Groby Surgery

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Groby Surgery on 9 May 2017. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because some systems and processes in place were not effective to keep them safe. For example, significant events, safeguarding, monitoring of patients on high risk medicines, monitoring of the cold chain, recruitment and retention of staff.
- There was a system in place for reporting and recording significant events but it was not consistent or clear. Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- The practice did not have effective systems in place to safeguard service users from abuse and improper treatment.
- Risks to patients were assessed and managed, with the exception of those relating to fire and legionella.
- We saw limited evidence of quality improvement to improve patient outcomes.
- The practice did not have a robust system in place to monitor the training of the GPs and staff within the practice. For example, not all clinical staff had received appropriate training in safeguarding, basic life support, fire safety, infection control and information governance to ensure they were up to date with current procedures.
- Comments cards we reviewed told us that patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients. In particular, fire safety, monitoring of the cold chain and high risk medicines.

Summary of findings

- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular,significant events, infection control, legionella, recruitment, training and appraisal of staff, NICE guidance, quality improvement, complaints, shared learning from significant events and complaints, policies and procedures.
- Make reasonable adjustments for disabled people as per national guidance.

- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.

The areas where the provider should make improvement are:

- Improve the current processes in place for the monitoring of repeat prescriptions, referrals to secondary care and the scanning of incoming post.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Patients were at risk of harm because some systems and processes in place were not effective to keep them safe. For example, significant events, safeguarding, monitoring of patients on high risk medicines, monitoring of the cold chain, recruitment and retention of staff.
- There was a system in place for reporting and recording significant events but it was not consistent or clear. Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- The practice did not have effective systems in place to safeguard service users from abuse and improper treatment.
- Risks to patients were assessed and managed, with the exception of those relating to fire and legionella.
- The practice did not have effective systems in place in respect of recruitment of locum staff.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- We did not see any evidence that staff were kept up to date on current evidence based guidance.
- The practice did not have a programme of continuous audits to monitor quality and to make improvements. There was some evidence of completed clinical audit cycles but limited evidence that audit was driving improvement in performance to improve patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- The practice did not have an effective system in place to monitor training. Therefore we could not be assured that staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was limited recognition of the benefit of an appraisal process for staff.
- There was no system of clinical supervision in place for nurses working in advanced roles such as prescribing or diagnosis of acute illness.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs and end of life care was coordinated with other services involved.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Results from the July 2016 national GP patient survey showed mixed results.
- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%).
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% 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 85% and the national average of 85%.73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

- The practice understood its population profile and had used this understanding to meet some of the needs of its population.
- There were longer appointments available for patients with a learning disability.
- The practice told us that home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice did not offer extended hours for working patients who could not attend during normal opening hours.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- The practice had a hearing loop in place for patients who experienced hearing problems.
- On the day of the inspection we found that the provider had not made reasonable adjustments for disabled people as per national guidance. There was no access for patients with reduced mobility who had to use a wheelchair. An SEA in December 2016 highlighted that there was a potential trip hazard to raised concrete lip near front entrance. Action was to speak to the landlord. On the day of the inspection no handrail was in place outside the building.
- The practice did not have an effective complaints system in place. We saw that complaints were discussed at practice meetings but it was not clear what learning and actions had been shared with staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for providing a well-led service.

- Although the partners were positive about future plans, we found a lack of leadership and governance relating to the overall management of the service. The practice was unable to demonstrate strong leadership in respect of safety.
- There was a limited governance framework which supported the delivery of the strategy and good quality care. For example, significant events, safeguarding, monitoring of patients on high risk medicines, monitoring of the cold chain, recruitment and retention of staff.

