The Surgery, Ashby

Quality Report

30 North Street,
Ashby-de-la-Zouch
Leicestershire
LE65 1HS
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Letter from the Chief Inspector of General Practice

Dr David Laurence Dawes (the provider) had been inspected previously at The Surgery Ashby on the following dates:

- 29 June 2017 under the comprehensive inspection programme. The practice was rated Inadequate overall and placed in special measures for a period of six months. Breaches of legal requirements were found in relation to safeguarding service users from abuse and improper treatment and governance arrangements within the practice. Warning notices were issued which required them to achieve compliance with the regulations set out in the warning notices by 20 October 2017.
- 6 December 2017 - A focused inspection was undertaken to check that they now met the legal requirements. Regulation 13, safeguarding service users from abuse and improper treatment had been met in full. However not all the requirements of the warning notice had been met in relation to Regulation 17 Good Governance. A requirement notice were issued and an action plan was sent, in which the practice identified what improvements would be put in place to ensure compliance of the regulation.

Reports from our previous inspections can be found by selecting the 'all reports' link for The Surgery Ashby on our website at www.cqc.org.uk.

This inspection was undertaken following a six month period of special measures and was an announced comprehensive inspection on 6 February 2018.

This practice is rated as Inadequate overall. (Previous inspection in June 2017 was inadequate).

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Inadequate

As part of our inspection process, we also look at the quality of care for specific population groups.

The population groups are rated as:

Older People – Inadequate

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Inadequate

People experiencing poor mental health (including people with dementia) - Inadequate

At this inspection we found:

Summary of findings

- We found an improved system in place for reporting and recording significant events, lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had an effective system in place to safeguard children and vulnerable adults from abuse.
- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- The practice did not routinely review the effectiveness and appropriateness of the care it provided. Care and treatment was not always delivered according to evidence- based guidelines. We found very limited evidence of care plans in place to ensure vulnerable older people, high risk patients and patients needing end-of-life care received care and treatment that is appropriate to their needs.
- There was limited quality improvement.
- Staff had not received an appraisal in the last 12 months.
- The most recent results from the national GP patient survey published in July 2017 was consistently high and showed extremely positive patient satisfaction in all of the 23 outcomes. The practice had been ranked top in Leicestershire.

- Feedback from people who use the service was consistently and strongly positive. 29 patients expressed high levels of satisfaction about all aspects of the care and treatment they received. The feedback from comments cards we reviewed told us that staff worked hard, had a caring attitude and were concerned about their patient's wellbeing. The service provided was friendly, efficient, staff listened and gave you complete confidence.
- The practice had made improvements to their governance arrangements and had taken some of the appropriate steps required to ensure patients remained safe. Further work was still required in regard to quality improvement to improve patient outcomes, management of risk and meeting minutes.
- At this inspection we still had concerns in regard to the clinical oversight and governance arrangements in place.

The areas where the provider **must** make improvements as they are in breach of regulations are:

Ensure care and treatment is provided in a safe way to patients.

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

This service was placed in special measures on 17 August 2017. Insufficient improvements have been made such that there remains a rating of inadequate for this inspection.

At present we are not taking further action in line with our enforcement procedures as the practice have begun the process to merge with another local GP practice. They will remain in special measures.

The practice have been sent a letter in which we have set out all the concerns found at the inspection and the Commission require them to send us fortnightly action plans in respect of the areas of concern found at the inspection on 6 February 2018.

The service will also be kept under review and if needed further action could be taken in line with our enforcement procedures to begin the process of preventing the provider from operating the service which would lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This could be escalated to urgent enforcement action.

Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

The Surgery, Ashby

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP Specialist Advisor, a practice manager specialist advisor and a second CQC inspector (in training).

Background to The Surgery, Ashby

The Surgery Ashby is situated in a village to the north west of the city of **Leicester.**

It has approximately 3,559 patients and the practice's services are commissioned by West Leicestershire Clinical Commissioning Group (CCG). They are also a part of the North West Leicestershire Medical Alliance Federation. Thirteen GP practices work together to deliver healthcare for local communities.

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

At the Surgery Ashby the service is provided by one GP (male) and one long term locum GP (female), one practice manager, one nurse, one health care assistant, five administration and reception staff and one housekeeper.

Dr David Laurence Dawes has one location registered with the Care Quality Commission (CQC) which is:-

The Surgery Ashby, 30 North Street,, Ashby-de-la-Zouch, Leicestershire LE65 1HS

www.thesurgerynorthstreetashby.nhs.uk

The practice is a single storey building and has suitable access for patients who have reduced mobility.

The level of deprivation is significantly lower than local and national averages. The level of income deprivation affecting children and older people is below CCG average and well below national average.The level of deprivation is 11% compared to a CCG average of 14% and national average of 24%.

The practice has 33% of patients registered at the practice aged 0yrs to 18, 25.5% aged 18yrs to 64, 25% aged 65 and over, 12% aged 75 and over and 4% aged over 85 years of age. Of these 97% are white British.

