Hugglescote 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?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hugglescote Surgery on 17 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety within the practice. Effective systems were in place to report, record and learn from significant events. Learning was shared with staff and external stakeholders where appropriate.
- Risks to patients were assessed and well managed. Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of a highly engaged and proactive patient participation group (PPG) who participated in a number of initiatives to enrich the lives of patients. They engaged with the practice to host a number of health promotion initiatives which included evening talks for patients with long term conditions.
- Patients were valued as individuals and empowered as partners in their care. They told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice demonstrated a responsive approach by taking account of the needs of their local population, and not just their registered patients. This enabled services to be delivered closer to patient's homes.
- National patient survey results showed 93% of patients said the last appointment they got was convenient.
- 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 and learning from complaints was shared with staff and stakeholders.

Summary of findings

- The leadership, governance and culture were used to drive and improve the delivery of high quality person centred care.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw some outstanding features:

- The practice was responsive to the needs of vulnerable people, and delivered interventions or redesigned operating procedures to actively meet these needs. This included the provision of a community transport service at a reduced cost compared to local taxi rates. Practice supplied data showed 44 patients had used the service between April 2015 and December 2016.
- The practice took a flexible approach in accommodating traveller families, resulting in overall increased uptake of childhood immunisations. For example, overall immunisation rates for two year olds increased from 90% in December 2010 to 100% achievement in the same quarter in 2016.

We found an area where the practice should make improvements:

- Continue to take steps to improve annual reviews of patients with learning disabilities.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place to ensure significant events were reported and recorded.
- Lessons were shared with the practice team to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- 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 well assessed and managed within the practice.
- Appropriate recruitment checks had been carried out on recently recruited staff.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed clinical quality outcomes were highly positive for indicators related to older people. Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including atrial fibrillation, osteoporosis, rheumatoid arthritis and heart failure were above local and national averages. For example, the practice achieved 100% for outcomes relating to heart failure. This was achieved with an exception reporting rate of 7%, compared to the CCG and national averages of 9%.
- An annual flu event was used to undertake opportunistic blood pressure readings, pre-diabetes checks and to identify and support carers. The outcomes included five patients being subsequently diagnosed with hypertension.
- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.
- There was an ongoing programme of clinical audit within the practice. The audits undertaken demonstrated improvements in quality.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had identified 114 patients as carers (1.5% of the practice list) and 16 of these had attended monthly carers clinics run by local carers health and wellbeing service offering one hour long appointments. Feedback from the service was highly positive
- Results from the national GP patient survey showed there were a number of areas where patients rated the practice higher than others locally and nationally. For example, 96% of patients said they had confidence and trust in the last GP they saw or spoke to, compared to the CCG and national average of 95%.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were positive about the practice and aligned with our findings.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Feedback from the national patient survey was positive about access to appointments. For example, 83% of patients said they found it easy to get through to the surgery by phone, compared to the CCG average of 71% and the national average of 73%.
- Staff worked with a local provider to establish a community transport service which transported older people from their homes to the practice at a reduced cost compared to local taxi rates. Practice supplied data showed 44 patients had used the service between April 2015 and December 2016, with some patients using it multiple times for visits to the surgery. Information about the service was available in the practice waiting areas and on the website.
- The surgery provided medical services to people from the travelling community through a locally agreed enhanced

Summary of findings

service. The practice adapted their services to make these more accessible to this group of patients for example by using the practice address for medical correspondence and calling the patient if mail arrived for them. Their responsive approach towards offering same day appointments for travelling patients had resulted in an increased uptake of childhood immunisations. For example, rates for two year olds increased from 90% in 2010 to 100% in the same quarter in 2016.

