

# Rosebery Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rosebery Medical Centre on 9 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety. Risks to patients were assessed and well managed.
- An effective system in place for reporting and recording significant events.
- Comments from patients were generally very positive with regards the care and services they received. Patients said they were treated with compassion, dignity and respect, and were involved in decisions about their care and treatment.
- Most patients told us they were usually able to access appointments or telephone consultations when they needed them.
- The involvement of other organisations and the local community was integral to how services were planned to ensure that services meet people's needs.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was evidence of quality improvement including clinical audits.
- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients.
- There was a clear leadership structure and staff felt well supported by management.
- The provider was aware of the requirements of the duty of candour.
- Information about services and how to complain was accessible. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice actively sought feedback from patients in a variety of ways, which was acted on to improve the services.

We saw the following area of outstanding practice:

There were high levels of engagement with the patient participation group (PPG) to improve the services. The

# Summary of findings

PPG was actively involved in the planning and delivery of services, and shared an open and innovative partnership with the practice. The practice and the PPG had undertaken various joint research projects to look at the needs of patients. For example, the PPG achieved a national award for outstanding examples of leadership in health research and primary care, for their joint involvement in a two year study of patients' management of long term conditions, which had led to improvements

to patients care. The PPG and practice also held joint health awareness events for its patients including a diabetes education evening and a kidney health awareness event, which involved external organisations.

The area where the provider should make improvements are:

- Further identify patients who are carers to ensure they receive appropriate support.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had clearly defined and embedded systems and practices to minimise risks to patient safety.
- There was an open culture to reporting incidents. There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, and an apology. They were told about any actions to improve procedures to prevent the same thing happening again.
- Staff understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements in place to respond to emergencies and major incidents.
- The practice ensured sufficient staffing levels to keep patients safe.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed the overall achievement of 100% of the available points compared to the locality average of 96.9% and national average of 95.3%.
- Staff referred to current evidence based guidance and changes were implemented where appropriate.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Newly appointed staff received an induction that was specific to their role. There was evidence of appraisals and personal development plans for all staff.
- Staff worked closely with other health care professionals to understand and meet the range and complexity of patients' needs.
- Importance was placed on supporting people to live healthier lives through health promotion, by offering regular health reviews and various screening checks.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Comments from patients were generally very positive about their care and the way staff treated them.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was accessible.
- High importance was placed in supporting patient's emotional and social needs as well as their healthcare needs.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff understood 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.
- The involvement of other organisations and the local community was integral to how services were planned to ensure that services meet people's needs.
- Most patients said they were able to access appointments or telephone consultations when they needed them.
- The practice was open from 7.30am Monday to Friday and offered an extended early morning surgeries on Tuesdays, Thursdays and Fridays. Evening telephone calls were available every 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 records showed that the practice promptly responded to issues raised to improve the care and services. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a focus on continuous learning and improvement at all levels. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients.

Good



# Summary of findings

- The practice had policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and minimise risks.
- There was a clear leadership structure and staff felt well supported by management.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The partners encouraged a culture of openness and honesty.
- The practice actively sought feedback from staff and patients which was acted on. The PPG was actively involved in the planning and delivery of services, and shared an open and innovative working partnership with the practice.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population, including their registered patients in care homes.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- All patients with palliative care needs and over the age of 75 years had a named GP to oversee their care.
- The frailest two per cent of the practice patients had a hospital admission avoidance care plan in place, which highlighted their needs and wishes and was reviewed regularly. The practice worked closely with other services, and held monthly multidisciplinary meetings to discuss and review patients' needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice was part of local schemes to support older patients' health and social needs. For example, the practice had worked with Age UK to set up a weekly support group at the surgery for older patients including those with dementia. Transport to the service was available via Age UK.

### People with long term conditions

Good



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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice maintained registers of patients with long term conditions.
- Longer appointments and home visits were available where needed.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

# Summary of findings

- The practice participated in a number of schemes to improve outcomes for patients with long-term conditions. For example, the practice was part of a pilot to invite patients with three or more chronic diseases to attend structured education sessions to help them stay healthy.
- The number of patients who had received a health review in the last 12 months was high. For example, 60 or 100% of patients on the mental health register and 138 or 95.1% of patients with chronic obstructive pulmonary disease (COPD) were reviewed during the year.