Summary of findings

- The provider had some awareness of the requirements of the duty of candour but the systems and processes in place did not always support this.
- There was a documented leadership structure. Whilst staff felt supported by management they were unsure who to approach with issues.
- The practice did not have a programme of continuous quality improvement and completed clinical audits did not demonstrate improvement in performance to improve patient outcomes.
- The practice had a number of policies and procedures to govern activity. We found that there was no guidance for staff in relation to legionella, referrals to secondary care, repeat prescribing, post handling and scanning, minor injury or illness.
- There was no evidence that learning from significant events and complaints had been shared with staff.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- Staff told us they had not received regular performance reviews and did not have clear objectives.

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

Inadequate

The provider was rated as inadequate for safe and well led services and requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is therefore rated as inadequate for the care of older people

- Not all staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 81.9% which was 1.6% below the CCG average and 1% below the national average. Exception reporting was 3.1% which was 0.5% below the CCG average and 0.8% below national average.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.

People with long term conditions

Inadequate

The provider was rated as inadequate for safe and well led services, good for providing a caring service and requires improvement for providing effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

Summary of findings

- The nurse had the lead role in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 88.1% which was 3% below the CCG average and 3.3% below the national average. Exception reporting was 4.2% which was 1.2% below CCG average and 1.3% below national average. Since the inspection the practice have sent us further evidence that in this area they have improved from 88.1% to 92.3% up to end of March 2017.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma was 75% which was 4.3% below the CCG average and 0.6% below the national average. Exception reporting was 1.1% which was 8.6% below the CCG average and 6.8% below national average. . Since the inspection the practice have sent us further evidence that in this area they have improved from 75% to 80% up to end of March 2017.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 90.2% which was 0.8% below the CCG average and 0.6% above the national average. Exception reporting was 3.8% which was 8.4% below the CCG average and 7.7% below national average. Since the inspection the practice have sent us further evidence that in this area they have improved from 90% to 98% up to end of March 2017.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health. The practice had access to the West Leicestershire CCG home visiting service every weekday. When a patient or carer rang for a home visit, the call was triaged and a decision made on the most appropriate care. Visits took place within one hour of the call in most cases.
- Integrated Care Teams worked with Groby Surgery. Their aim was to support people to remain at home as long as possible. They were responsible for the joined up and co-ordinated care provided by a multi-disciplinary team to patients within the locality.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate

The provider was rated as inadequate for safe and well led services and requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- On the day of the inspection from the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk were not effective.
- The practice's uptake for the cervical screening programme was 78%, which was comparable with the CCG average of 83% and the national average of 81%. Since the inspection the practice have sent us further evidence that in this area they have improved from 78% to 83% up to end of March 2017.
- No comparable data was available for childhood immunisation rates for the vaccinations given by the practice for under two years old. Since the inspection the practice have sent us evidence that they have achieved 90% for vaccinations for under 2 years old up to end of March 2017.Childhood immunisation rates for the vaccinations given to five year olds ranged from 87% to 100%. The practice did not have a policy which provided guidance to staff.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safe and well led services and requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

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

- The practice understood its population profile and had used this understanding to meet the needs of its population. It offered accessible, flexible and offered continuity of care but did not have extended opening hours.
- 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

Inadequate

The provider was rated as inadequate for safe and well led services and requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Some staff knew how to recognise signs of abuse in vulnerable adults and children, but they were not aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies out of normal working hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safe and well led services and requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- 80% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which

was below the CCG average of 87% and national average of 84%. Since the inspection the practice have sent us further evidence that in this area they have improved from 80% to 89% up to end of March 2017.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% which was above the CCG average of 95% and national average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100% which was above the CCG average of 95% and national average of 90%.
- One of the GP partners had a special interest in patients who had experience mental health and substance misuse problems.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment and the practice had further plans to provide further information on the practice website.
- A Mental Health practitioner attended the surgery every 6-8 weeks to support patients who experienced mental health problems.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Patients registered with the practice were able to make a self-referral to the Improving Access to Psychological Therapies service (IAPT).