- Patients told us urgent appointments were generally available the same day with the GP of their choice and that reception staff were accommodating to patients' needs.
- The practice offered a range of services within its premises to both registered and non-registered patients under the any qualified provider arrangements and hosted services provided by other organisations. These included hand surgery for carpal tunnel procedures, a carers clinic, pilates exercise classes and physiotherapy. Feedback received from non-registered patients was highly positive about the facilities and accessibility of the practice.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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. They were forward thinking in anticipating future demand, evidenced by a documented two year strategy which included succession planning, increasing training capacity and extending their premises to accommodate more consulting rooms and office space.
- There was a clear leadership structure and staff felt supported by management. The practice had a wide range of policies and procedures to govern activity and held regular meetings to ensure oversight and governance was effective within the practice.
- The practice had a well engaged and proactive patient participation group who were committed to promoting the practice health priorities through hosting health events for patients and the local community.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- There was a strong focus on learning and development for all staff. Staff had received training delivered by a travelling family service health visitor and a patient living in the travelling community to raise awareness of how they could tailor services to suit the needs and lifestyle of travelling communities.
- Innovative approaches were used to engage staff. The practice proactively sought feedback from staff and patients, which it acted on.
- There was evidence of continuous improvement through taking the lead for learning and development for all staff, and shared learning from the collaboration with neighbouring practices.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- They offered proactive, personalised care to meet the needs of the older people in their population. Monthly multidisciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs. These included patients living in care homes.
- The practice established links with a local community transport service provider who carried patients aged over 60 years from their homes to the practice at a reduced cost compared to local taxi rates. Practice supplied data showed 44 patients had used the service between April 2015 and December 2016, with some patients using it multiple times for visits to the surgery. Information about the service was available in the practice waiting areas and on the website.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Requests received in the morning were assigned to a home visiting service commissioned by the CCG operated in the local area, ensuring patients were seen promptly.
- The practice provided enhanced medical care to patients resident in a local nursing home, with twice weekly visits by a GP. Staff took an integrated care approach involving local dieticians, physiotherapists and old age psychiatry teams where appropriate. Staff from the care home told us all practice staff were highly responsive to their needs and GPs visited promptly when needed.
- Feedback from the care home was positive about the care and treatment provided, including support with end of life care needs. There were 46 patients on the palliative care register and 128 patients on the unplanned admissions register. The practice reviewed all deaths of patients on the palliative care register. Data provided by the practice showed that in 2016, 77% of patients on the register had died in their preferred place of death.
- All patients aged over 75 years old had a named GP for continuity of care.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including atrial fibrillation, osteoporosis, rheumatoid arthritis and heart failure

were above local and national averages. For example, the practice achieved 100% for outcomes relating to heart failure. This was achieved with an exception reporting rate of 7%, compared to the CCG and national averages of 9%.
- Information on local wellbeing groups to support older people to socialise and maintain their independence was available in the practice waiting room.

People with long term conditions

Good

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice operated a monthly recall process for patients with long term conditions in the month of their birthday and provided home visits by the nursing team to housebound patients for routine checks required. Longer appointments were available when needed.
- For patients with the most complex needs, practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. There were regular clinics provided from the practice premises by specialist nurses in diabetes, respiratory and heart failure.
- The practice participated in evening learning events organised by their local GP federation in January, February and June 2016 conducted by pulmonary rehabilitation specialists for patients with asthma and COPD. A total of 560 patients from the federation practices attended the events. Of the 100 people who provided feedback at the event in June, 95 said they found the information helpful in managing COPD.
- Other events organised by the practice were a diabetes awareness event in 2015 for their own patients and another in January 2017 for patients from the whole federation.
- Nationally reported data showed 77% of patients on the diabetes register had their blood glucose in well controlled range, compared to the CCG average of 83% and the national average of 78%. The exception reporting rate was 10%, same as the CCG average of 10% and below the national average of 13%.
- The outcomes for patients with long term conditions were mostly in line with national averages. For example, Performance for indicators related to asthma was 100%, which was 0.4% above the CCG average and 2.6% above the national average. The exception reporting rate was 15%, compared to the CCG average of 9% and the national average of 7%.

