

Heatherbrook Surgery - RP Archer and CK Archer

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 Heatherbrook Surgery (RK Archer and CK Archer) on 15 July 2015. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-lead services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and generally well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- 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.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- 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.

However there were areas where the provider should make improvements. The provider should:

- undertake complete two-cycle audits to ensure any learning is reviewed and monitored.
- ensure staff who act as chaperones are DBS checked or that the role is risk assessed.
- review its infection control policy and ensure people are kept safe from the risk of legionella.

Summary of findings

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and generally well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current guidance. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with members of multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) and local GP federation to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that 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

Good



Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints and other identified issues was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received induction training, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population (including those living in a local care home.) The practice had frequent contact with other healthcare professionals to share information and improve care. It was responsive to the needs of older people and offered home visits and rapid access appointments for those with complex needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff and GPs had lead roles in chronic disease management. All patients with long-term conditions had a named GP and were offered an annual review to check that their health and medication needs were being met. Longer appointments and home visits were available when needed and patients at risk of hospital admission were identified as a priority. For those people with the most complex needs, the named GP worked with relevant health and care professionals to help 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 attended A&E frequently. Immunisation rates were high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



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

Good



Summary of findings

to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with members of multi-disciplinary teams in the case management of vulnerable people. It had given vulnerable patients advice 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 and outside normal working hours.

Good



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). People experiencing poor mental health had been offered an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had provided information to patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) when they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above local and national averages. There were 98 responses which represents a 29% completion rate.

- 93% find it easy to get through to this surgery by phone compared with a CCG average of 68% and a national average of 73%.
- 92% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 79% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 48% and a national average of 60%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 80% and a national average of 85%.
- 97% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.

- 85% describe their experience of making an appointment as good compared with a CCG average of 68% and a national average of 73%.
- 92% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 71% feel they don't normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

We received 21 comment cards and spoke with patients and a member of the Patient Participation Group (the PPG is a group of patients who work with the practice to provide feedback and improve services). All were positive about the standard of care received. Patients found the premises safe and very clean. They said that reception staff were always polite, friendly and helpful. They added that clinical staff were caring, professional and listened to them and that they felt involved in making decisions about their care and treatment. Patients told us they rarely had any difficulty in making appointments or seeing the GP of their choice.

Areas for improvement

Action the service **SHOULD** take to improve

- ensure learning from audits is reviewed and monitored.

- ensure patients are kept safe.

Heatherbrook Surgery - RP Archer and CK Archer

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to Heatherbrook Surgery - RP Archer and CK Archer

Heatherbrook Surgery is located in the Beaumont Leys area of Leicester which is a relatively deprived area. The practice has 3,300 patients and is in a small purpose-built single-storey property. The clinical staff includes two GP partners, a salaried GP and a practice nurse supported by administrative and reception staff. There are two male and two female clinical staff. It is a training practice which has medical students on placement and GP trainees (these are qualified doctors who are undergoing further training to become a GP). It has a General Medical Services (GMS) contract.

The surgery is open between 7.30am and 6.30pm Monday to Friday except on Thursdays when it closes at 4.30pm. Appointments are available from 7.30am for an average of just under eight hours each day. This includes bookable telephone consultations.

When the practice is closed out of hours services are provided by CNCS (Central Nottingham Clinical Services) accessed via NHS 111.

Why we carried out this inspection

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How we carried out this inspection

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?

Detailed findings

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

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We also reviewed policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 15 July 2015. We reviewed patient survey information and comment cards where patients shared their views and experiences of the service. During our inspection we spoke with staff and with patients who used the service.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of these.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, how best to deal with very demanding patients in reception.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe:

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation. Policies and information were accessible to all staff and included who to contact for further guidance. Staff had received appropriate training and understood their responsibilities. There was a lead member of staff for safeguarding. We spoke with a visiting health visitor who told us the practice had an excellent record on safeguarding with a collaborative approach with other agencies, providing information and raising concerns.
- There were notices in the waiting area and in consulting rooms advising the availability of staff to act as chaperones. All staff who acted as chaperones were trained for the role and we were told that the practice had decided to apply for disclosure and barring checks (DBS) for these staff but had not yet done this. (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). Although staff understood their responsibilities the safety of vulnerable patients could not always be guaranteed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be very clean and tidy. The practice nurse was the infection control clinical lead who liaised with local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, the practice did not have a legionella risk assessment. We raised this at the time and the practice told us they would arrange a professional legionella risk assessment.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (this including obtaining, prescribing, recording, handling, storing and security). The practice had followed local guidelines for safe prescribing, for example, related to statins. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the checks through the Disclosure and Barring Service for clinical staff.
- 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 that enough staff were on duty.

