

# Victoria Park Health Centre

## Quality Report

203 Victoria Park Road  
Leicester  
Leicestershire  
LE2 1XD

Tel: 0116 2151105

Website: [www.victoriaparkhealthcentre.co.uk](http://www.victoriaparkhealthcentre.co.uk)

Date of inspection visit: 28 November 2016

Date of publication: 24/02/2017

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



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

## Contents

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 4    |
| The six population groups and what we found | 7    |
| What people who use the service say         | 11   |
| Areas for improvement                       | 11   |

### Detailed findings from this inspection

|   |    |
|---|----|
| Our inspection team                       | 12 |
| Background to Victoria Park Health Centre | 12 |
| Why we carried out this inspection        | 12 |
| How we carried out this inspection        | 12 |
| Detailed findings                         | 14 |
| Action we have told the provider to take  | 24 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Victoria Park Health Centre on 28 November 2016. Overall the practice is rated as requires improvement.

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

- There was a system in place for reporting and recording significant events however it was not been adhered to in all cases. Staff we spoke with told of us incidents that had occurred which had not been recorded and investigated as significant events.
- Reporting of significant events was inconsistent. We saw evidence that incidents were discussed in the morning meeting minutes however these were not always completed in line with policy on the reporting forms.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patient survey figures were mostly above average when compared with CCG and national averages.
- Comments about the practice and staff were wholly positive.
- 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. However we did not see that improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. We saw this to be the case on the day of inspection.
- The practice were unable to produce an infection control audit.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a virtual patient reference group of 32 members and a further 852 patients subscribed to receive email information from the practice.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- The practice had a range of on line services and text message services that was suitable for the needs of the practice population.
- There was evidence of quality improvement including clinical audit.
  - Safety alerts and alerts from Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and cascaded to the appropriate persons. However, we saw no evidence the practice carried out reviews and completed searches on the patient record system to ensure action was taken against the alerts.

The areas where the provider must make improvements are

- Ensure infection control audit is completed and any actions identified are addressed.
- Ensure processes for reporting and recording significant events, incidents and near misses is adhered to including non-clinical incidents.

- Ensure process is in place for the management of patient safety alerts and an audit trail of action taken following the alerts, such as audits and searches completed.
- Ensure recruitment is in line with policy and references are recorded and interview records are retained.

The areas where the provider should make improvement are:

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.
- Review complaints process to include learning and actions taken to prevent reoccurrence and improve quality of care.
- Review recruitment to ensure this is in line with the practice policies and procedures.
- Review lead roles such as infection control to enable staff to deputise provide cover during periods of unplanned absence.

**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 requires improvement for providing safe services.

**Requires improvement**



- There was a system in place for reporting and recording significant events however it was not been adhered to in all cases. Staff we spoke with told of us incidents that had occurred which had not been recorded and investigated as significant events. For example an incident where the fridge that stored vaccines had been out of range.
- Reporting of significant events was inconsistent. We saw evidence that incidents were discussed in the morning meeting minutes however these were not always completed in line with policy on the reporting forms.
- The practice were unable to produce an infection control audit. We noted whilst the practice was clean and tidy there were areas that needed further attention as identified in a cleaning audit on 25 November 2016.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mainly at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



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

# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence showed the practice responded quickly to issues raised. An annual review to identify trends and lessons learned had not taken place.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and most staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework however this needed strengthening with clarification of the process and the recording of significant events and learning from these.
- Following changes to the team there was no trained infection control lead although there was staff booked to attend a course in January 2017. There was no deputy in place to provide cover during periods of unplanned absence.
- The provider was aware of and complied with the requirements of the duty of candour in relation to complaints. The partners encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients.

Requires improvement



## Summary of findings

- The practice had a virtual patient reference group of 32 members and a further 852 patients subscribed to receive email information from the practice. .
- There was a strong focus on continuous learning and improvement at all levels.