The practice is open between 8.15am and 6pm Monday to Friday. When the practice is closed and between the times of 12.30 to 2pm and 6pm to 6.30pm the answerphone gives patients details to contact the practice mobile, 111 or 999. Appointments are available from 8.15am until 10.50am and 3.30pm to 5.30pm Monday to Friday. The practice does not offer extended hours. Pre-bookable appointments can be booked two months in advance and on the day emergency appointments were also available.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Derbyshire Health United from 6.30pm to 8am. There are arrangements in place for services to be provided when the practice is closed and these are displayed on their practice website.

Inadequate

Are services safe?

Our findings

At the comprehensive inspection in June 2017 we rated the practice as inadequate for providing safe services as the arrangement in place for the assessment of risks to the health and safety of service users who received care or treatment were not effective. The practice were rated as inadequate overall. The concerns which led to the overall rating applied to everyone using the practice, including all the population groups. We issued warning notices in relation to Regulations 13 and 17 of the Health and Social Care Act 2008.

At the inspection in December 2017 we found the requirements of Regulation 13 had been met. In regard to Regulation 17 we found the practice had made improvements to its system for patient safety alerts, legionella, quality improvement and complaints but further work was required to ensure the system was effective. As the legal requirements of the warning notice for Regulation 17 was not met in full the Care Quality Commission issued a requirement notice in respect of Regulation 17.

At this inspection we rated the practice inadequate overall. The provider was rated as inadequate for safe, effective and well led services. Caring and Responsive were rated as Good. For the population groups of older people, people whose circumstances make them vulnerable and people who experience poor mental health including those people with dementia. The population groups for people with long term conditions, children, families and young people and working age people including those recently retired or students was rated as requires improvement.

At our inspection in June 2017 we rated the practice inadequate for providing safe services. At this inspection the practice are still rated as inadequate as insufficient improvement in a number of areas was found.

- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- Individual care records we reviewed were not all well written and managed in a way that kept patients safe.
- Systems to assess, monitor and manage risks to patient safety needed strengthening.

Safety systems and processes

At the inspection in June 2017 we found that some of the systems, processes and practices in place to keep people safe and safeguarded from abuse were not effective. On the day of the inspection we could not establish if the practice had an effective system in place to safeguard service users from abuse and improper treatment. In December 2017 we found that arrangements were now in place to safeguard adults and children from abuse and improper treatment and they reflected relevant legislation and best practice. The practice had received support from both the West Leicestershire Clinical Commissioning Group and the North West Leicestershire GP Federation. The federation had taken the lead role and we were told this would continue over the coming months.

At this inspection

- The practice had an effective system in place to safeguard children and vulnerable adults from abuse. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff we spoke with were aware who the lead GP was. 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. All staff had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. The practice worked with other agencies to support patients and protect them from neglect and abuse. We saw that the practice had regular safeguarding meetings.

At the inspection in June 2017 we found inconsistencies and gaps in the recruitment checks undertaken prior to employment. In December 2017 staff files have been reviewed. Where possible documents had been added to the file, for example, photo ID and Disclosure and Barring certificates.

- At this inspection we found staff files have been reviewed. Where possible documents had been added to the file, for example, photo ID and Disclosure and Barring certificates and checks of professional registration where relevant. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Inadequate

Are services safe?

- There was a system to manage infection prevention and control. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC policy in place. An infection control audit walkround had been carried out on 5 February 2018 and areas for improvement had been found. However on the day of the inspection we found that whilst an action plan had not been put in place we were told that most of the actions had been completed with the exception of the window blinds which needed mending.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

Systems to assess, monitor and manage risks to patient safety needed strengthening.

- The practice had risk assessments to monitor safety of the premises such as control of substances hazardous to health, display screen equipment, and lone worker assessments. However on the day of the inspection we did not see any general risk assessments, for example, in relation to slips, trips and falls, manual handling, storage of oxygen and stress and violence at work.
- There were arrangements in place for planning and monitoring the number and mix of staff needed.
- We were told there was an induction system for temporary staff tailored to their role but on the day of the inspection we did not see any evidence of this in place.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- The lead GP told us they knew how to identify and manage patients with severe infections, for example, sepsis. However we found that there was no evidence that the nursing and reception staff had received any training in recognising the signs of sepsis. We looked at meeting minutes and could not find any evidence that sepsis had been discussed with staff.
- It had a suite of safety policies which had been reviewed and were available to staff via the practice internal intranet system.

Information to deliver safe care and treatment

- Individual care records we reviewed were not all well written and managed in a way that kept patients safe. We looked at the patient electronic record system in regard to personalised care and support plans.We found very limited evidence of care plans in place which meant you did not use an appropriate risk stratification tool to identify vulnerable older people, high risk patients and patients needing end-of-life care to ensure they receive care and treatment that is appropriate to their needs.

Safe and appropriate use of medicines

The practice's systems for appropriate and safe handling of medicines were not safe.

At the inspection in June 2017 we found that the arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal.

- In December 2017 we checked the system in place for the management of high risk medicines, which included regular monitoring in accordance with national guidance. We found an improved system in place to monitor patients on high risk medicines.

However at this inspection we looked at patients on a high risk medicine used for patients who suffered with rheumatoid arthritis. We found three patients on the register, two of which did not have an alert on their patient electronic record. We also found that patients who had high risk medicines started/continued in secondary care did not have alerts on the patient electronic record to ensure prescribers were aware.