Summary of findings

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice had a child safeguarding lead GP and staff were aware of who they were.
- Formal meetings were held bi-monthly with the health visitor to review children at risk. Feedback from the health visitor was positive about the effective working relationship with the practice and midwife.
- Antenatal and baby clinics were provided regularly from the practice premises by a health visitor and midwife.
- The practice took a flexible approach with regards to appointments for children living in the travelling community to enable the practice to administer childhood immunisations opportunistically.
- The practice nursing team held immunisation clinics before and after school for the convenience of school age children. Immunisation rates were high for all standard childhood immunisations. For example, immunisation rates for children under two years old averaged at 94%, above the national standard of 90%.
- The practice provided a wide range of sexual health services. Patients who requested for coil fittings and implants were referred to local family planning services and other providers in the locality.
- Urgent appointments were available on a daily basis to accommodate children who were unwell.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Early morning and late appointments were offered to enable working patients to be seen. Urgent and routine telephone appointments were available daily if needed. National patient survey results were positive about access to the service.

Summary of findings

- Flu, pneumonia and shingles vaccinations were offered on a Saturday for the convenience of working patients and those unable to attend appointments during weekdays.
- The practice was proactive in offering online services via its website. Appointments could be made and cancelled online as well as management of repeat prescriptions. Patients were able to access their medical records online. Additionally, patients were able to collect their prescriptions from a pharmacy of their choice through the electronic prescription service.
- Uptake rates for screening were better than the national average. For example, the uptake rate for cervical cancer screening in 2015/16 was 86%, above the CCG average of 83% and above the national average of 81%.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances. The electronic patient record system flagged patients who were known to be vulnerable or at-risk to staff, including those with a learning disability and children on the safeguarding register.
- The surgery provided medical services to 143 people from the travelling community through a locally agreed enhanced service. Patients were fully registered with the surgery, and they could use the practice address for their medical correspondence. Staff would telephone them if any mail arrived for them.
- A flexible approach was taken when patients requested appointments to ensure their health needs were assessed conveniently. Practice supplied data showed 50% of appointments booked by them were offered on the same day. Staff told us their flexible approach enabled them to achieve high immunisation rates for children from travelling families.
- Staff had received training delivered by a travelling family service health visitor and a patient living in the travelling community to raise awareness of how they could tailor services to suit the needs and lifestyle of travelling communities.
- The practice provided general medical services to patients living in a women's refuge in the local area. Staff were aware of confidentiality and sensitivities required when interacting with the patients.
- Information on local temporary accommodation for people who may be homeless was displayed in the waiting area.

Summary of findings

- There were 34 patients on the learning disabilities register in 2015/16. However, only seven of them (21%) had attended a face to face review appointment. Staff told us dedicated clinics for reviews were offered in addition to the choice of routine appointments at times convenient for patients. Staff told us there were plans to carry out reviews in residential homes with minimal disruption to the patients' routines, and improve uptake of reviews. Additionally, the practice liaised with the community learning disabilities specialist nurse to ensure patients who did not attend appointments received appropriate care at home.
- GPs demonstrated a caring approach by seeing a patient with learning disabilities in their car to assess their health because they were not comfortable to enter the surgery.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Patients receiving palliative care were given their GP's mobile numbers for contact out of hours to enable them to have continuity of care. Feedback from the care home was positive about the care and treatment provided, including support with end of life care needs.
- Information was on display that advised patients printed material and practice documents were available in large print, easy-read format. Language interpreters and translation services were also available for patients who needed them.

People experiencing poor mental health (including people with dementia)

Good

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

- There were 39 patients on the mental health register. Published data showed 94% of patients on the mental health register with complex mental health conditions had a comprehensive care plan in the preceding 12 months, compared to the CCG average of 94% and the national average of 89%. This was achieved with an exception rate of 51%, compared to the CCG average of 30% and the national average of 13%.
- GPs told us they worked with a mental health facilitator attached to the practice who held regular clinics to encourage patients who had declined invitations for review to attend. The practice monitored their performance and was able to demonstrate how the low patient numbers affected their performance rates, and patients had been appropriately excluded.

