

Wigston Central 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		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?		Outstanding	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Wigston Central Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Wigston Central Surgery on 17 August 2017. Overall we rated the practice as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients, for example as a result of healthcare associated infections were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice was responsive to the needs of patients and tailored its services to meet those needs.
- Patients prescribed high risk medicines were well managed and there was an effective re-call system in place for patients with long term conditions.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said there was continuity of care, with quick and easy access to GPs and nurses.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Effective systems and processes were in place to help ensure carers were supported and their healthcare needs met.
- There was a strong management structure which was effective in accepting and meeting new challenges.
- Staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

However, there were also areas of practice where the provider needs to make improvements.

Summary of findings

The provider should;

- Complete full cycle clinical audits to drive quality improvement.

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.

- 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.
- Medicines were effectively and safely managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse
- Risks to patients were assessed and well managed.
- There were effective systems in place to ensure the practice could continue to function in the event of foreseeable events such as fire, flood or loss of utilities.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) for the year 2015/16 showed patient outcomes at 96% of the total points available were at or above average compared to the CCG of 96% and national average of 95%. The unpublished data for 2016/17 showed the practice performance had increased to 99.6% of the total points available.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice to be comparable to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible to people whose first language was not English.
- The practice had identified that 1.8 % of patients were carers and was taking steps to identify others, including ensuring that all outgoing mail to patients reminded them to make the practice aware if they were a carer.
- A member of staff was the designated carers co-ordinator whose role it was to ensure that carers received the support they required.
- The practice engaged with other organisations to help provide support for carers.
- Special events aimed at identifying and supporting carers were held at the surgery.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.
- GPs and staff offered support to relatives and carers in times of bereavement.
- Members of the practice staff had attended the funerals of deceased patients.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand on the practice website and evidence showed the practice responded quickly to issues raised.

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. Staff we spoke with were clear about the vision and their responsibilities in relation to it.

Outstanding



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings for all staff groups.
- The partners and staff had stepped in to 'care take' the patients of another practice which was in the process of having its registration cancelled.
- 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 identify risk.
- The provider was aware of the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- There was a whistleblowing policy in place and staff we spoke with had a good understanding of what it meant for them as individuals.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was enthusiastic and active and demonstrated a desire to work with the practice to improve the service to patients.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for older patients.

Good



- Patients over 75 years of age had a named GP.
- Home visits including medication reviews and phlebotomy were available for patients who were unable to attend the surgery.
- An advanced nurse practitioner co-ordinated the care of those in the top 2% of most vulnerable patients and those most at risk of hospital admission and health decline.
- The practice undertook opportunistic dementia screening for patients in this group.
- The computer system in use by the practice alerted staff if the patient was known to be a carer.
- The practice had trained staff working in residential care homes to enable them to undertake basic tasks such as blood pressure and urine dip-stick testing.

People with long term conditions

The practice is rated as good for patients with long term conditions.

Good



- GPs held lead roles in the management of patients in this population group.
- Specialist nurses came into the practice to run clinics for some conditions such as diabetes, chronic obstructive pulmonary disease and heart failure.
- The practice utilised patient recall software to help manage patients in this group.
- One stop review clinics negated the need for multiple appointments.
- Patients in this group had individualised care plans.
- There was an effective medicines management system for patients in this group.
- The uptake of diabetic eye screening for eligible patients was 82% compared to the CCG average of 80%

Families, children and young people

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

Good



- The practice offered neonatal and six week mother and baby checks.
- The midwife held antenatal clinics at the practice

Summary of findings

- The full range of childhood immunisations was offered. Immunisation rates were comparable to CCG and national averages.
- Baby change and breast feeding facilities were available and the premises were accessible to people with pushchairs.
- There was a children's' play area in the patient waiting room.
- The practice facilitated antenatal clinics at the surgery, delivered by the community midwives.
- There was regular contact between health visitors, school nurses and the practice.
- Comprehensive reversible contraceptive services were available.
- On the day appointments were available.
- Unwell children were seen on the day.
- The practice held six weekly meetings with health visitors.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 84%, which was comparable to local and national averages.

Working age people (including those recently retired and students)

The practice is rated as good for patients of working age (including those recently retired and students)

- Extended hours appointments with GPs and nurses were available to meet the needs of patients who could not attend in normal surgery hours.
- Telephone consultations were available.
- Text reminders of appointments were sent where the patient had registered their mobile telephone number with the practice.
- There was online access to appointments and repeat prescriptions.
- The practice was part of the electronic prescribing scheme.
- The practice gave advice and direction of lifestyle and health promotion.
- NHS health checks were offered for patients aged between 40 and 74 years of age.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for patients whose circumstances may make them vulnerable.