Summary of findings

What people who use the service say

the national GP patient survey results were published on 7 July 2016. The results showed the practice was comparable to local and national averages. 217 survey forms were distributed and 104 were returned. This represented a 48% response rate and 3% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and the national average of 73%.
- 89% 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 86% and the national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 77% 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 76% and the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards all were positive about the standard of care received. Patients who completed these cards told us that they received excellent care. They also told us that staff were attentive, caring, courteous, friendly and professional. Eight of the cards we reviewed also had a negative element in regard to the lack of appointments, limited car parking, no disabled access and the age of the building. We passed on these comments to the management team on the day of the inspection. We spoke with one patient who told us that the practice had young dynamic understanding clinicians with a good background team and would recommend the surgery.

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients. In particular, fire safety, monitoring of the cold chain and high risk medicines.
- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular, significant events, infection control, legionella, recruitment, training and appraisal of staff, NICE guidance, quality improvement, complaints, shared learning from significant events and complaints, policies and procedures.
- Make reasonable adjustments for disabled people as per national guidance.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.

Action the service SHOULD take to improve

- Improve the current processes in place for the monitoring of repeat prescriptions, referrals to secondary care and the scanning of incoming post.

Groby Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Groby Surgery

Groby Surgery is situated in a village to the north west of the city of Leicester. It has approximately 3,244 patients and the practice's services are commissioned by West Leicestershire Clinical Commissioning Group (CCG). They are also a part of the Hinckley and Bosworth Medical Alliance Federation. 13 GP practices work together to deliver healthcare for local communities.

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

At the Groby Surgery the service is provided by two GP partners (one male and one female), one salaried GP (male), one assistant practice manager, one nurse and five administration and reception staff.

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

Groby Surgery, 26 Rookery Lane, Groby, Leicester. LE6 0GL

The practice is open between 8.30am to 12.30 and 2pm to 5.30 pm Monday to Friday. Appointments are available from 8:30am until 12:30 and 2pm to 5.30pm Monday to Friday. The practice closed 12.30 – 2.00pm The answer phone message directed patients to an OOH provider who had been commissioned by the practice to triage calls and contact the GP partners via a mobile where there were emergencies which could not wait until the practice reopened at 2pm.

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

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

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, NHS England and the West Leicestershire CCG (WLCCG) to share what they knew.

We carried out an announced visit on 9 May 2017.

During our visit we:

Detailed findings

- Spoke with a range of staff and spoke with a patient who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

We found the system for significant event analysis (SEA) was not effective. Recording of the event, details of the investigation or what actions and learning had taken place were not clear. The practice had recorded five significant events since September 2016. We looked at all five events and found that the recording and analysis of all five did not demonstrate a clear account of what had happened, was not in-depth and records of the actions taken were insufficient. It was not clear that learning had been discussed and themes and trends had not been identified. For example, in relation to the overprescribing of a medicine and monitoring of the cold chain.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had a system in place for receiving, disseminating or actioning national patient safety alerts. We found the practice had a process where the safety alerts were received by the practice manager and disseminated to the clinicians for review and action. MHRA alerts were investigated by the practice manager. Searches were carried out and action taken where appropriate. However we did not see any evidence in meeting minutes where these were regularly discussed.

Overview of safety systems and processes

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

- There was a lead GP for safeguarding. Staff we spoke with were aware who the lead GP was. The safeguarding lead was not aware of any alerts being used to highlight safeguarding issues on patient notes. We spoke with the lead GP, who from our discussions showed a lack of awareness of their responsibility in relation to making a safeguarding referral or what constituted a safeguarding issues.
- There was no list of children on the at risk register, looked after children or under a child protection plan.
- There was no evidence that appropriate referrals had been made in regard to safeguarding. For example, two patients under the age of 12.
- There was a limited system in place to identify vulnerable adults on their patient record but no system in place where vulnerable adults were discussed. There were no safeguarding multi-disciplinary meetings held by the practice or minutes of any meetings that had taken place in regard to safeguarding discussions..
- After the inspection we sent the practice a letter with a specific request for more detailed information in regard to Safeguarding service users from abuse and improper treatment. The practice responded to the request and had reviewed the processes they had in place. The practice acknowledged that there was still further work to be completed to ensure the processes were effective and safeguarding meetings with other health care processionals still needed to be commenced.
- It was not clear if staff understood their responsibilities regarding safeguarding. Not all staff were up to date with training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurse were trained to child protection or child safeguarding level three but we found on the day of the inspection that the long term locums training was out of date in September 2016.
- A notice in the waiting room advised patients that chaperones were available if required. From staff files we reviewed it was not possible to identify if all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. A GP Partner and practice nurse were infection