Summary of findings

- Patients were recalled at least three times for their reviews using a variety of contact methods including letters, telephone calls, messages on prescriptions and text messages. The variety of contact methods reduced the risk of patients not receiving a reminder.
- Patients were given pre-arranged regular appointments with the same GP.
- There were 45 patients on the dementia register. Nationally reported data showed 76% of patients diagnosed with dementia had a care plan reviewed in a face to face appointment, compared to the CCG average of 87% and the national average of 84%. The exception reporting rate was 5%, compared to the CCG average of 12% and the national average of 7%.
- Patients experiencing poor mental health were told how to access various support groups and voluntary organisations. Feedback sent to the practice by a patient was positive about the aftercare advice provided by a GP at the practice, and the caring approach of the practice.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had undertaken dementia awareness training.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published in July 2016. The results showed the practice was generally performing above local and national averages. A total of 247 survey forms were distributed and 112 were returned. This represented a response rate of 45% (1.5% of the practice list size).

Results showed:

- 83% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 71% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to CCG average of 85% and the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 completed comment cards which were wholly positive about the standard of care received. Patients highlighted the caring and helpful staff and said they were listened to during consultations.

We spoke with seven patients, including three members of the patient participation group during the inspection. Patients we spoke with were satisfied with the care they received and thought staff were friendly, committed and caring.

The results of the practice Friends and Family Test (FFT) collected between January and November 2016 were very positive with 98% of respondents saying they would recommend the practice to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

The practice should continue to take steps to improve annual reviews of patients with learning disabilities.

Hugglescote Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP specialist advisor and a second inspector.

Background to Hugglescote Surgery

Hugglescote Surgery provides primary medical services to approximately 7350 patients through a general medical services contract (GMS). This is a locally agreed contract with NHS England.

The practice has been located in purpose built premises since 2009 in Hugglescote near to the former mining town of Coalville in Leicestershire. Facilities are on two floors and these include consulting and treatment rooms.

The level of deprivation within the practice population is below the national average with the practice falling into the fourth least deprived decile. The levels of deprivation affecting children and older people are in line with local averages but below the national averages. The practice has a slightly higher than average numbers of patients under 18 years old.

The clinical team includes three GP partners (male), two salaried GPs (female), one advanced nurse practitioner/ nurse manager, three practice nurses and two healthcare assistants. They are supported by a practice manager and 14 reception, administrative and cleaning staff. The practice manager is supported by another manager who offers management services on a self-employed basis. It is a teaching and training practice offering placements for university medical students and GP registrars (qualified doctors training to become GPs). At the time of our inspection there were three GP registrars.

The surgery is open from 8am to 6.30pm on Monday to Friday. It does not provide the extended opening hours service. There are morning and afternoon consulting clinics, with appointments starting at 8.30am up to 5.50pm for GPs and 8am to 6.10pm for nurses.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU) and is accessed via 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 January 2017. During our visit we:

Detailed findings

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

The practice had systems and processes in place to enable staff to report and record incidents and significant events.

- Staff informed the practice manager of any incidents and completed a form detailing the events. Copies of the forms were available on the practice's computer system. Reported events and incidents were logged and tracked until the incident was closed. The incident recording system 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, a written apology and were told about any actions taken to prevent the same thing happening again. For example, when a patient's hospital referral was delayed, an apology was given and systems were reviewed to ensure referrals were actioned as appropriate. Additionally, patients being referred were asked to contact the practice if they had not received an appointment within the expected timescale as a safeguard to ensure there were no missed referrals.
- Learning from significant events was shared with all staff and contributed to safer working practices. Significant events received were reviewed routinely at team meetings. This enabled the practice to identify any themes or trends and all staff were encouraged to attend.
- Action was taken when updates to medicines were recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA). There was evidence to show patient searches had been undertaken in response to alerts and actions taken to ensure they were safe. A log was kept of medicines alerts they had received and acted on.