# 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 provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP and had been informed who this was.
- Telephone appointments were available to patients that require this.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The HCA and GPs had visited patients homes to provide flu vaccinations for those that could not attend the surgery.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Chronic disease management was led by GPs and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better compared to the national average. (100% compared to 86% CCG average and 89% national average).
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

**Requires improvement**



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice was part of the Sexual Health and Contraception Services (SHACC) contract and offered coil, implant and screening to their own patients and anyone registered with a GP in Leicestershire.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 48%, which was comparable to the CCG average of 72% and the national average of 76%. The practice recognised they faced particular challenges in this area due to the patient population they serve and this skewed their statistics. This was because the practice had a generally high turnover of patients and a high proportion of these patients were students from overseas, who were often difficult to reach.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice was breast feeding friendly.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive.. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Nursing staff had lead roles in travel and sexual health.
- Due to the close proximity to the University and the demand for lunchtime appointments availability at these times was also available.

Requires improvement





# Summary of findings

- The practice offered enhanced services for students attending the University Of Leicester. They provided support for those seeking sick notes, special arrangements to sit examinations, medical reports to verify periods of illness and liaised with the university on support they offered.

## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

Requires improvement



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

The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 79% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 77% and the national average of 78%.
- 84% of patients experiencing poor mental health were involved in developing their care plan in last 12 months which was better than the national average of 77%.

Requires improvement



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. 375 survey forms were distributed and 43 were returned. This represented 0.2% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 66% and the national average of 75%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.

- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect. Comments included that the practice was consistently excellent and helpful.

## Areas for improvement

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

- Ensure infection control audit is completed and any actions identified are addressed.
- Ensure processes for reporting and recording significant events, incidents and near misses is adhered to including non-clinical incidents.
- Ensure process is in place for the management of patient safety alerts and an audit trail of action taken following the alerts, such as audits and searches completed.
- Ensure recruitment is in line with policy and references are recorded and interview records are retained.

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

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.
- Review complaints process to include learning and actions taken to prevent reoccurrence and improve quality of care.
- Review recruitment to ensure this is in line with the practice policies and procedures.
- Review lead roles such as infection control to enable staff to deputise provide cover during periods of unplanned absence.

# Victoria Park Health Centre

## 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, a practice nurse specialist adviser, a practice manager specialist adviser and a second CQC inspector.

## Background to Victoria Park Health Centre

Victoria Park Health Centre is a three partner practice which provides primary care services to approximately 22,500 patients under a General Medical Services (GMS) contract.

- The practice is situated on Wyggeston & Queen Elizabeth I College grounds in a purpose built health centre.
- The practice has a high proportion of young patients, with a high number of patients who are overseas students.
- Parking was available on street or parking at a nearby pay and display car parking.
- There is ramped access for disabled patients. The practice is on two levels and a lift is available for those that need it.
- The reception desk is accessible to patients in a wheelchair.
- Services are provided from 203 Victoria Park Road, Leicester, Leicester, LE2 1XD
- The practice consists of three partners (female) ten salaried GP's (female) and two GP's employed by the practice as part of the GP fellowship scheme (one male and one female).
- The nursing team consists of four practice nurses, two health care assistants (HCA's) and one phlebotomist.
- The practice has an executive manager and an assistant practice manager who is supported by 13 clerical and administrative staff to support the day to day running of the practice. The practice also have three apprentices at the practice in administrative roles.
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice has a higher than average number of patients aged 18 - 27 years of age which is 63% of the total list size. 1.5% of patients are over 64 years of age.
- The practice has average deprivation and sits in the middle of the deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures; family planning, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.
- The practice lies within the NHS Leicester City Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.
- The practice is open between 8.30am and 6pm Monday to Friday. Appointments are available between these times.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 November 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice manager, nursing staff and administrative staff).
- Spoke with a patient.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events however it was not been adhered to in all cases.

- Staff told us they would inform their line manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Reporting of significant events was inconsistent. We saw evidence that incidents were discussed in the morning meeting minutes however these were not always completed in line with policy on the reporting forms.
- Staff we spoke with were not aware of what constitutes a significant event, for example an incident on the day of the inspection where the practice had called an ambulance to a patient had not been deemed a significant event.
- The practice had carried out a thorough analysis of the significant events that had been recorded and learning and actions to prevent reoccurrence were documented.
- When things went wrong with care and treatment, we did not see that patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example the practice had recorded an incident in relation to temperatures of vaccines, following this incident, patients had been given vaccines that were off licence but we did not see evidence that patients had been contacted to enable them to make a decision to either accept or decline an off licence vaccination.