- A GP was the clinical lead for patients in this group.

Good



Summary of findings

- The practice had effective systems in place to safeguard people from abuse.
- Patient records alerted staff to the patient being a vulnerable child or adult.
- Annual physical health checks were offered to patients with a learning disability.
- Extended appointments were offered to the patients and their carers.
- There were regular adult and children's safeguarding meetings.
- There was an open registration policy to meet the needs of the travelling community and others whose circumstances might make them vulnerable.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for patients experiencing poor mental health including people with dementia.

- The practice had access to a mental health facilitator who held clinics for those on the practice mental health register.
- There was referral to talking therapy with cognitive behaviour therapy being delivered in the surgery.
- The practice offered dementia screening.
- The practice worked with their patient participation group to raise dementia awareness.
- The practice kept a register of patients pursuant to the Deprivation of Liberty safeguards.
- All staff had received in the Mental Capacity Act and mental health awareness.
- Patients experiencing poor mental health were offered extended appointments and an annual physical health check.
- Of those patients diagnosed with dementia 84% had their care plan reviewed in a face-to-face review in the preceding 12 months. This was comparable to the CCG and national average.
- The practice had worked hard to identify people living with dementia and as a consequence received The Dementia Champion Award from their CCG for their work in this area.
- Clinical prevalence of dementia was 1.18% which 0.3% higher than the CCG and 0.42% higher than the national average.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice performance to be similar to local and national averages. 238 survey forms were distributed and 108 were returned. This represented a response rate of 45% compared to the national average of 38%.

- 76% of respondents found it easy to get through to this practice by phone compared to the local average of 64% and the national average of 71%.
- 84% of respondents said the last appointment they got was convenient. This was higher than the local average of 80% and the national average of 81%.
- 89% of respondents described the overall experience of this GP practice as good compared to the local average of 84% and the national average of 85%.

- 84% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 79% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 6 comment cards for patients which were all positive about the standard of care received.

All patients we spoke with said they were happy with the care they received and had seen improvements with the practice. They said staff were approachable, committed and caring.

The patient participation group had canvassed the views of patients in May 2017. Of the 263 respondents 78% said they were very satisfied with getting through to the surgery by telephone and 97% thought the receptionists were helpful.

Areas for improvement

Action the service **SHOULD** take to improve

- Complete full cycle clinical audits to drive quality improvement.

Wigston Central Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to Wigston Central Surgery

Wigston Central Surgery provides primary medical services to 12,174 patients in Wigston and the surrounding area from Two Steeples Medical Centre, a purpose built centre which opened in September 2014. Another GP practice, Bushloe Surgery, is also located within the centre.

The practice demographics are similar to those of other practices in the CCG and those nationally, excepting that there are higher numbers people aged 45 or over registered as patients at this practice than the average. The patient demographics are predominantly white British of mixed social classes. There is a high number of care and nursing home users and a low incidence of students, travelling families, substance abusers and sex workers. The practice is not aware of any homeless patients on their list.

At the time of our inspection the practice had four GP partners (31 sessions weekly), three salaried GPs (16 sessions weekly), two advanced nurse practitioners (2.0 whole time equivalent-WTE), two practice nurses (1.9 WTE), and two health care assistants (1.0 WTE). The practice also employed a pharmacist (0.38 WTE) They are supported by a business manager, a practice manager, and a range of administration and reception staff.

There was one GP registrar.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract for delivering primary care services to local communities. It is not a dispensing practice, although there is a community pharmacy located in the medical centre.

The practice has one location registered with the Care Quality Commission which is Wigston Central Surgery, Two Steeples Medical Centre, 10 Abington Close, Wigston, LE18 2EW.

The practice is open from 8am to 6.30pm Monday to Friday.

Extended hours pre-booked appointments were offered on Monday mornings from 7am to 8am.

Pre-bookable appointments with nurses were available on Mondays from 7am to 8 am and 6.30pm to 7.30pm and on Tuesday from 7am to 8am.

In addition the practice operated a sit and wait consultation system for GPs and advanced nurse practitioners from 8am to 10.15am. All patients who arrived by 10.15am were seen.