- At the inspection in June 2017 we found there was no effective system in place to ensure that monitoring of the cold chain across the whole practice was being managed in accordance with national guidance.In December 2017 we found two data loggers had been bought and were downloaded if a problem with the fridge temperatures had been identified. A data logger is a self-contained, miniature computer that continuously

monitors refrigerator temperature, records the temperature at pre-set intervals and stores the data until it is downloaded to a standard computer. Medicines and vaccine fridge temperatures were checked in accordance with national guidance and temperatures recorded on an electronic document management system. A cold chain policy was now in place to provide guidance to staff.

At this inspection we found regular daily monitoring taking place for both refrigerators and dongles downloaded. However documentation in the temperature record book was confusing as one book was used for both fridges and varied in terms of documentation. For example, one week was recorded using the same page to document both fridges and another week a separate page.

- At the inspection in June 2017 we found the practice had Patient Group Directions (PGD's) in place to allow nurses to administer vaccines and other medicines produced in line with legal requirements and national guidance. However we found that these had not been signed and dated by the nurse and GP. In December 2017 we found that PGD's in place at the practice had been signed and dated by the lead GP and the practice nurse. A locum nurse had been employed and we found that they had also signed the PGD's in order to administer vaccines and other medicines in line with legal requirements and national guidance.

At this inspection we found that the relevant PGDs were in place and were all signed and dated.

- Blank computer prescriptions and pads were stored securely, however the system in place to track their movement did not meet the recommendations made in national guidance. On the day of the inspection we found prescriptions in a printer and no record of what prescriptions had been used during that day. Since the inspection the practice protocol had been updated to include a check of prescriptions each night to ensure they were all recorded.
- The practice had not carried out audits on antimicrobial prescribing.
- Patients' health was not always monitored to ensure medicines were being used safely and followed up on appropriately. Regular review of their medicines had not taken place in line with their call and recall and prescribing protocols. The lead GP told us that for people with long term conditions, repeat medicines were re-authorised dependent on an annual medicines review. We reviewed the process in place for medication reviews including high risk medicines. Only 622 out of a possible 2006 patients had received a medicine review. This meant not all patients were being properly reviewed to ensure their repeat medicines remained safe and appropriate, in particular those with long term conditions and those taking multiple medicines. When we reviewed patients requiring a medicine review who were taking high risk medicines, we found an alert on the patient record was not always in place and details of treatments prescribed in secondary care were not always recorded on the clinical system. In addition, we found when monitoring had been carried out by other organisations, results had not been updated on the patient's clinical record. In addition, doctors were not following the GMC guidance on reviewing medicines in Good practice in prescribing and managing medicines and devices, 2013. CQC have written to the lead GP under Regulation 12 Safe Care and Treatment and asked for regular fortnightly action plans put in place to improve this process.
- We looked at the process the practice had in place to check emergency equipment and medicines. We found there was no monthly checklist in place to ensure all equipment and medicines were in place. In relation to emergency medicines we found on the day of the inspection an antibiotic used to treat bacterial infections was out of date in December 2017.

Track record on safety

At the inspection in June 2017 we found that most risks to patients were assessed but the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

- In June 2017 we looked at the system in place for fire safety and found that it was not effective. Regular fire alarm testing had not taken place and fire marshalls had been identified but had not received any training. In December 2017 we found the practice had an effective system in place for fire safety. All information was kept in one place and monthly testing of fire alarm had taken place. An external company had tested the emergency

lighting and the practice planned to commence regular testing.A fire drill had been held but more detail required in report and to be shared with all staff and fire marshalls had completed external training.

At this inspection the practice could demonstrate they had a system in place for fire safety.

- In June 2017 we looked at the arrangements in place for the management of legionella and found it was not effective. The practice did not have a legionella risk assessment in place in order to mitigate the risk of legionella (a bacterium which can contaminate water systems in buildings). On the day of the inspection we found that regular water temperature monitoring was carried out by a member of staff who had not had the relevant training. In December 2017 staff, in particular, the housekeeper had undertaken blue stream training for legionella management. A legionella risk assessment by an external company had been completed on 12 October 2017. The building facilities were classified as low to medium risk whilst users of the building were classified as high risk. Since receiving the risk assessment report at the end of November the practice had yet to commence the actions set out by the external company. Since the inspection the practice had sent an action plan with a completion date of end of January 2018.

At this inspection we found that actions relating to the risk assessment had not all been completed. On 12 February 2018 the practice sent us information that a contract for monthly legionella monitoring and works required had been confirmed with an external company.

- On the day of the inspection the practice were unable to provide us with a five year wiring certificate for the building.
- On the day of the inspection the practice were unable to provide us with a gas safety certificate. Since the inspection the practice had an external contractor carry out a gas safety inspection carried out on 7 February 2018.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Lessons learned and improvements made

- At the inspection in June 2017 we found that the practice had a system in place for reporting, recording and monitoring significant events. However this was not operated effectively.

At the inspection in December 2017 we found that the practice had reviewed and improved the SEA system in place. There was evidence that some work had taken place on this area. They told us they had reviewed the process for highlighting and discussing significant events, created an improved process, which had been embraced by the whole practice. However when we looked at five of the significant events in detail we found that the investigation, documentation of the investigation, initial findings, learning and follow-up was still not effective.