## Families, children and young people

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

- There were systems in place to identify and follow up children who were at risk, for example families with children in need or on children protection plans.  
  
Children were seen the same day if unwell. 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.
- The Practice maintained a childhood immunisation tracker to monitor rates and identify support required. Immunisation rates were above the target of 90% for all standard childhood immunisations.
- Data from the Quality and Outcomes Framework (QOF) for 2014/2015 showed that 82.4% of women aged 25-64 had received a cervical screening test in the preceding five years. This was comparable with the national average of 81.4%.
- The practice offered family planning and contraception services including implant/coil insertion.

Good



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

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice was open from 7.30am Monday to Friday

Good



# Summary of findings

and offered extended early morning surgeries on Tuesdays, Thursdays and Fridays. Evening telephone calls were also available every day for families and working age people, who could not access the service during normal 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.
- Patients were able to book appointments around their working day by telephone or on line. Repeat prescription requests were also available on line.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients with a learning disability and had developed individual care plans for each patient, carried out annual health checks and offered longer appointments to this group of patients.
- The practice had 40 patients on the learning disability register and 36 had received an annual health check.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- The staff knew how to recognise signs of abuse in vulnerable adults and children. The staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Good



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

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

- Patients were offered same day or longer appointments where needed.
- The practice held a register of patients experiencing poor mental health, including people with dementia.

Good



# Summary of findings

- The practice had 119 patients on the mental health register. 60 had a care plan in place and all of those had received an annual review.
- Patients at risk of dementia were identified and offered an assessment.
- The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing mostly above local and national averages. 283 survey forms (2.5% of patient list) were sent out and 118 responses were returned, which is equivalent to 1% of the patient list.

- 98% of patients described the overall experience of this GP practice as good compared with the CCG average of 85% and the national average of 85%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%).

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We

received 28 comment cards which were mostly very positive about the care and services patients received, and the approach of staff. Most patients told us they were able to access appointments or telephone consultations when they needed them. Although three patients said they had experienced difficulty in booking appointments and seeing the same doctor or preferred GP. Patients spoke highly of the facilities and found the premises welcoming, clean and accessible.

The NHS Friends and Family test results for 2016 showed that 76% of people were extremely likely or likely to recommend the practice to friends and family if they needed similar care.

The 2015 practice patient survey results showed that most patients were very satisfied with the care they received; 357 out of 388 would recommend this practice to family or friends. The survey was due to be repeated in 2017.

# Rosebery Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Rosebery Medical Centre

Rosebery Medical Centre is run by a partnership of nine GPs and a business partner, which is known as Charnwood Community Medical Group. The main practice is Rosebery Medical Centre, which is located in Roseberry Street, Loughborough in Leicestershire. There are two branch surgeries located approximately two miles from the main practice; Outwoods Medical Centre in Beaumont Road, Loughborough and Forest Edge Medical Centre in Old Ashby Road, Loughborough. We did not inspect the branch surgeries as part of this inspection.

At the time of our inspection the practice had approximately 12,200 patients. The main practice is located in adapted premises; all three surgeries have car parking and disabled access and are accessible by public transport.

Rosebery Medical Centre is part of NHS West Leicestershire Clinical Commissioning Group (CCG). The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver general medical services to the local community or communities. The practice is located in the town of Loughborough, which is largely an area of lower deprivation with some pockets of higher deprivation, compared with the national and local Clinical Commissioning Group (CCG) area.

The staff team includes nine GP partners (five female, four male) along with a salaried GP (female). Three of the GP partners work full time; the remaining GP's work part time. The team also includes a business partner who works fulltime, an accounts manager, administrative manager, two practice nurses (female), five Healthcare Assistants (female), five cleaners and reception and administration staff.

The practice is a teaching practice for medical students and a training for GP trainees and foundation year 2 doctors.

Rosebery Medical Centre is open from 7.30am to 6.30pm Monday to Friday, Outwoods Medical Centre is open from 8.am to 5.30pm on Monday, Wednesday and Thursday and from 7.30am to 5.30pm on Tuesday and Friday and Forest Edge Medical Centre is open from 8am to 5pm Monday to Friday.