The practice is located within the area covered by NHS East Leicestershire and Rutland clinical commissioning group. The CCG is responsible for commissioning services from the practice.

. The practice has a website which we found has an easy layout for patients to use. It enabled patients to find out a range of information about the healthcare services provided by the practice and other healthcare providers.

When the practice is closed, GP out-of-hours services are provided by Derbyshire Health United which is accessed by the NHS 111.

Detailed findings

Why we carried out this inspection

We had 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. That inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 17 August 2017.

During our visit we:

- Spoke with a range of staff and spoke with three patients who used the service and who were patient participation group members.
- Observed how patients were being cared for.
- 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.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

- The practice manager was the lead for significant events and there was an effective system in place for reporting and recording such events.
- The members of staff we spoke with confirmed that they had received training with regards to incident reporting and identification. They 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough six monthly analysis of the significant events which had been discussed and documented at regular practice and the fortnightly clinical meetings at which they were a standing agenda item. For example we saw learning resulting from a failure of the EMIS web alarm had resulted in fortnightly checks to ensure it worked.
- Themes had been identified and actions taken to help recurrence.
- We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team and discussed them at meetings where they were a standing agenda item.
- A GP partner was the lead for safeguarding. Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff on the practice computer system to which all staff had access. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended the six weekly safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs nurse practitioners and nurses were trained to children's safeguarding level three. All had received training in safeguarding vulnerable adults.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However we noted that staff had not recorded the dates on which medicines that required refrigeration had been received. We raised this with the practice manager who took immediate steps to ensure this would be recorded in the future.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- There were systems in place to monitor patients prescribed potentially high risk medicines such as lithium, citalopram and disease-modifying anti-rheumatic medicines.
- Systems were in place to ensure that hospital prescribed medicines were added to patients' medication records held at the practice and that discharge letters were reviewed by the pharmacist or GP.
- Work was in progress involving the EMIS web trainer, pharmacist and administrators to set up a shared care scheme medicines monitoring process.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing and was part of the CCG prescribing incentive scheme with the aim to reduce variation of

Overview of safety systems and process

Are services safe?

care and improve effective prescribing. Data showed that the practice was performing better than both the CCG and national average in terms of antibiotic and hypnotic prescribing.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Notices in the consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice was visibly clean and tidy. The practice had appropriate infection prevention control policies such as those relating to hand washing and the care of spillages of body fluids. Regular audits were conducted in respect of infection prevention and on practice cleaning and we saw evidence that action was taken to address any improvements identified as a result.
- We checked the staff files of four recently employed members of staff and found all appropriate recruitment checks had been undertaken for them prior to employment.
- There was a system in place to ensure that healthcare professionals had the appropriate registration with their professional body.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- All electrical equipment had been checked to ensure the equipment was safe to use.
- Clinical equipment had been checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- A health and safety policy was available with a poster which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. Some members of staff had been trained as fire marshals.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for different staffing groups to ensure enough staff were on duty. The practice planned their staff absences and scheduled clinical care around these to minimise disruption to patients.

Arrangements to deal with emergencies and major incidents

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

- We found there was an instant messaging system on the clinical computer system in all the consultation and treatment rooms which alerted staff to any emergency. Following a failure of the system regular checks were carried out to ensure it worked correctly.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator and oxygen available on the premises.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines and emergency equipment were reviewed regularly and we checked they were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, building damage or staffing issues. The plan included emergency contact numbers for staff. The plan had been regularly reviewed and key members of staff kept a hard copy at their homes to ensure it was available under all circumstances.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice had systems in place to ensure all clinical staff was kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.
- We saw minutes of clinical meetings where NICE guidance was discussed.
- Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local 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 (2015/16) were 99% of the total number of points available which was 3% above the clinical commissioning group (CCG) average of 96% and 4% above the national average of 95%.

The exception reporting rate was 2.7% higher than the CCG and 2.9% higher than the 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).

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

- Performance for diabetes related indicators was similar to the CCG and national averages. For example the combined indicators were 96% of the total points available which was 4% higher than the CCG and 7% higher than the national average.

- Performance for mental health related indicators was similar to the CCG and national averages. For example the combined indicators were 97% of the total points available which was 2% above the CCG and 7% higher than the national average.