At this inspection we saw that one significant event had been raised and it was found to be in a new format with detail of the investigation and learning. Meeting minutes needed more detail of discussion with staff and the practice needed to continue to embed the new process.

- At the inspection in June 2017 we found that the practice did not have an effective system in place for receiving, discussing and monitoring of patient safety alerts.At the inspection in December 2017 we found that the practice had looked at the system they had in place for patient safety alerts, made some changes but the system was still not effective. It was not clear who received the patient safety alerts. No formal records were kept to record them, evidence who had received them actions and any learning identified. When we reviewed the alerts against the Care Quality Commission alert log where we found that there was a considerable number of alerts that the practice did not appear to have received. Meeting minutes we looked at did not demonstrate that these were discussed with staff. The practice safety alert protocol and procedure was not practice specific and did not provide any guidance to staff on the process that should take place, who received the alerts or how they would be disseminated and actioned.

At this inspection we found there was a system for receiving and acting on safety alerts. We found the system was much improved and we discussions had taken place at practice meetings. Meeting minutes needed more detail of the discussions with staff and the practice needed to continue to embed the new process.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

At the comprehensive inspection in June 2017 we rated the practice as requires improvement for providing effective services as some of the arrangement in place for providing effective services were not effective. 17. The practice were rated as inadequate overall. The concerns which led to the overall rating applied to everyone using the practice, including all the population groups.

We issued warning notices in relation to Regulations 13 and 17 of the Health and Social Care Act 2008.

We rated the practice as inadequate for providing effective services overall and for the population groups of older people, people whose circumstances make them vulnerable and people who experience mental health including those people with dementia. The population groups for people with long term conditions, children, families and young people and working age people including those recently retired or students was rated as requires improvement.

The practice was rated as inadequate for providing effective services because:

- The processes in place for quality improvement needed strengthening.
- Staff had not received an appraisal in the last 12 months.
- No clinical oversight or supervision for clinical staff who carried out extended roles.

Effective needs assessment, care and treatment

At the inspection in June 2017 we found that the practice did not have a formal system in place to keep staff up to date with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. In December 2017 we found access to NICE guidance on both GP computers and in one set of meeting minutes we reviewed we found evidence of an update to staff. However NICE guidance was still not a regular agenda item to share updates with staff. The practice nurse had commenced her nurse prescribing course and would benefit from being included in the access and shared learning at meetings.

At this inspection we found that the practice now had systems in place to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Meetings minutes we looked at contained discussions on NICE guidance but the meeting minutes needed more detail in terms of the discussions that had taken place.

Older people:

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

- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- Urgent requests were responded to on the same day.
- The practice told us they did not currently offer NHS health checks. Prior to the inspection they had reviewed their electronic patient record system and found 10 patients over 75 who had not been seen in the last twelve months. They told us they planned to contact them to offer an appointment to ensure their health needs were being met.
- The achievements for indicators related to Rheumatoid Arthritis was 82% which was 16% below the CCG average and 14% below the national average.
- The achievements for indicators related to Osteoarthritis was 67% which was 25% below the CCG average and 24% below the national average.
- We asked the practice if patients had access to appropriate health assessments and checks including NHS checks. The practice told us they did not currently offer NHS health checks. Prior to the inspection they had reviewed their electronic patient record system and found 10 patients over 75 who had not been seen in the last twelve months. They told us they planned to contact them to offer an appointment to ensure their health needs were being met.

People with long-term conditions:

The practice is rated as requires improvement for the care of people with long-term conditions

- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80

Inadequate

Are services effective?

(for example, treatment is effective)

mmHg or less was 78% which was above the CCG average of 77% and in line with the national average of 78%. Exception reporting was 10.6% which was 1% above the CCG and national average.

- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma was 85% which was 7% above the CCG average and 6% above the national average. Exception reporting was 3% which was 4% below the CCG average and national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 85% which was 1% above the CCG of 84% and 2% above the national average of 83%. Exception reporting was 6% which was 2% above the CCG and national average.
- In those patients with COPD who had had a review, undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale(measured in the preceding 12 months) is 87% which was 4% below the CCG average and 3% below the national average. Exception reporting was 5% which was 7% below the CCG and national average.
- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation was 86% which was below the CCG average of 91% and national average of 88%. Exception reporting was 3% which was 5% below the CCG and national average.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people:

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

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given for the under two year old and five year old was 90% which were comparable to CCG/national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

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

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

- The practice's uptake for cervical screening was 85%, which was 3% above the CCG average of 82% for the national screening programme and 4% above the national average of 81%.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. 68% of patients eligible had attended for bowel cancer screening which was above the CCG average of 63% and national average of 55%.
- Of those patients eligible 81% had attended for breast cancer screening which was above the CCG average of 79% and above the national average of 70%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. . The practice told us 44 had been offered and 2 immunisations had been given.

People whose circumstances make them vulnerable:

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

- End of life care was not always delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. We looked at the patient electronic record system in regard to personalised care and support plans. We found very limited evidence of care plans in place. This meant the provider did not use an appropriate risk stratification tool to identify vulnerable older people and patients needing end-of-life care to ensure they receive care and treatment that is appropriate to their needs.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 17 patients

registered with a learning disability. We found on the day of the inspection very little evidence of any care plans in the past or evidence of reviews in the last 12 months.