Overview of safety systems and processes

Effective and well embedded systems, processes and practices were in place to help keep patients safe and safeguarded from abuse. These included:

- Effective arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Policies were accessible to all staff and identified who staff should contact if they were concerned about a patient's welfare. There was a named GP lead for child and adult safeguarding and staff were aware of who these were. There was evidence of regular liaison through regular meetings with GPs and community based staff including midwives, health visitors and school nurses to discuss children at risk. Additionally, there were quarterly meetings with other local safeguarding leads.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the advanced nurse practitioner were trained to child safeguarding level 3.
- A comprehensive flow chart was available in all consulting rooms and the reception area advising staff of what actions to take when they received safeguarding concerns.
- Patients were advised through notices in the practice that they could request a chaperone if required. All staff who acted as chaperones had been provided with training for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- During our inspection we observed the practice to be clean and tidy. There were systems in place to maintain high standards of cleanliness and hygiene. Cleaning schedules were in place which detailed cleaning to be undertaken daily and weekly for all areas of the practice.
- The advanced nurse practitioner was the lead for infection control within the practice. There were infection control protocols and policies in place and staff had received up to date training. Infection control audits were undertaken on a regular basis and improvements were made where required.

Good

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Processes were in place for the review of high risk medicines. There was a nominated member of staff who ran monthly reports on patients on high risk medicines, and arranged follow-up with the GPs as appropriate.
- There were arrangements for managing medicines, including emergency medicines and vaccines, to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

We reviewed four personnel files for clinical and non-clinical staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place to manage and monitor risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that appropriate action was to act upon any identified risks to ensure these were mitigated.
- Arrangements were in place to plan and monitor staffing levels and the mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There were effective arrangements in place to ensure there was adequate GP and nursing cover. The team had experienced significant staffing challenges in the recent past through retirement, illness and resignation of some staff. The team demonstrated resilience through their ability to provide cover internally with minimal locum usage and there was no increase in complaints or reduction in patient satisfaction during this period.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's pads. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff and all staff knew of their location. Emergency medicines held in the practice which we checked on the day of the inspection were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy was kept off the practice site.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Relevant updates to these were discussed at regular clinical meetings, practice meetings and informal coffee meetings held by the practice.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records. Where patients required reviews, alerts were added to their records and their prescriptions to ensure they were reminded of the reviews.
- Referrals were discussed at meetings held three times a week to ensure they were appropriate.

Management, monitoring and improving outcomes for people

The practice engaged with the CCG who undertook regular practice appraisals to monitor performance in comparison with other practices locally and nationally. An annual action plan was agreed to continue the process of improvement in assessment, diagnosis, referral, prescribing and long term disease management. For example, the practice had been flagged by the CCG medicines management for high antibiotic prescribing. After reviewing their processes and running multiple cycles of audits, locality reports showed the practice was now prescribing within the acceptable range and rated 'green'.

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 recently published results showed the practice had achieved 92% of the total number of points available. This was slightly below the clinical commissioning group (CCG) average by 4% and the national average by 3%. The practice was able to provide data that demonstrated higher achievement in previous years including a 100% achievement in the previous year. They told us the reduction in performance was attributable to staff sickness and retirement, and we saw data indicating that QOF performance for the current year of 2016-17 (subject to external verification), showed an achievement of 96%.

The overall exception reporting rate was 11%, compared to the CCG average of 9% and the national average of 10%. 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. During the inspection we looked at the rate of exception reporting and found it to be in line with agreed guidance.