There was evidence of quality improvement including clinical audit:

- There were three clinical audits being undertaken. None were full cycle audits as the merger of practices had made completing them more time consuming. A GP partner was the lead for clinical audit and was aware of the need to complete audit cycles. He provided full assurance that they considered it a priority going forward.
- Those that we saw in progress related to stroke prevention in atrial fibrillation patients, dosage monitoring of citalopram and escitalopram in patients aged over 65 and renal function monitoring of patients using direct oral anticoagulants.

Effective staffing

We found staff were appropriately supported and had the skills, knowledge and experience to deliver effective care and treatment.

- There was a formal induction programme for all newly appointed staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All eligible staff had received an appraisal within the last 12 months.
- On appointment all staff commenced training, covering such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff received role-specific training and updating for relevant staff. For example; cervical screening and immunisation update training.
- Staff had access to and made use of e-learning training modules and in-house education such as lunch and learn sessions and protected learning time every three months.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

- 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. This included care and risk assessments, care plans and medical records.
- There was an effective system to check and act on any pathology results received on that day. Results were sent to the requesting clinician but in their absence they were re-directed to the practice manager or deputy who delegated their action to another clinician. The system ensured that no results were overlooked or waited for the requesting clinician to action.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner, including do not attempt cardiovascular resuscitation notices. All patients who had a 'Do Not Attempt Cardiopulmonary Resuscitation' request and those in end of life care had a copy of their care plan at their place of residence. The practice also faxed a copy of the form to both the out-of-hours and NHS111 service.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- Meetings took place with other health care professionals on a four to six weekly basis when care plans were routinely reviewed and updated for patients with complex needs.
- As part of a patients review the practice offered one stop clinics to enable all reviews and investigations to be completed at one visit, reducing the time burden for patients and negating the need for multiple appointments.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff had undertaken training in the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The practice kept a record of those patients where there were deprivation of liberty safeguards in place. There were 17 such patients.
- 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 assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, 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 80% which was the same as both the CCG and national average of 80%.
- The administration team identified patients who had not attended for cervical screening. Patients were contacted by phone or by letter.
- Screening for bowel cancer was 60%, the same as both the CCG and national average.
- The uptake of diabetic eye screening for eligible patients was 82% compared to the CCG average of 80%
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG averages. For example, the combined percentage of children under two year and five year years of age receiving the vaccinations was 93%, the same as the CCG average.
- 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.

Consent to care and treatment

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- We observed the interaction between patients and receptionists and saw that patients were treated with respect. Conversations between receptionists and patients could not be overheard.
- The receptionists at the desk were solely engaged with dealing with patients face to face and were not distracted by the need to answer the telephone to arrange appointments.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed when in use and conversations taking place in these rooms could not be overheard.
- Female GPs were available if that was a patient's preference.

All of the six patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 86%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Results from the patient survey carried out by the PPG in May 2017, to which there were 263 respondents, showed;

- 92% said they were satisfied with the time spent with a doctor or nurse.
- 96% were satisfied or very satisfied that a doctor or nurse was listening to their concerns.

Care planning and involvement in decisions about care and treatment

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.

For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 78% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

Are services caring?

Results from the patient survey carried out by the PPG in May 2017, to which there were 263 respondents, showed;

- 83% said they were satisfied or very satisfied with the doctor or nurse involving them in decisions about their care.
- 93% were satisfied or very satisfied that the doctor or nurse explained any tests or treatments.