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

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

- For those patients diagnosed with dementia 77.3% had their care reviewed in a face to face meeting in the previous 12 months. This was below the CCG average of 86% and national average of 84%. Exception reporting was 15.4% which was 5% above the CCG average and 8% above the national average.
- For those patients experiencing physical and/or mental health conditions whose notes recorded smoking status in the previous 12 months was 95%. This was 0.5% below the CCG and national average. Exception reporting was 1% which was 0.2% above the CCG and national average.
- For those patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses. 90% had a comprehensive, agreed care plan documented in the previous 12 months. This was below the CCG average of 95% and the same as the national average of 90%. Exception reporting was 52% which was 18% above the CCG average and 40% above the national average.
- For those patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption was recorded was 100%. This was above the CCG average of 96% and national average of 91%. Exception reporting was 19% which was 8% below the CCG average and 9% above the national average.
- For those patients with schizophrenia, bipolar affective disorder and other psychoses 100% had had a record of blood pressure recorded in the previous 12 months which was 3.8% above the CCG average and 9.3% above the national average. Exception reporting was 19% which was 8% below the CCG average and 9% above the national average.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations. For example, Let's talk and Turning Point.

On the day of the inspection we looked at some areas of QOF data from 2016/17 were there had been relatively high exception reporting. This included 'dementia patients whose care plan has been reviewed in a face to face review in the preceding 12 months' and 'patients with mental health problems and an agreed care plan'. We looked at some patient records and found that there were either no care plans or if it had been read coded there was insufficient documentation to accompany it.

Since the inspection in December 2017 the lead GP had carried out an audit of patients with a possible diagnosis of dementia which had not been coded correctly on the patient electronic record. 30 patients were highlighted as potentially needing a review. Of these 18 patients, four patients could have met the criteria for diagnosis of unspecified dementia and 14 patients needed a face to face review. The practice put together a plan to work through the list and organise face to face reviews. They carried out a further audit in January 2018 and we found that whilst none had received a face to face consultation 13 had received a clinical review of the notes with no current evidence of dementia, three had dementia coding added to their patient record and two patients had died.

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results for 2016/17 were 96.6% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

The overall exception reporting rate was 9.1% which was 0.9% below CCG and national average. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 92.3% which was 0.6% above the CCG average and 0.5% above the national average. Exception reporting was 6.3% which was 0.3% above CCG average and 0.8% above national average.

Inadequate

Are services effective?

(for example, treatment is effective)

- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma was 85% which was 7.4% above the CCG average and 8.6% above national average. Exception reporting was 3.4% which was 4% below the CCG average and 4.3% below national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 84% which was same as the CCG average and 1% above the national average of 83%. Exception reporting was 6% which was 2% above the CCG and national average.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 87% which was 4.4% below the CCG average and 3.4% below the national average. Exception reporting was 4.9% which was 7% below the CCG average and 6% below the national average.

At the inspection in June 2017 we found that there was limited evidence of quality improvement including clinical audit. The practice did not have a programme of continuous audits to monitor quality and to make improvements. In December 2017 we found a limited audit programme was seen. Since the last inspection the practice had carried out one cycle of an audit in regard to a medicine used to treat breast cancer and antidepressants. The practice had also completed some data gathering exercises but none had been written up as audits. Two further audits had been commenced in relation to new oral anti-coagulants (NOAC) and patients who were recorded on the patient electronic records with high blood pressure.

At this inspection we reviewed the process for quality improvement within the practice. We found nine audits of referrals to secondary care had been completed to review aspects of practice. The aim was to share experiences and identify areas in which changes can be made to improve the quality of service offered to patients. We saw minutes of a clinical meeting that took place on 15 January 2018 where new oral anticoagulants (NOACS) were discussed. We asked the lead GP about this discussion We were told that it was a discussion about a clinical audit for the anticoagulants. However, this was not written up in accordance with current guidance. For example, aims, standards, objectives, results, action plan and future plans.

The practice provided us with data in relation to the prescribing of antibiotics. We found that the practice were below the CCG target in a number of areas which demonstrated their compliance with national guidance :-

- The average number of antibacterial prescription items prescribed per Specific Therapeutic was 0.96 compared to a CCG average of 1.16.
- The percentage of antibiotic items prescribed that are Cephalosporin's or Quinolones was 6.69% compared to a CCG average of 10%.
- The percentage of medicines used for the treatment of urinary tract infections such as trimethoprim and nitrofurantoin was 1.75 compared to a CCG average of 1.79.

Effective staffing

At the inspection in June 2017 we found that the system in place in relation to the identification and monitoring of the training needs of all staff was not effective. For example, safeguarding, fire safety, basic life support, infection control and information governance. In December 2017 we found bluestream training matrix now in place. The practice manager downloaded monthly reports to see what training was outstanding. We looked at the latest report and found that all staff had completed 100%. However there was still not an effective process for external training, for example, basic life support.

At this inspection:-

- Staff had the skills, knowledge and experience to carry out their roles. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.
- The practice told us they had an induction programme for all newly appointed staff. However on the day of the inspection we did not see any evidence of this as most of the staff who worked at the practice had been employed for a number of years and staff turnover was very low.
- A comprehensive training matrix was now in place.
- Staff had not received an appraisal in the last 12 months.