We reviewed two incident reports and saw other incidents that were raised in the morning meetings. However these were not then logged onto the incident report form. Minutes of the meetings did not show evidence of learning. An incident in relation to the cold chain was documented but not on the incident report form. It did not include

lessons learned or the actions that was taken following. Patient safety alerts were managed in the practice and we saw evidence to say that the practice disseminated these to the relevant staff members. However, the practice could not provide an audit trail of alerts received, how they were actioned or evidence of how they were shared practice-wide.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice intranet enabled all staff the ability to access local contact numbers for safeguarding teams. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The lead GPs, including trainees were trained to child protection or child safeguarding level 3. Nursing staff were trained to level 2 and other staff were trained to the level appropriate for their roles. The patient intranet system had a link on the front screen for all staff that when accessed showed the details and contact numbers for safeguarding. The health visitor attended the monthly meetings to discuss any concerns.
- A notice in the waiting room and on the doors of all treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- We observed the premises to be mainly clean and tidy. We saw in a checklist completed by the cleaning company that there had been areas identified that needed further attention. The site visit and standards audit completed 25 November 2016 said that there were areas of high levels that need attention and that there were cobwebs in corners of waiting room windows and

## Are services safe?

we saw cobwebs behind one of the toilet doors. One of the practice nurses was the infection control clinical lead. Following changes to the team there was no trained infection control lead although there was staff booked to attend a course in January 2017. There was no deputy in place to provide cover during periods of unplanned absence. The practice could not produce an infection control audit. There was an infection control protocol in place and not all staff had received up to date training. We were unable to see purple-top sharps bins used for cytotoxic and cytostatic medicinally-contaminated sharps; for example, hormone-containing medicines such as contraceptive injections. The executive manager said that the practice did have them but we did not see any in use on the day.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice had a process to for the review of high risk medicines which was reviewed by the in house pharmacist. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer influenza vaccines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example one staff member had been employed in September 2016 and the file did not contain references for the staff member and another staff member had only one reference in place. We did see evidence of qualifications, and registration with the appropriate professional body. The five files we looked at did not contain any copies of interview records.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had not had a Legionella risk assessment completed since 2014. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Following the inspection the practice forwarded a new risk assessment and copies of the documents to show that running of taps and temperature checks were taking place.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available. Exception reporting for the practice was 8.5% which was in line with national and CCG averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was better compared to the national average. (100% compared to 86% CCG average and 89% national average).
- Performance for mental health related indicators was better compared to the national average. (99% compared with 93% CCG average and 93% national average).

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, prescribing of antibiotics had been reduced following audit and the introduction of patient self-care leaflets.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. However there was no evidence that this was completed for all staff. Staff members that we spoke with differed on their view of inductions. Nursing staff had been booked onto courses and said that they had completed an induction whereas an administrative staff member said that they had been left to work on reception when they had been in the practice for four days and did not feel they had sufficient training or experience.
- The practice could demonstrate how they ensured role-specific training and updating for some staff. For example, the practice had a training matrix for all staff members. Training records were not clear on the day however following the inspection the practice forwarded the certificates that we had not seen on the day. The practice said that they were going to review the process they had for monitoring training to make it clearer and so that they could easily identify who was due for review. New staff members had been booked to attend courses that were funded by the practice, for example nursing staff had been booked to complete training such as childhood immunisations and asthma courses.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could



# Are services effective?

## (for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Clinical supervision for nursing staff was been developed. All staff had received an appraisal within the last 12 months. Appraisals that we looked at showed training needs identified and completed.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 48%, which was comparable to the CCG average of 72% and the national average of 76%. The practice recognised they faced

particular challenges in this area due to the patient population they serve and this skewed their statistics. This was because the practice had a generally high turnover of patients and a high proportion of these patients were students from overseas, who were often difficult to reach. The practice policy for all recalls was to send text messages to remind patients. After three text messages the practice would make telephone calls and then follow up if necessary with a letter. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were lower compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 94% which was comparable to the CCG average of 94% to 97% and five year olds from 79% to 95% which was