Appointments are available throughout the day at Rosebery Medical Centre from Monday to Friday, at Outwoods Medical Centre every day apart from Friday afternoon, and at Forest Edge Medical Centre every day apart from Tuesday afternoon.

The practice offers extended early morning surgeries on Tuesdays, Thursdays and Fridays. Evening telephone calls are available every day.

The practice has opted out of providing out-of-hours services to its patients. The out-of-hours service is provided by Derbyshire Health United. Contact is via the NHS 111 service.

## 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

# Detailed findings

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 9 November 2016. During our visit we:

- Spoke with a range of staff.
- 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.
- Visited the main practice location.
- 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.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording safety incidents and significant events.

- Staff told us they would inform a senior manager of any safety 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 incidents were reported on Datix, which is an electronic system for reporting incidents and adverse events.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions taken to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where events were discussed. Safety incidents were audited to ensure that appropriate action had been taken. We saw evidence that lessons were shared and action was taken to improve safety in the practice.
- The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw that these had been reviewed and actioned appropriately by the clinicians.
- The practice carried out a thorough analysis of the significant events. An annual report was completed, which monitored trends in events and reviewed action taken.
- Significant events were discussed at the monthly clinical meeting. The meetings were minuted so the information could be shared with all staff.
- The records supported that learning and improvements had taken place and become embedded into practice. Significant events were also shared with the Patient Participation Group.

The practice had systems and procedures in place to minimise risks to patient safety which included:

- Arrangements to safeguard children and vulnerable adults from abuse, which 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 were lead members of staff for safeguarding.
- Staff demonstrated they understood their responsibilities and all had received the appropriate level of training in safeguarding children and vulnerable adults relevant to their role. However, several GPs told us that their level 3 training did not cover the need to monitor children who did not attend hospital appointments. Immediately following this inspection, we received assurances that the practice had set up the searches to highlight children who do not attend appointments, and this was now an item on their monthly multi-disciplinary meetings.
- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient records. The safeguarding lead GP met regularly with the health visitor to discuss patients. All meetings were minuted for future reference.
- A notice in the waiting area 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)

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 was the infection control clinical lead, and they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff were provided with training. An annual infection control audit was undertaken and we saw evidence that action was taken to address any improvements identified as a result. Regular interim checks were also carried out.

### Overview of safety systems and processes

## Are services safe?

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).

- There were effective processes in place for handling repeat prescriptions which included the review of high risk medicines.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. A process was in place to ensure repeat prescriptions were signed before being dispensed to patients.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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 vaccines and medicines against a patient specific prescription or direction from a prescriber.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to their employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, and registration with the appropriate professional body and the required checks through the DBS. Systems were in place to monitor the ongoing registration of clinical staff with their professional bodies.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for assessing and managing risks to patient and staff safety.
- There was a health and safety policy available.

- The practice had an up to date fire risk assessment and carried out regular fire drills.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number and skill mix of staff needed to meet patients' needs. There was an effective rota system in place for the different staffing groups to ensure enough staff were on duty to meet patients' needs.
- 

### 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.
- All staff received annual basic life support training.
- 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of 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 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.9% and national average of 95.3%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- That the performance for all 19 clinical areas featured was 100%.
- Performance for diabetes related indicators was higher than the CCG and national averages. For example, the percentage of patients on the register, in whom the last blood pressure reading is 140/80 mmHg or less (measured in the preceding 12 months) was 90.85% (local average 77%, national 77.5%). The overall exception reporting rate for diabetes was 19%, which was above the local average of 10.5% and national average of 11.6%.
- Performance for mental health related indicators was higher than the local and national averages. For example, 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% (local average 94%; national 88%). The overall exception reporting rate for mental health was 20.5%, which was below the local average 21.5% but above the national average of 11.3%.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients had repeatedly failed to attend a review meeting or certain medicines could not be prescribed because of side effects.

The practice demonstrated that they followed guidance in respect of exception reporting, and were aware and were able to identify valid reasons for some of the higher exception reporting rates. The call and recall processes had been strengthened to ensure the information was accurate, and that patients received appropriate reviews and follow up. Checks carried out during the inspection showed that the practice was following a robust process, and made all attempts to engage with patients.

The practice had implemented a programme of audits to facilitate quality improvement including clinical audit.

