sustainability due to the practice having a sole practitioner and a high number of patients registered at the practice. However on the day of the inspection we found that there were most systems and processes in place to assess and monitor quality of the service in conjunction with support from the West Leicestershire CCG and the NorthWest Leicestershire Federation.

We found that the sole practitioner and his team had the capacity and skills to deliver high quality care.

- The sole practitioner, long term locums and management team were experienced in the delivery of care, were committed to providing a first class service and responded to meet the demands of their patients.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff said they felt respected, valued and supported, particularly by the management team in the practice. They also encouraged members of staff to identify opportunities to improve the service delivered by the practice.
- Leaders at all levels were visible and approachable.

Vision and strategy

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

- The practice had a clear vision and set of values. The practice had a five year development plan and its mission was 'to provide a safe, appropriate and rewarding healthcare experience for our patients whenever they need our support'. The practice prides themselves on providing high quality medical care in a traditional family practice setting.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice aspired to a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice staff we spoke with told us they focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, childhood immunisations.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development however on the day of the inspection we found that the nurse practitioner had not received recent clinical supervision

Are services well-led?

Requires improvement 

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

to facilitate evaluation of their clinical work and non-medical prescribing. Since the inspection the practice had advised us that a plan was in place to carry out an appraisal in January 2018 where regular mentorship and support will be discussed. This will be reviewed when we carry out a further inspection.

- There was a strong emphasis on the safety and well-being of all staff.
- Staff told us there was an open door policy within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Equality and diversity training was mandatory for all staff and external speakers were invited to the practice learning days to talk to staff.
- It was evident on the day of the inspection that relationships between staff and teams was very positive.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support a governance framework which in turn supported the delivery of the strategy and good quality care.

Most of the structures, processes and systems to support good governance and management were clearly set out, understood and effective.

- Staff were clear on their roles and accountabilities in regard to infection prevention and control.
- Systems were in place to enable staff to report and record significant events. Further work was required to ensure details of the investigation or what actions and learning had taken place were documented on each significant event form.
- The system in place to safeguard service users from abuse and improper treatment was not effective.
- The practice did not have a formal system in place to keep staff up to date with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- We looked at quality improvement work which included clinical audit. Clinical audits we reviewed required more structure, detailed analysis and actions to be

implemented. Clinical meetings took place on a regular basis. Whilst we saw evidence of the meetings that had taken place but minutes of the meetings did not reflect the discussion that had taken place, what actions and learning had been shared and who was responsible for actions and a timeframe.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.

Managing risks, issues and performance

Most of the processes in place for managing risks, issues and performance were clear and effective.

- Processes to identify, understand, monitor and address current and future risks including risks to patient safety were in place with the exception of legionella.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- The practice had a business continuity plan for major incidents such as power failure or building damage.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. For example, CCG initiative to reduce the use of broad spectrum antibiotics and to increase the atrial fibrillation prevalence and use of anticoagulants.
- Quality and sustainability were discussed in relevant meetings and with external stakeholders such as the West Leicestershire CCG and North West Leicestershire Federation.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

Are services well-led?

Requires improvement 

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

- There were arrangements in place which were in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, NHS England and the West Leicestershire CCG to share what they knew.

During our visit we spoke with the lead GP, Long term locum, practice manager, nurse practitioner and members of the administration team. We also spoke to two members of the patient participation group.

We found evidence that the practice involved patients, the public, staff and external partners to support the delivery of services.

- There was an active patient participation group.
- The practice took part in NHS Friends and Family testing (FFT). Over the past three months 116 patients had completed the FFT test. From the results 46% were extremely likely and 35 % were likely to recommend the GP practice to family and friends.

- Each month the practice monitored the 'Do Not Attend' rates. In October 2017 28 GP appointments, 48 nurse appointments and 50 health care assistant appointments which equated to 24hours of clinical care had been wasted. Results were displayed in the waiting area and in the newsletter on the practice website.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice were in the process of working towards a paperless general practice by 2020 in line with NHS Digital guidance.
- From the practice website we found that the practice were taking part in a National Diabetes Audit to support and improve the understanding of the quality of care and treatment for those patients who had diabetes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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