Are services safe?

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on all the computers in the practice which alerted staff to any emergency. All staff received annual basic life support training and all knew that emergency medicines were available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 monitored that these guidelines were followed through with audits and checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 96.9% of the total number of points available. Data from 2013/14 showed;

- Performance for diabetes related indicators was similar to the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average at 84.35%.
- Performance for mental health related and hypertension indicators was similar to the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient's outcomes. The practice had completed a range of clinical audits and used the results to review patient treatment and outcomes and improve the quality of the service. However, the majority of these were simple one-cycle audits. For, example, the practice had undertaken an audit of patients who were HIV positive and found that this was not always recorded on the home screen of the patient record. Action was taken to rectify this and also include information about retro-viral medication.

The practice participated in applicable local audits, national benchmarking, and accreditation.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 cover the scope of their work. This included support during sessions, appraisals, and clinical supervision. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff also accessed e-learning training modules and in-house training.

Coordinating patient care and information sharing

The practice's patient record and intranet system ensured the information needed to plan and deliver care and treatment was available to all staff. This included medical records and test results, care plans and risk assessments. All relevant information was shared with other services in a timely way, for example, when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that the practice had regular direct contact with health visitors, the community palliative care nurse and other community staff and that as a result of this care plans were routinely reviewed and updated.

Consent to care and treatment

Patient's consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a

Are services effective?

(for example, treatment is effective)

patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were offered advice during regular health checks and referred to other services where available

The practice had a comprehensive screening programme. The practice's uptake for the cervical cancer screening

programme was 85%, which was higher than the national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable with the national average. For example, childhood immunisation rates for vaccinations given to under two year olds ranged from 90.7% to 100% and five year olds from 90.9% to 97.9%. Flu vaccination rates for the over 65s were 53.54% and for at risk groups 83.68%. These were above national averages.

Patients had access to health assessments and checks which included health checks for new patients and NHS health checks for people aged 40–74. Where risk factors or abnormalities were identified there was appropriate follow-up.

Are services caring?

Our findings

Throughout the inspection we observed that members of staff were polite and very helpful to patients attending at the reception desk and on the telephone and that people were treated with dignity and respect. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 21 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were polite, friendly, helpful, and treated them with dignity and respect. We also spoke with a member of the patient participation group (PPG) and other patients on the day of our inspection. They all told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded with kindness when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with care, dignity and respect. The practice was generally above average for its satisfaction scores about consultations with doctors and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 85.7% and national average of 88.6%.
- 88.5% said the GP gave them enough time compared to the CCG average of 82.6% and national average of 86.8%.
- 94.1% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.6% and national average of 95.3%
- 84.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80.1% and national average of 85.1%.
- 87.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86.1% and national average of 90.4%.
- 92.2% patients said they found the receptionists at the practice helpful compared to the CCG average of 82.4% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that 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 on the comment cards we received was also positive and aligned with these views.

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

- 87.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.3% and national average of 86.3%.
- 89.7% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77.2% and national average of 81.5%

Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were being supported, for example, by being offered health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered a consultation at a time and location to meet the family's needs. Advice was also provided about local support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice had provided surgeries on several Saturday mornings which were advertised on its website and in the waiting room.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- Patients could book a telephone appointment during surgery hours.
- There were longer appointments available for people with a learning disability or complex needs.
- Home visits were available for older patients / patients who would benefit from these.
- On the day urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and interpretation services available.

Access to the service

The practice was open 7.30am to 6.30pm Monday to Friday (4.30pm Thursday). Appointments were available for an average of 8 hours per day with 240 appointments each week. Patients who felt they needed to be seen were offered same day appointments.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 82.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.4% and national average of 75.7%.
- 89.6% patients said they could get through easily to the surgery by phone compared to the CCG average of 68.9% and national average of 74.4%.
- 81.2% patients described their experience of making an appointment as good compared to the CCG average of 68.8% and national average of 73.8%.
- 82.5% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61.7% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. Posters were displayed and leaflets were available. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found they were dealt with in a timely way.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, where the complaint related to a clinical judgement the need to offer the patient a second opinion was recognised.

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. Staff understood and supported these values and the practice had supporting business plans which reflected the vision and values.

Governance arrangements

The practice had a 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
- There were practice specific policies implemented and available to all staff
- There was an understanding of the performance of the practice through the use of QOF data and patient feedback.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks and issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice prioritised safe, high quality and compassionate care. Staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. They also told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. PPG feedback had led to improvements with the repeat prescription ordering process.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They felt able to suggest improvements to the service.