Inadequate

Are services effective?

(for example, treatment is effective)

- We found that not all staff had clinical supervision in place.
- We asked to look at the protocols for the clinical staff. We saw in the practice nurse room folders of information in respect of long term conditions but no formal protocols had been written to provide guidance to staff are in place.

Coordinating care and treatment

Staff told us they worked together and with other health and social care professionals to deliver effective care and treatment.

- Patient feedback we received told us they received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. However, we looked at the patient electronic record system in regard to personalised care and support plans. We found very limited evidence of care plans in place.
- The NHS e-Referral Service was used with patients as appropriate. (The NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- On the day of the inspection we looked at the process the practice had in place for the review of pathology results. We found that the practice had reviewed all blood results and had a buddy system in place for annual leave.
- The practice told us but could not evidence that end of life care was delivered in a coordinated way which took into account the needs of different patients. Care plans were not in place for patients who were terminally ill. However the electronic records did not always reflect the discussions that had taken place and multi-disciplinary meetings did not take place on a regular basis.

Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway was 38% which was 16% below the CCG average and 12% below the national average.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity, exercise programmes and referral to in-house physiotherapists and counsellors.

Consent to care and treatment

At the inspection in June 2017 we found that some staff sought patients' consent to care and treatment in line with legislation and guidance.

- We found that staff had not received awareness training in relation to the Mental Capacity Act 2005. Staff we spoke with were able to describe what action they would take if required.
- 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.
- We looked at the process for seeking consent. We found there were gaps in the process especially in relation to joint injections where verbal consent was gained but not documented on the patient electronic record.
- The process for consent was not monitored through patient record audits.

At this inspection we found that no improvements had been made in relation to the process for consent to care and treatment.

Good

Are services caring?

Our findings

At the comprehensive inspection in June 2017 we rated the practice as Good for providing caring and responsive services. The provider was rated as inadequate for safe and well led services and requires improvement for providing effective services. The concerns which led to these ratings apply to everyone using the practice, including all the population groups.

At this inspection the practice is rated as good for providing caring services. Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. The Surgery Ashby was ranked first out of all the practices in the county of Leicestershire in the July 2017 recent survey. Patients we spoke with and comments cards we reviewed aligned with this view.

We rated the practice as good for caring because.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- The national patient's survey from July 2017 showed that staff were consistently performing well above the national averages in all areas.
- Comment Cards we reviewed gave many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

We spoke with six members of the patient participation group (PPG). They also told us they were very well supported and listened to by the practice. They told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. They each told us that the practice was excellent and they felt that all the staff went the extra mile to make sure they were well cared for. Comment cards we reviewed aligned with these views and highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2017 showed a high level of satisfaction from patients registered with the practice. Patients felt they were treated with compassion, dignity and respect. The practice was significantly above average for its satisfaction scores on consultations with GPs and nurses. The practice had been ranked top in Leicestershire. 231 surveys were sent out and 115 were returned. This represented about 3.1% of the practice population

For example:

- 96% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 98% of patients who responded said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 98% of patients who responded 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%.
- 96% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 99% of patients who responded said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 100% of patients who responded said the nurse gave them enough time compared to the clinical commissioning group (CCG) average of 93% and the national average of 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw compared to the clinical commissioning group (CCG) average of 97% and the national average of 97%.
- 100% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

Good

Are services caring?

- 97% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.
- 97% of patients who responded said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG and national average of 78%.

Most of the patients who had completed the comments cards told us they had been with the practice for many years and appreciated the care and treatment given by staff. All 29 Care Quality Commission comment cards we received were positive about the service experienced.

Involvement in decisions about care and treatment

Patient feedback from the comment cards we received told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision

Staff helped patients be involved in decisions about their care but on the day of the inspection were not aware of the Accessible Information Standard (AES - a requirement to make sure that patients and their carers can access and understand the information they are given).

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas in three different languages informing patients this service was available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers by asking at the point of registration if patients were carers and opportunistically during consultations and contacts with patients. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 44 patients as carers (1.2% of the practice list). There was a carer's information available in the practice to signpost carers to relevant sources of information and support. Information was also available through the practice website.

Staff told us that if families had experienced a bereavement and where appropriate to do so the GP contacted them and offered support. There were leaflets available for adults and young people which provided guidance and signposting relevant to those who had suffered a bereavement. For example, signposting to access bereavement counselling. Information was also available through the practice website.

Results from the national GP patient survey published in July 2017 showed patients responded extremely positively to questions about their involvement in planning and making decisions about their care and treatment. Results exceeded local and national averages. The practice had been ranked top in Leicestershire.

For example:

- 95% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 93% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 98% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 95% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At the comprehensive inspection in June 2017 we rated the practice as Good for providing responsive services. The provider was rated as inadequate for safe and well led services and requires improvement for providing effective services. The concerns which led to the overall rating of Inadequate applied to everyone using the practice, including all the population groups.

At this inspection we rated the practice as good for providing responsive services but rated the population groups of older people, people whose circumstances make them vulnerable and people who experience poor mental health including those people with dementia inadequate and requires improvement for people with long term conditions, children, families and young people and working age people including those recently retired or students.