There was a hearing loop available in the reception area to support patients with a hearing impairment and translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- The practice manager told us they had forged links with agencies such as The Alzheimer's Society and Voluntary Actions South Leicestershire to help support carers.
- The practice hosted carers clinics which were held monthly and were aimed at helping find relevant services that could support carers or resolve an individual issue; provide advice on benefits and getting the support they were entitled to.
- We reviewed a number of feedback comments that had been received from carers who attended the sessions. Respondents said they had found it very useful, informative and helpful and should be continued.
- The practice had arranged for The Alzheimer's Society to run similar clinics, with an emphasis on carer information and support programme for those caring for people living with dementia. Topics included support and care for people with dementia, legal and money matters and planning for the future.
- The practice had written to 210 patients regarding the programme and enclosing useful information.
- One member of staff was the carers' co-ordinator whose role was to help identify carers and help them access services.
- The practice had identified 219 patients as carers (1.8% of the practice list). The list was reviewed by the practice carer coordinator to ensure they received the support they required.
- The practice patient electronic record system had carer alerts in place to prompt staff to offer greater flexibility and understanding when making appointments to ensure that appointments were convenient not only for the carer but also that the needs of those they cared for were met.
- The new patient registration form enabled patients to identify themselves as carers.
- All out-going letters reminded patients to identify themselves as carers to the practice.
- Written information was available to direct carers to the various avenues of support available to them. A folder kept in a prominent and conspicuous position in the reception area contained a wealth of useful information and contacts for carers.
- In conjunction with the patient participation group a Dementia Awareness week was held within the practice. During this event the practice ensured that a GP was available to give one-to-one advice to carers about their concerns.
- The practice had worked hard to identify people living with dementia and as a consequence received The Dementia Champion Award in 2016 from their CCG for their work in this area.
- Clinical prevalence was 1.18% which 0.3% higher than the CCG and 0.42% higher than the national average.
- Staff told us that if families had suffered bereavement their usual GP contacted them to offer support and advice. In addition members of the practice staff had attended patient funerals.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- We found that the practice had made patient needs and preferences central to its systems to ensure flexibility, choice and continuity of care. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
 - An advanced nurse practitioner managed the healthcare needs of patients who fell within the most vulnerable 2% of the practice population and those most at risk of admission to hospital or health decline. This included liaison with the patient, their family and carers to arrange advanced care plans and end of life care plans. Copies of the plans were left with the patient to inform other healthcare providers.
 - Of those patients diagnosed with dementia 84% had their care plan reviewed in a face-to-face review in the preceding 12 months. This was 4% higher than the CCG and the same as the national average.
 - Home visits were also available for older patients and patients who had clinical needs which resulted in difficulty attending the practice and this included carers who found it difficult to leave those they cared for.
 - Same day appointments were available for all patients that required a same day consultation.
 - Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
 - Full facilities were provided for patients with wheelchairs which included automatically opening doors, easy access toilets, a staggered height reception desk section and wide doorways.
 - Translation services were available, including British sign language.
 - The practice had a passenger lift to provide access to the first floor of the surgery.
 - The practice is open from 8am to 6.30pm Monday to Friday. Extended hours pre-booked appointments were offered on Monday mornings from 7am to 8am.
 - Pre-bookable appointments with nurses were available on Mondays from 7am to 8 am and 6.30pm to 7.30pm and on Tuesday from 7am to 8am.
 - In addition the practice operated a sit and wait consultation system for GPs and advanced nurse practitioners from 8am to 10.15am. All patients attending this session before 10.15am were seen.
 - Phone call consultations with a GP were available and urgent afternoon appointments were available on the day for people that needed them. Patients we spoke with and comments cards we received conformed this to be the case.
 - Unwell children were always seen on the day.
 - Patients told us on the day of the inspection that they were able to get appointments when they needed them.
 - The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention for example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need.
 - 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, for example through the use of the acute home visiting service.
 - Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits
 - Appointments with GPs could be booked on-line up to four weeks in advance and on the day of our inspection a bookable GP appointment was available for that afternoon.
- Results from the national patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was comparable or better than local and national averages.

Access to the service

Are services responsive to people's needs?

(for example, to feedback?)

- 82% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 83% and national average of 84%.
- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%.
- 76% patients said they could get through easily to the surgery by phone compared to the CCG average of 64% and national average of 71%.
- 56% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 55% and national average of 56%.
- 85% found the receptionists helpful, compared to the CCG average of 86% and national average of 87%.
- 49% felt that they didn't normally have to wait too long to be seen, compared to the CCG and national average of 58%. We spoke with the practice manager and the PPG about this low figure and were assured that this was a result of the practice operating a sit and wait service.

The survey carried out by the patient participation group in May 2017 showed that;

- 89% stated they were satisfied or very satisfied with the sit and wait morning surgery.

- 78% were satisfied or very satisfied with getting through on the telephone.
- 97% thought that the receptionists were helpful.

Listening and learning from concerns and complaints

The practice had a system in place for handling written complaints and concerns.