control leads but had not completed any infection control lead training. There was an infection control policy. Not all staff were up to date with mandatory training for infection control.

- The practice had carried out an infection control audit on 4 May 2017. No actions had been identified. However we found that that the clinical waste bin outside was not secured to the wall as per national guidance. We found three sharps bins which had not been signed and dated or replaced after three months in line with national guidance. During the inspection practice staff replaced them.
- Not all the arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- We reviewed meeting minutes where it was documented that acute prescriptions were being generated by administration staff. When we spoke with the management team they told us that this practice had been stopped and prescriptions were generated by the GP and routinely signed prior to patients collecting medicines.
- There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. However we found that medicines prescribed by secondary care were not always on the patient electronic record screen and no alert was in place to ensure prescribers had a full record of medicines a patient was being given. For example, Methotrexate and Enbrel.
- We checked medicines stored in the treatment rooms and medicine refrigerators. We found they were stored securely and were only accessible to authorised staff.They had a system in place to ensure fridge temperatures were being checked and reset on a daily basis. However the practice did not have a second thermometer independent of mains power so temperatures can be measured in the event of electricity loss. This would enable the practice to document what temperature the fridge interior rose to in order for a decision to be made on whether there has been a break in the cold chain.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use with the exception of individual prescriptions given to a GP when they went on a home visit.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We found a locum health care assistant administered vaccines and medicines but did not have a patient specific direction from a prescriber to enable her to do this role.
- The practice had a recruitment policy that set out the standards to be followed when recruiting clinical and non-clinical staff. We reviewed nine personnel files and found that there were inconsistencies and gaps in the recruitment checks undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service were not available in all files. (These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice used locum GPs on a regular basis but did not have a policy and appropriate procedures in place in relation to this. We spoke to the assistant practice manager who told us they relied on the agency to provide appropriate information. This meant that the practice could not reassure itself that locums they used were appropriately qualified and had been subject to the necessary criminal records checks.

Monitoring risks to patients

Most risks to patients were assessed but the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

- There was a health and safety policy available.
- We looked at the fire risk assessment undertaken by the registered manager on 30 November 2016. Risks had been assessed but where actions had been identified no action plan had been put in place or actions completed.

For example, staff to be trained on how to use the fire alarm warning system and in the use of fire equipment. We also found that appropriate fire alarm and emergency lighting testing had not taken place despite the fire risk assessment stating it was done regularly. The fire safety policy did not provide enough guidance to staff and did not identify who took overall responsibility for fire safety. We saw a poster that identified who the fire wardens were in the practice. This had not been added to the fire safety policy but we were unable to verify if they had all received fire warden training. Regular fire drills had taken place. On the day of the inspection we did not see a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- We looked at the arrangements in place for the management of legionella. We saw that the practice had a legionella risk assessment completed on 2 May 2017 by the assistant practice manager who had not undertaken the relevant training. On the day of the inspection water temperature monitoring had not taken place in order to mitigate the risk of legionella. (a bacterium which can contaminate water systems in buildings).
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. However a significant event had been identified in October 2016 in regard to electrical safety and further electrical sockets required to prevent a trip hazard for staff. No work had been completed and a further risk assessment had not been carried out. When we spoke with the management team we were told that it was a listed building and permission was required to add additional sockets in the reception area. We were told this had been discussed with the owner of the building but no progress had been made.
- We asked to see the five year Electrical Installation Condition Report (EICR) for the building but the practice were unable to find it. However they showed us an invoice from an external company from January 2016 which detailed that the consumer unit had been replaced and a full installation test had been carried out.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- We looked at training records and not all staff were up to date with basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians told us they were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- We did not see any evidence documented that systems were in place to keep all clinical staff up to date.
- Meeting minutes we looked at did not contain discussions on NICE guidance and from sample records it was not clear if the practice did monitor these guidelines.