- 11 clinical audits had been undertaken in the last two years; four of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve outcomes for patients. For example, an initial audit cycle of prescribing of antibiotics found 13 cases where they had not been prescribed in accordance with clinical guidelines to ensure they are used appropriately. The clinical staff were referred to the guidelines and the need to record the indication for prescribing, which led to improvements in this aspect of antibiotic prescribing. The second audit cycle showed only one case where prescribing was not in accordance with the guidelines. This audit was undertaken annually.

The practice participated in a number of schemes designed to improve care and outcomes for patients:

- The practice was involved in two events with their locality federation and CCG prescribing team, to invite all diabetic patients to events to review their blood glucose testing meters to ensure that they were being used correctly, and give them the opportunity to upgrade these.

# Are services effective?

## (for example, treatment is effective)

- The Practice and PPG formed a joint working group to survey over 400 patients with chronic diseases to assess the care they received and what improvements could be made. This has led to the development of a piece of software which will allow the practice to offer individual, tailored advice for people to help them stay well in between their annual review appointments.
- The practice participated in the hospital admission avoidance scheme and had identified 2% of patients who were at high risk of unplanned admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed using care plans, and there was a follow up procedure in place for discharge from hospital.
- All staff had received an appraisal within the last 12 months where progress against their learning plan was reviewed. For example, one of the practice nurses had undertaken relevant training to enable the practice to provide student nurse placements.
- Staff had access to and made use of e-learning training modules and in-house and external training.
- Staff received various training included safeguarding, fire safety awareness, basic life support, accident and incident reporting, equality and diversity and information governance. Staff had also received training on dealing with difficult people and access for people with impairments to improve their awareness. Further disability awareness and dementia friends training was planned for 2017.

### Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff that was specific to their role. New staff also completed a period of shadowing with relevant colleagues for a number of weeks. The induction covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- The practice supported clinical staff to further develop their skills and knowledge in order to improve outcomes for patients. 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 attending updates.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews. Each staff member had their own personal online learning plan. 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 and nurses.

### 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 intranet and 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 services 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 bi-monthly 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 with other services involved, which took into account the needs of patients.

### Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

- 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 and signposted them to relevant services.

- This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and substance misuse.
- Health Care Assistants provided smoking cessation advice.
- The clinical staff were pro-active in using their contact with patients to help improve their health and well-being. Staff took part in various education programmes. For example, they had led a Let's Prevent Diabetes programme for the locality. Working with the Leicester Diabetes Centre the practice had invited all of their 700 at risk patients to attend structured education sessions to help prevent them developing diabetes. The practice was also part of a pilot to invite patients with three or more chronic diseases to attend structured education sessions to help them stay healthy.
- The practice's uptake for the cervical screening programme was 82.4%, which was comparable with the CCG average of 82.5% and the national average of 81.4%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable with local CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 95% to 100% and five year olds from 94% to 99%.
- 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

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 patient 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 room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

The 28 patient Care Quality Commission comment cards we received were generally very positive about the care patients received and the way staff treated them. Patients said they felt the practice staff were friendly, helpful, caring and treated them with dignity and respect. person Importantly, they received personal care from staff that understood their needs. Although one patient said that certain staff could be unhelpful and impolite at times.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 86% 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 95% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 99% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 99% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

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

Patient feedback from the comment cards we received were positive regarding their involvement in decisions about the care and treatment they received. They said that 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. We also saw that care plans were personalised.

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

## Are services caring?

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. The reception area had a monitor information screen for patients, which included information about interpretation services.
- Information leaflets were available in easy read and different formats.
- 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 was also available on the practice website.

High importance was placed in supporting patients emotional and social needs as well as their healthcare needs. The practice had worked on a project with the PPG and Voluntary Action Leicestershire to pilot a social prescribing scheme for patients. In follow up to this, the practice and the PPG had worked with Citizen's Advice to establish a weekly surgery at the practice to provide support and advice to patients. All staff were able to refer patients to this service who may need support. The practice and the PPG had also worked with Age UK to set up a weekly support group at the main surgery for older patients including those with dementia. Transport to the service was available via Age UK.

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 77 patients as carers (0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Following this inspection, the practice produced a leaflet for carers which is available in waiting area and for staff to give out.