## Are services effective?

(for example, treatment is effective)

comparable to the CCG average of 91% to 97%. The practice had approximately 500 patients under the age of 5 which was 2.4% of the total list. The practice had recognised the data was skewed by the high proportion of students they catered for. Due to one of the nurses being on sick leave, the practice did not have any other nursing staff trained to deliver the vaccinations. The practice had a locum nurse attending the practice once a month to complete these until the other nurses had been trained. This training had been booked.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the five patient Care Quality Commission comment cards we received were highly positive about the service experienced with no negative comments. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect. Comments included that the practice was consistently excellent and helpful.

We spoke with a patient who also 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 compassionately when they needed help and provided support when required. Comment cards said that the GP's went the extra mile.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses with the exception of scores in relation to being asked if the GP gave them enough time. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 70% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

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

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

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. The practice intranet system had a link to the translation service and sign language service.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 53 patients as carers (0.2% of the practice list). As the practice population were predominantly students the practice had a low number of carers. Patients that were identified as a carer were identified on the electronic system. The new patient checklist asked if patients were carers and enabled them to be given information about support.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The HCA and GPs had attended patients homes to deliver flu vaccines.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had online booking facilities and patients could book on the day or up to six weeks in advance
- The practice had clinics in the surgery by midwives, health visitor and mental health counsellors that they could refer into.
- There was a local alcohol and drugs team that provided in house clinics for the patients of the practice.
- The practice had a range of on line services and text message services that was suitable for the needs of the practice population.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were between these times. The practice had a duty doctor available from 8am to 8.30am and 6pm to 6.30pm for any urgent telephone calls. In addition to pre-bookable appointments that could be booked up to six weeks in advance appointments were available on the day for people that needed them.

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

- 95% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 79%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

Comment cards stated that patients were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a complaints poster in reception.
- The practice recorded all complaints as written even if they were made verbally.

We looked at seven complaints received in the last 12 months and found these were dealt with in a timely way. Apologies were given where appropriate. The practice had a complaint register for each complaint that showed the date the complaint was received and the date acknowledged. The register also evidenced the response given to the patient and the type of the complaint. There was no evidence of actions taken to prevent reoccurrence and there was no review of complaints in the practice that identified trends. Response letters did not include details of lessons learned and how learning would be shared in the practice.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which staff understood.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff either on the shared drive.
- Staff were unclear of what constituted a significant event and the process for reporting. Some staff said that they had reported significant events to their line manager however they had then been deemed to not require recording.
- The practice could not produce an infection control audit. Following changes to the team there was no trained infection control lead although there was staff booked to attend a course in January 2017. There was no deputy in place to provide cover during periods of unplanned absence.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings of which minutes were available.
- Some staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.
- The practice was a training practice and had one registrar working at the time of our inspection. We were told that the practice and the GPs were supportive and they were enjoying working at the practice.

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

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

- The practice had 32 members of a Patient Reference Group (PRG) and an additional 857 patients subscribed to receive emailed information from the practice.
- The practice updated the PRG with changes to the practice and consulted them for example, changes to opening hours, practice telephone system and electronic prescriptions.

# Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from staff through staff meetings and annual appraisals. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looking at new ways to improve the service for patients.

Whilst preparing for the inspection the practice had realised that they needed to improve on the governance at the practice.

Due to staffing issues they were looking to develop different pathways to be able to manage patients. This included working alongside HCA's and pharmacists to see the patients that they were able to deal with and give the GP's more time to see the patients for example with co-morbidities.

## 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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>An infection control audit could not be produced in the practice.</p> <p>Processes for reporting and recording significant events, incidents and near misses was not always adhered to.</p> <p>There was no audit trail to show actions taken for the management of patient safety alerts.</p> <p>This was in breach of regulation 12(1)(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity   | Regulation   |
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The practice did not have thorough governance systems in place.</p> <p>Not all significant events had been recorded and there was no evidence that patient safety alerts were actioned.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>  |