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 for 2015/16 were 96.8% of the total number of points available, with 8.7% exception reporting which was 0.9% below CCG average and 1.1% below national average. (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).

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 88.1% which was 3% below the CCG average and 3.3% below the national average. Exception reporting was 4.2% which was 1.2% below CCG average and 1.3% below national average. Since the inspection the practice have sent us further evidence that in this area they have improved from 88.1% to 92.3% up to end of March 2017.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma was 75% which was 4.3% below the CCG average and 0.6% below the national average. Exception reporting was 1.1% which was 8.6% below the CCG average and 6.8% below national average. Since the inspection the practice have sent us further evidence that in this area they have improved from 75% to 80% up to end of March 2017.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 81.9% which was 1.6% below the CCG average and 1% below the national average. Exception reporting was 3.1% which was 0.5% below the CCG average and 0.8% below national average.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 90.2% which was 0.8% below the CCG average and 0.6% above the national average. Exception reporting was 3.8% which was 8.4% below the CCG average and 7.7% below national average. Since the inspection the practice have sent us further evidence that in this area they have improved from 90% to 98% up to end of March 2017.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 80% which was 7% below the CCG average and 4% below the national average. Exception reporting was 7.1% which was 9.8% below the CCG average and 5.6% below national average. Since the inspection the practice have sent us further evidence that in this area they have improved from 80% to 89% up to end of March 2017.

There was some evidence of quality improvement including clinical audit.

- We were sent three audits to review which had been carried out within the last two years. One of these was a full cycle and related to duration of antiplatelet therapy. A second audit in regard to antibiotic prescribing was presented as a full cycle audit but the practice did not have any evidence of the first audit and there was no action plan available on the day of the inspection. Since the inspection the practice have sent further evidence of the first audit for antibiotic prescribing which took place on 2015 to demonstrate that this was a full cycle audit but an action plan was still not available. The practice did not have a programme of continuous audits to monitor quality and to make improvements. They had limited evidence to demonstrate continuous improvements to patient outcomes or any action plans

Requires improvement

Are services effective?

(for example, treatment is effective)

put in place to monitor implementation of any recommendations. We looked at the practice prescribing rates in relation to selected antibiotics prescribed from December 2015 to November 2016. The practice scored 0.08 which was lower than the CCG target of 1.16.

Effective staffing

At this inspection we found that staff we spoke with were competent in their roles but we found that the system in place to identify and monitor the training needs of all staff was not effective.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes, asthma and COPD.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- We found that the records in place in relation to the identification and monitoring of the training needs of all staff were not effective. For example, safeguarding, fire safety, basic life support, infection control and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- At the inspection we found that the practice employed locum GPs and nurses but they did not have a process in place to ensure that they had the appropriate training in place to carry out their role. They had not been monitored and the practice were not aware if they had any training outstanding. Since the inspection the practice had obtained the training records of the nurse and were in the process of obtaining the documents for the locum GP.
- Information we received from the practice identified that staff had not had appraisals for at least two years. Since the inspection was announced the practice had put in place a plan to carry out appraisals over the next three months.

Coordinating patient care and information sharing

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

- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. They also had a process in place to peer review referrals made to secondary care. This was carried out on a weekly basis to ensure they were appropriate and sent in a timely manner. However the practice did not have a process to monitor if the patients had received and attended an appointment.
- 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.