The practice was rated as good for providing responsive services because:

- Results from the national GP patient survey in July 2017 showed that patient's satisfaction with how they could access care and treatment was extremely high in comparison to local and national averages.
- Comments cards we reviewed and patients we spoke with told us they were able to access care and treatment from the practice within an acceptable timescale for their needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services
- Improvements had been made to the complaints process.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice did not offer extended hours for working patients who could not attend during normal opening hours.
- The practice told us that home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- When the practice was closed and between the times of 12-30pm till 2pm and 6pm to 6.30pm each day they had an answerphone which gave patients details to contact the practice by mobile, NHS 111 or 999 in an emergency.
- The facilities and premises were appropriate for the services delivered.
- The practice had made reasonable adjustments for disabled people as per national guidance. For example, a ramp to access the building, doorbell to seek attention, with information also in braille, hearing loop in place for patients who experienced hearing problems and hand rails in the corridor to support patients who had problems with mobility.
- Language line was available for any patients whose first language was not English.
- A hearing loop in the practice to assist when patients had hearing problems. A portable hearing loop was also available for patients to take into consulting rooms if required.
- Magnifying equipment was located in reception for patients to use in reception.
- Hand rails were in place along the walls of the main corridor to the consulting room to aid patients with reduced mobility and sight problems.

Older people:

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

For example:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice is rated as requires improvement for the care of people with long-term conditions

For example:

- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice did not consistently carry out structured annual medicine reviews for older patients

Families, children and young people

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

For example:

- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

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

For example:

- The practice understood its population profile and had used this understanding to meet the needs of its population. It offered accessible, flexible and offered continuity of care but did not have extended opening hours. The surgery had appointments from 8.10am until 5.40pm which enabled patients to see the GP before and after work.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances make them vulnerable

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

For example:

- From information given to us on the day of the inspection we found that they could not evidence that any patients with a learning disability had received a review of their care in the last 12 months.
- The practice told us they regularly worked with other health care professionals in the case management of vulnerable patients but they did not formally document the discussions.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. For example, First Contact Plus which is an online tool to help adults in Leicestershire find out about a range of services all in one place.

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

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

For example:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients 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.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the national GP patient survey in July 2017 showed that patient's satisfaction with how they could access care and treatment was extremely high in comparison to local and national averages. The practice had been ranked top in Leicestershire. 231 surveys were sent out and 115 were returned. This represented about 3.1 % of the practice population.

- 88% of patients who responded were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 80%.
- 99% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 71%.
- 92% of patients who responded 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 76% and the national average of 76%.
- 92% of patients who responded said their last appointment was convenient compared with the CCG average of 82% and the national average of 81%.
- 95% of patients who responded described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 77% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

Listening and learning from concerns and complaints

At the inspection in June 2017 we found that the practice had a system for handling complaints and concerns but it was not clear or consistent. Verbal complaints had not been recorded. In December 2017 we found that four verbal complaints had been recorded since the last inspection. However further work was required as they lacked a unique identifier, documentation required further detail with evidence of actions and shared learning.

At this inspection we found that verbal complaints were now recorded. The practice told us they took complaints and concerns seriously and had responded to them appropriately to improve the quality of care. Complaints were now an agenda item and we saw evidence that they had been discussed but meeting minutes still needed further detail to demonstrate the actions and shared learning taken by the practice. Information about how to make a complaint or raise concerns was available and was available in the practice leaflet and on the practice website. Themes and trends would be reviewed at the end of the year

Are services well-led?

Inadequate

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

Our findings

At the inspection in June 2017 we rated the practice inadequate for providing a well-led service.

At this inspection we rated the practice inadequate overall. The provider was rated as inadequate for safe, effective and well led services. Caring and Responsive were rated as Good. The population groups of older people, people whose circumstances make them vulnerable and people who experience mental health including those people with dementia were rated as inadequate. The population groups for people with long term conditions, children, families and young people and working age people including those recently retired or students was rated as requires improvement.

The practice was rated as inadequate for well-led because:-

- At the comprehensive inspection in June 2017 we rated the practice as inadequate for providing well-led services as we found that arrangements in place to improve the quality and safety of services provided required significant improvements in oversight and monitoring of governance arrangements were not effective.
- At the inspection in December 2017 we found the requirements of Regulation 13 had been met. In regard to Regulation 17 we found the practice had made improvements to its system for patient safety alerts, legionella, quality improvement and complaints but further work was required to ensure the system was effective. As the legal requirements of the warning notice for Regulation 17 was not met in full the Care Quality Commission issued a requirement notice in respect of Regulation 17.
- We found that the leadership needed to be strengthened further in supporting the improvements required and the lead GP still needed to demonstrate strong leadership in respect of safety and good governance.
- The practice had some awareness of the duty of candour however some of the systems and processes in place were still not effective and did not ensure compliance with the relevant requirements.
- Patients were at risk of harm because some systems and processes in place were not effective to keep them safe. For example, medicine reviews.

Leadership capacity and capability

At the inspection in June 2017 we found the overall leadership was not effective. Limited governance arrangements were in place to support the delivery of their strategy and there was a lack of clinical oversight to monitor quality, make improvements and manage risks. At the inspection in December 2017 we found that leadership and clinical oversight needed to be strengthened further. The West Leicestershire Clinical Commissioning Group had taken a lead in supporting the improvements required and the lead GP still needed to demonstrate strong leadership in respect of safety and good governance.