Staff told us that if families had experienced bereavement, their usual GP contacted them to offer support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood 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:

- The practice offered early morning extended surgeries on Tuesdays, Thursdays and Fridays. Evening telephone calls were also available Monday to Friday for families and working age people who could not attend during normal opening hours. Various pre-bookable appointments were offered.
- Longer appointments were available for patients with a learning disability or those with complex needs. 15 minute appointments were also provided for all patient annual reviews.
- The practice had a system to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention.
- Same day appointments were available for children and those patients with medical needs that require same day consultation.
- The practice sent text message reminders of appointments.
- The practice provided services to 68 patients who lived in four local care homes. The GPs carried out a weekly ward round at the two main homes where the majority of patients lived, and visited patients as required in the other two homes.
- In addition to week day clinics patients were offered Saturday appointments each year to have their flu, pneumonia and shingles immunisations. Saturday appointments were also offered for childhood vaccines such as fluenz to prevent influenza.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- The practice provided a range of services to enable patients to be treated A chiropodist and podiatrist also provided services for patients at the main practice.
- The practice also hosted clinics at the surgery for midwives and secondary care consultants, and echo screening and ultrasound scans to enable patients to access services locally.

The premises were accessible and provided good facilities for patients.

- A clinical room used to carry out minor surgery had been refurbished to a high standard to meet the needs of the service.
- Disabled facilities and a hearing loop were available. In response to a project led by the Patient Participation Group, the two branch surgeries were being refurbished to improve disabled access.
- Translation services were available for patients whose first language was not English.

The involvement other organisations and the local community was integral to how services were planned to ensure that services meet people's needs. For example:

- The practice worked closely with a number of local community groups to provide subsidised space for their organisations to meet in the Old Infant School at Rosebery Medical Centre. This gave patients the opportunity to visit a group of interest to promote healthy living and well-being, and to access activities in familiar surroundings. Information about the different groups was made available to patients in the surgeries. Groups included Pilates, Thai chi, stamp collecting, antique collecting and an education group for people with multiple chronic conditions.

### Access to the service

Most patients told us they were usually able to access appointments or telephone consultations when they needed them. Although three patients said they had experienced difficulty at times in booking appointments and seeing the same doctor or their preferred GP.

- Rosebery Medical Centre was open from 7.30am to 6.30pm Monday to Friday, Outwoods Medical Centre was open from 8.am to 5.30pm on Monday, Wednesday and Thursday and from 7.30am to 5.30pm on Tuesday and Friday and Forest Edge Medical Centre was open from 8am to 5pm Monday to Friday.
- Appointments were available throughout the day at Rosebery Medical Centre from Monday to Friday, at Outwoods Medical Centre every day apart from Friday afternoon, and at Forest Edge Medical Centre every day apart from Tuesday afternoon. Telephone consultations were also available.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Urgent appointments were available for patients that needed them. The practice provided a GP triage system to ensure that appointments were made effectively. Patients received a return telephone call from the duty doctor and if needed an appointment was made for them to be seen that day.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 96% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 85%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 77% 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%.
- 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. Information was included in the practice guide, on the website and leaflets were available at reception.
- We looked at a sample of complaints received in the last 12 months and found they had been satisfactorily handled, and dealt with in a timely, open and transparent way in line with the practice's policy.
- Lessons were learned from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care. For example, in response to a complaint from a patient about a letter concerning them not having attended an appointment, the process of following up people who do not attend was reviewed with involvement of the PPG to ensure it was fair to patients.
- The practice kept an ongoing log on their website of all comments received from patients along with the practice's response and actions taken. This demonstrated an open and transparent approach to concerns received.
- Staff told us that the practice was open and transparent when things went wrong. Where possible, concerns were dealt with on an informal basis and promptly resolved.