- Its complaints policy and procedures were recently revised and aligned to recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system. This included how patients may access advocacy services and appeal the outcome of the investigation if dissatisfied.
- We looked at the records that related to the 20 complaints received by the practice in 2017. Although recorded by the practice, many related to dissatisfaction with secondary care or other healthcare providers.
- The practice had conducted an analysis of the complaints to identify any themes and recurring issues.
- We found all complaints had been investigated and outcomes and learning identified and shared with practice team through meetings. The practice manager followed up on all learning to check changes had been embedded to improve practice.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

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

- The practice aims were simple and unequivocal and stressed the need to work in close collaboration with district nurses, midwives, health visitors and therapists all to provide a high standard of care in a relaxed and friendly atmosphere.
- The statement of aims was clearly displayed on the home page of the practice website.
- Staff clearly understood what was expected of them in attaining and maintaining an efficient and caring service.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- Staff told us there was a clear staffing structure with clear lines of management.
- Staff we spoke with were aware of their own roles and responsibilities.
- Practice specific policies had been reviewed, implemented and were available to all staff on the practice computer system.
- A programme of continuous internal systems audit was used to monitor quality and to make improvements and the audit cycle and action plan was clearly documented in practice clinical meetings.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

- On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. Staff 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.

- At the request of the CCG the practice had acted as 'caretaker' for a practice that was in the process of having its registration cancelled. It was originally anticipated that this would be for a period of one month, but in the event the caretaking period lasted 11 months. The action ensured continuity of care for patients.
- The addition of 2,800 patients to the list and the extra work involved in meeting their healthcare needs put a strain on the practice systems and staff, but the partners told us that good team working had ensured good outcomes for patients. Patients we spoke with told us that there had been no deterioration in the quality of service during this difficult period.
- GPs and senior management had demonstrated high standards of leadership by motivating staff to continue to provide an effective service throughout this difficult time. QOF data covering this period indicated that performance increased slightly to 99.6% of the total points available.
- The patients were eventually absorbed onto the existing practice list. The additional patients had contributed to an increase in the list size from 7,600 in September 2014 to its current 12,174. Other increases were as a result of the closure of a nearby single handed practice.
- 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). This included training for all staff on identifying and recording serious events.
- The practice manager led the CCG practice manager forum and meetings were hosted at the practice. Such a meeting was in progress at the time of our inspection.
- Quarterly meetings were held for all staff, GP partners and other clinicians in the evenings to ensure there were no distractions and maximum attendance. The partners supplied food, for example fish and chips or pizza and

Are services well-led?

Outstanding



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

the staff got paid for their attendance. The evening often took the form of a quiz on healthcare matters and was seen by staff as a valuable and positive team building exercise as the teams were made of practice staff and partners who held differing roles.

The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us and records showed the practice held regular meetings for all the staff groups.
- There was an open culture within the practice and staff had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

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

- The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- We met with three members of the patient participation group who told us they had 15 active members who met every two to three months. The group reflected the practice demographics and included a mother with a young child. The group were clearly motivated and enthusiastic in working with the surgery and to consult with patients on the facilities and provision of services.
- The group liaised with patients, carried out surveys of patients to seek their views and experiences.
- Minutes of their meetings, newsletters and details and images of past and planned future activities were prominent on the practice website.
- There was a dedicated PPG noticeboard in the reception area.

- The PPG was active in promoting self-healthcare, as well as helping carers and minimising waste. For example we saw how the PPG had campaigned to reduce medicines wastage, and been involved in the Get Wise, Get Fit health awareness week and the Dementia Awareness Week with particular emphasis on supporting carers.
- The PPG had completed a fact finding exercise with patients to help the practice assess the impact and usage of the website, the surgery Facebook page and the possibility of using a mobile phone app to access services.
- The PPG had carried out a survey to assess peoples' satisfaction with the service. The survey was conducted in May 2017 and there had been 263 respondents. Analysis of the responses showed that where the same questions had been asked in the previous survey, in every case there had been an improvement in the level of satisfaction. For those questions the practice showed an average improvement of 9.3% over the previous survey.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion
- There were high levels of staff satisfaction. Staff we spoke with were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns and staff we spoke with confirmed this as the case. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that the evening meetings held quarterly were an opportunity for all staff to discuss whole practice issues, for example; GPs talking with administration staff and vice versa with the aim of building better systems and practices.
- Staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- All staff had received appraisal within the previous year.

Continuous improvement

- The practice was a GP training practice and had medical students and GP registrars.

Are services well-led?

Outstanding



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

- The practice hosted student nurses as part of their training.
- There was an aspiration to commence foundation doctor training.
- Staff we spoke with said they were encouraged to develop and extend their range of skills and the practice provided the training they required.
- The practice had employed a pharmacist to help undertake medicines reviews and management.
- ‘Lunch and learn’ meetings were regularly hosted at the practice to enable all staff to receive updates on health related issues and topics.
- The partners were seeking to bring more health care providers into the building to fully utilise the facilities available, for example the surgical procedures suite.