We found at this inspection that the leader did not always demonstrate that they had the capacity and skills to deliver high quality sustainable care. We found that the GPs and practice management team were experienced in the delivery of care but there was still a lack of co-ordinated strategy and approach in place to ensure all the required improvements were put in place. Whilst we found a number of improvements had been put in place there was still insufficient assurance that the lead GP had overall clinical oversight of the provision of the regulated activities to ensure compliance with the Health and Social Care regulations. For example, in relation to safe and appropriate use of medicines and good governance. We found that the leadership and clinical oversight needed to be strengthened further in respect of safety and good governance.

Since the inspection the Care Quality Commission have sent the practice a letter in which we require them to send us fortnightly action plans in respect of the areas of concern found at the inspection on 6 February 2018.

Vision and strategy

The practice had begun to put a new strategy in place to deliver high quality care and promote good outcomes for patients.

The lead GP told us that the practice would continue, at present, to run as a separate location and the CQC registration would change as The Surgery Ashby began the

Are services well-led?

Inadequate

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

process to merge with another local GP practice. Seven GP partners from another GP practice would join and the lead GP would then reduce his workload and become a salaried GP.

Culture

The practice did not always demonstrate it had a culture of high-quality sustainable care.

- The practice staff told us they were focused on the needs of patients. However there was areas of performance which was below local and national averages.
- Staff we spoke with told us they felt respected, supported and valued.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They told us they had confidence that these would be addressed.
- Clinical staff, including nurses, were considered valued members of the practice team. Whilst they were given protected time for professional development we did not see any evidence of clinical supervision for those that carried out extended roles.
- There were positive relationships between staff and teams.
- Staff had not received annual appraisals in the last year.

Governance arrangements

At the inspection in June 2017 we found that the practice had limited governance arrangements in place to support the delivery of their strategy. There was a lack of effective systems in place to monitor quality and make improvements and limited arrangements for managing risks. In December 2017 we found the practice had made improvements to their governance arrangements and had taken some of the appropriate steps required to ensure patients remained safe. Further work was required in regard to patient safety alerts, significant events, fire safety, management of legionella and quality improvement. Further evidence was required to demonstrate shared learning in regard to discussion and actions from significant events, complaints, NICE guidance and quality improvement.

There were clear responsibilities, roles and systems of accountability to support a governance framework but not all the systems in place operated effectively.

- There was an effective system in place to safeguard service users from abuse and improper treatment.
- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- Staff were clear on their roles and accountabilities in regard to infection prevention and control.
- There was limited evidence of quality improvement including clinical audit. However clinical meetings took place on a regular basis. We saw evidence of the meetings that had taken place but minutes of the meetings did not reflect the discussion that had taken place.
- Staff appraisals had not taken place in the last 12 months.
- We found there were no formal protocols in place to provide clinical staff with guidance in relation to long term conditions.
- There was limited awareness from the lead GP and management team in respect of areas of performance that required improvement. Arrangements needed to be put in place to ensure they maintained clinical oversight of the areas of performance that required improvement. For example, in the areas of QOF where achievement was below local and national averages, for example, rheumatoid arthritis and osteoarthritis.
- Meeting minutes required further work to ensure they were a clear account of the discussion, learning and actions that had taken place.

Managing risks, issues and performance

Not all the processes in place to manage risk were effective.

- The practice did not have a process in place to manage current and future performance. Performance of employed clinical staff could not be demonstrated. For example, through audit of their consultations, prescribing and referral decisions.
- The acting practice manager had oversight of MHRA alerts, incidents, and complaints.
- There was limited evidence that quality improvement which included clinical audit was driving change within the practice or having a positive impact on the quality of care and outcomes for patients.
- The practice had continuity and recovery plans in place.

Are services well-led?

Inadequate

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

- There was limited evidence that quality improvement which included clinical audit was driving change within the practice or having a positive impact on the quality of care and outcomes for patients.

Appropriate and accurate information

The practice needed to strengthen how it acts on appropriate and accurate information.

- Quality and operational information was not always used to ensure and improve performance.
- There was limited evidence of discussions in relation to quality and sustainability at a senior management level. However there were discussions with the whole team related to such areas as patient safety alerts, significant events, complaints and safeguarding. Meeting minutes did not always provide full information on the discussion and actions that had taken place.
- The practice did not use information technology systems to monitor and improve the quality of care. For example, coding on patient's records was not always accurate.
- In June and December 2017 we found that meeting minutes needed to be more detailed. Since December 2017 the practice had put in place a set agenda for future meetings. We reviewed meeting minutes since December 2017 and found the documentation had improved but further work was required to include the discussion and learning shared with staff.
- The practice took data security standards seriously so patient identifiable data was kept secure.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- Results from the national GP patient survey published in July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was significantly above average for its satisfaction scores on consultations with GPs and nurses. The practice had been ranked top in Leicestershire.
- There was an active patient participation group (PPG). On the day of the inspection we spoke with six members of the PPG. They told us they held events to raise money to buy equipment and were in the process of establishing a walking group. They told us that they had great respect for the lead GP and do whatever they can to support him in his work.

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