### Listening and learning from concerns and complaints

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

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff we spoke with understood the aims of the service, and what their responsibilities were in relation to these.
- The practice had a five year development plan, which was regularly reviewed. This clearly set out the next 12 months priorities. The plan had looked at succession planning, in particular around the retirement of the senior GP partner over the next 12 months. Two new partners had been recruited in anticipation of partner changes in the future.
- The delivery of the Patient Participation Group (PPG) projects and action plan formed an integral part of the practice's development plan.
- Regular meetings were held to review the finances, performance and business, which were minuted.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of 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 roles and responsibilities. The GPs had lead clinical roles as well as areas of special interest. Practice specific policies were implemented and were available to all staff. These were updated and regularly reviewed.
- A comprehensive understanding of the performance of the practice was maintained. Regular practice meetings were held
- A programme of continuous clinical and internal audit was used to monitor quality and to drive continuous improvements.
- There were robust arrangements in place for identifying, recording and managing risks and implementing actions to protect patients and staff from the risk of harm.

- A range of meetings took place to aid communication and provide an opportunity for staff to learn about the performance of the practice.

### Leadership and culture

On the day of inspection the partners 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 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 to ensure that when things went wrong with care and treatment:

- The practice gave people who were affected reasonable support, truthful information and an apology.
- The practice kept written records of verbal and written correspondence.

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

- The practice had close links with various external professional organisations, which helped to inform the staff team of current policy and developments. For example, two partners were on the Clinical Commissioning Group (CCG) board, which enabled the practice to influence services for their patients and keep updated with changes. The practice was also part of a federation involving a group of local general practices, who worked together to deliver high quality services for its communities.
- Staff told us the practice held regular team meetings. This included meetings for specific groups of staff as well as whole staff meetings.
- Staff said they felt respected, valued and supported.
- Staff told us there was an open culture within the practice, and they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, and felt confident and supported in doing so.

# Are services well-led?

Good 

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

- High importance was placed on promoting staff's wellbeing and health at work. For example, the practice A re-audit of various health factors in early 2016 highlighted improvements to staff's health and wellbeing compared to the initial audit carried out.
- Staff had also been invited to attend an eight week course on mindfulness aimed at improving their emotional and psychological health and wellbeing. Four staff had completed the course including one of the GP partners, which staff had found beneficial.

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

The practice encouraged and valued feedback from patients, the public and staff. There were high levels of constructive engagement with patients and staff in the delivery of the service through:

- The patient participation group (PPG), surveys, NHS Friends and Family Test and complaints received.
- The practice had an active PPG, which included 18 members that regularly met, and a virtual group of 900 plus patients. The PPG was actively involved in the planning and delivery of services, and shared an open and innovative partnership with the practice. The practice valued and viewed the PPG's input as a critical friend. In turn the members of the PPG felt listened to and valued.
- The PPG had influenced a wide range of developments at the practice. The practice and the PPG carried out joint patient surveys and various research projects to establish patients' needs. This included a project that looked at access to the surgeries for older or less mobile patients, which led to the development of an information guide to accessing the surgeries, and refurbishment plans to improve disabled access at the branch surgeries.
- The practice also worked on a project with the PPG and voluntary services to pilot a social prescribing scheme for patients. In follow up to this the practice and the PPG had worked with Citizen's Advice to establish a weekly surgery at the practice to provide support and advice to patients. The practice and the PPG had also worked with Age UK to set up a weekly support group at the

main surgery for older patients including those with dementia. Further research projects planned for 2017 included urgent care and investigating medicines prescribing.

- The PPG achieved a national award for outstanding examples of leadership in health research and primary care, for their joint involvement with the practice in a two year study of patients' management of long term conditions. This led to various improvements to patients care.
- The practice had an open and transparent relationship with the PPG; all significant events were reported and shared with the group members.
- The practice actively engaged and involved the PPG in a wide range of work. For example, the PPG had jointly reviewed all of the practice's standard letters and documentation, to improve the understanding and reduce the use of jargon.
- The practice and the PPG had held several joint health awareness events including a diabetes education evening and a kidney health awareness event, which involved external organisations.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients. For example, the practice was a pilot site for text messaging of the NHS Friends and Family test. The practice had ordered a system that will make the test available on the patient touch screen screens to enable more people to complete this easily.

The practice was also a training practice for medical students and qualified doctors training to become GPs. At the time of the inspection the practice was supporting one trainee GP. There was one GP trainer but all of the GP partners were involved in supporting, mentoring and debriefing the trainee GP and medical students. The practice had worked with NHS Health Education East Midlands to base a training hub at Rosebery Medical Centre, which had been rolled out across West Leicestershire CCG.