Requires improvement

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice's uptake for the cervical screening programme was 78%, which was comparable with the CCG average of 83% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. Since the inspection the practice have sent us further evidence that in this area they have improved from 78% to 83% up to end of March 2017.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.66% of patients had been screened for bowel cancer which was above the CCG average of 63% and national average of 58%.
- 78% of patients had been screened for breast cancer which was above the CCG average 80% and national average of 72%.
- No comparable data was available for childhood immunisation rates for the vaccinations given by the practice for under two years old. Since the inspection the practice have sent us evidence that they have achieved 90% for vaccinations for under 2 years old up to end of March 2017. Childhood immunisation rates for the vaccinations given to five year olds ranged from 87% to 100% (data pack).
- 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.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- Patients could be treated by a clinician of the same sex.

29 Care Quality Commission comment cards we received were very positive about the standard of care received. Patients who completed these cards told us that they received excellent care. They also told us that staff were attentive, caring, courteous, friendly and professional. We spoke with one patient who told us that the practice had young dynamic understanding clinicians with a good background team and would recommend the surgery.

We spoke with a member of the patient reference group (PRG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. They highlighted that staff responded compassionately when they needed help, worked well as a team and provided support when required. Comment cards aligned with these views.

Results from the July 2016 national GP patient survey showed mixed results when patients were asked if they were treated with compassion, dignity and respect. The practice were comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%).
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% 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 85% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

- Patient feedback on the comment cards we received 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.

  Results from the July 2016 national GP patient survey showed patients did not feel involved in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice had not taken any action in response to the national patient survey data.

The practice website contained relevant and easily accessible information. It enabled patients to find

information about health care services provided by the practice. Information on the website could be translated into many different languages for people whose first language was not English.

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

- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. For example, the integrated care teams.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 84 patients as carers (2.60% of the practice list. Written information was available in the form of leaflets, posters which advertised events at a Carers Centre in Leiciester. These directed carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, a patient consultation would be offered at a flexible time to meet the family's needs and enabled them to give advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed some of 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.
- The practice told us that home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.The practice closed 12.30 – 2.00pm The answer phone message directed patients to an OOH provider who had been commissioned by the practice to triage calls and contact the GP partners via a mobile where there were emergencies which could not wait until the practice reopened at 2pm.
- The practice did not offer extended hours for working patients who could not attend during normal opening hours.
- The practice used Consultant Connect which enabled the GPs in the practice to connect with specialist consultants at the United Hospitals of Leicester NHS Trust. This enabled the GPs to have direct access to consultant advice to discuss care and treatment and prevent admission to secondary care.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- The practice had a hearing loop in place for patients who experienced hearing problems.
- On the day of the inspection we found that the provider had not made reasonable adjustments for disabled people as per national guidance. There was a bell fitted to door to summon receptionists if a patient had problems entering the practice. However there was no access for patients with reduced mobility who had to use a wheelchair. An SEA in December 2016 highlighted that there was a potential trip hazard to raised concrete lip near front entrance. Action was to speak to the landlord. On the day of the inspection this had not been resolved and no handrail was in place outside the building.

Access to the service

The practice was open between 8.30am to 12.30 and 2pm to 5.30 pm Monday to Friday.

Appointments were available from 8:30am until 12:30 and 2pm to 5.30pm Monday to Friday. When the practice was closed from 12-30 till 2pm the answerphone gave patients details to contact 111 and 999. Appointments could be booked up to four weeks in advance and urgent appointments were also available for patients that needed them. . The practice did not have extended hours.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were well above local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.
- 59% of patients said that the last time they wanted to speak to a GP they were able to get an appointment compared with the CCG average of 56% and the national average of 59%.
- 96% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 75% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

The patient participation group (PPG) had carried out a patient survey in October 2016. 107 patients had responded. 31% said they always found it easy to get appointments whilst 49% said it was usually easy. 18% of respondents said they always found it easy to get an appointment with a GP at a convenient time whilst 55% said it was usually easy. 19% of respondents said they were always seen on time with 65% usually seen on time.

Comments cards we reviewed told us that most patients they were able to get appointments when they needed them.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had access to the West Leicestershire CCG home visiting service every weekday. When a patient or carer rang for a home visit, the call was triaged and a decision made on the most appropriate care. Visits took place within one hour of the call in most cases.

Integrated Care Teams worked with Groby Surgery. The aim was to support people to remain at home as long as possible. They were responsible for the joined up and co-ordinated care provided by a multi-disciplinary team to patients within the locality.

Listening and learning from concerns and complaints

- The practice had a system for handling complaints and concerns but we found on the day of the inspection it was not effective.
- The practice 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 in the patient leaflet.
- We looked at the system the practice had for complaints and found that it was difficult to see whether the practice had followed its process for complaints. The practice sent us information about the complaints received prior to the inspection. Only one written complaint had been received in the last 12 months. The practice contacted the patient by telephone to resolve the problem but no documentation was completed in order to share learning with staff. We were also told that verbal complaints were dealt with immediately but no records were kept of the conversations or any learning identified.
- There was no analysis of trends or action taken as a result to improve the quality of care.
- Staff we spoke with told us and we saw that complaints were discussed at practice meetings but it was not clear what learning and actions had been shared with staff.

Are services well-led?

Inadequate

(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 five year vision to expand the range of services provided. These included the need for a bigger building and plans to become a GP training practice.

The practice told us that they provide a consistently high standard of medical care. They were committed to the needs of their service users and would involve them in decision making about their treatment and care and encourage them to participate fully. However on the day of the inspection we found a lack of accountable leadership and governance relating to the overall management of the service. The practice was unable to demonstrate strong leadership in respect of safety.

Governance arrangements

We found the practice had limited governance arrangements in place to support the delivery of their strategy. There was a lack of effective systems in place to monitor quality and make improvements.

- Patients were at risk of harm because some systems and processes in place were not effective to keep them safe. For example, significant events, safeguarding, monitoring of patients on high risk medicines, monitoring of the cold chain, recruitment and retention of staff.
- There were some arrangements for identifying, recording and managing risks but not all had been well managed.
- There was a staffing structure in place but not all staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. GPs and nurses had lead roles in key areas. For example, specialist interest in substance misuse and long term conditions
- Limited clinical improvement work had taken place in order to monitor quality and make improvements.
- The practice had a number of policies and procedures to govern activity, but we found that for some areas, such as legionella, referrals, repeat prescribing, handling of post and scanning policies were not in place to provide guidance to staff.

Leadership and culture

We found that overall leadership was not effective. We found a lack of accountable leadership and governance relating to the overall management of the service. Some of the systems and processes in place were not established or operated effectively to ensure compliance with good governance. The practice was therefore unable to demonstrate strong leadership in respect of safety.

The practice had some awareness of the duty of candour however some of the systems and processes in place were not effective and did not ensure compliance with the relevant requirements. (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).

- There was a documented leadership structure but it was not clear who took overall responsibility for the surgery.
- Whilst we saw evidence of some meetings that took place, these did not include all areas of practice governance to allow opportunities for learning Minutes of meetings required further detail to demonstrate the learning and actions shared with staff.
- Staff we spoke with said they felt respected, valued and supported, particularly by the management team in the practice.
- Staff told us the practice held regular team meetings where information was disseminated. For example, on complaints, end of life care and long term conditions.

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

The practice told us that they encouraged and valued feedback from patients and staff. It sought feedback from:

- Patients through the patient participation group (PPG) and through surveys, NHS choices and complaints received. The PPG met regularly, had carried out a patient survey and submitted proposals for improvements to the practice management team. They supported the practice at the annual influenza clinic and put articles in the local village magazine on health related issues.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Enforcement actions

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **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.** **This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The registered person had failed to establish systems to prevent abuse.** **The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider had failed to ensure that systems and processes were established and operated effectively.** **The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others.**