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

- Performance for diabetes related indicators was 77%, compared to the CCG average of 93% and the national average of 90%. The overall exception reporting rate for the indicators was 12%, compared to the CCG average of 11% and national average of 12%. 77% of patients on the diabetes register had their blood glucose in well controlled range, compared to the CCG average of 83% and the national average of 78%. The exception reporting rate was 10%, same as the CCG average of 10% and below the national average of 13%. The practice was aware that their performance was lower than local averages and told us that this was due to the impact of illness and retirement of key members within the nursing team.
- Performance for indicators related to hypertension was 100%, compared to the CCG average of 98% and the national average of 97%. The exception reporting rate for hypertension related indicators was 5%, compared to the CCG average of 4% and national averages of 4%.
- Performance for mental health related indicators was 98%, compared to the CCG average of 97% and the national average of 93%. The overall exception reporting rate for mental health indicators was 35%, compared to

the CCG average of 22% and the national average of 11%. The practice was able to demonstrate how the low patient numbers affected their performance rates, and patients had been appropriately excluded.

- The practice achieved 100% for outcomes relating to heart failure. This was achieved with an exception reporting rate of 7%, compared to the CCG and national averages of 9%.

Effective arrangements were in place to ensure patients were recalled for reviews of their long term conditions and medication. Patients were recalled at least three times for their reviews using a variety of contact methods including letters, telephone calls, messages on prescriptions and text messages. The variety of contact methods reduced the risk of patients not receiving a reminder.

There was evidence of quality improvement including clinical audit.

- There had been 15 clinical audits undertaken in the last two years, and six of these were completed audits with two cycles. These covered areas relevant to the practice's needs and those undertaken as part of the CCG prescribing scheme. For example, an audit was carried in 2015 to review the effectiveness of prescribing oral nutritional supplements. Information examined in the audit included reasons for commencing supplements and monitoring of weight and compliance. The audit found all patients who had been prescribed supplements had appropriate reasons recorded and referrals were made to dieticians where appropriate. A repeat of the audit in 2016 found areas of improvement around weight monitoring and patient discharges from the dietician service for failing to attend appointments. A meeting was held with all clinicians to discuss the results and recommendations were made with actions agreed.
- Other audits undertaken covered topics such as contraceptive implants, erectile dysfunction, minor surgery and the prescribing of tramadol, calcium and methotrexate medicines.
- Regular medicines audits were undertaken when updates were received through alerts or changes in guidance. The practice participated in quarterly prescribing reviews undertaken by the CCG medicines management team.

The outcomes of clinical audits were shared with all staff to ensure a cohesive approach to lessons learned.

Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had comprehensive, role specific, induction programmes for newly appointed clinical and non-clinical staff. These covered areas such health and safety, IT, fire safety, infection control and confidentiality. Staff were well supported during their induction and probation periods with opportunities to shadow colleagues and regular reviews with their line manager.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff were encouraged and supported to develop in their roles to support the practice and to meet the needs of their patients. Staff were also supported to undertake training to broaden the scope of their roles. For example, the advanced nurse practitioner was supported in undertaking additional qualifications in practice nursing.
- 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 nursing team meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- There was evidence of effective face to face training for staff delivered to meet the needs of various patient groups, with the patients involved in the training. For example, staff received training on tailoring services to suit the needs and lifestyle of travelling communities, which involved a member from the travelling community. Other training sessions included patients

Good

Are services effective?

(for example, treatment is effective)

with dementia and autism to raise awareness of patient experience from their point of view. Feedback staff members whom we spoke to was positive about how insightful the training was in supporting their roles.

- There was a comprehensive training schedule which was monitored effectively to ensure all training considered as mandatory was undertaken when it was due. Staff received training that included: safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The practice held monthly multi-disciplinary team meeting where they discussed unplanned admissions, inappropriate users of A&E, patients on end of life pathway and patients requiring an increased level of care. The meetings were attended by GPs, district nurses, health visitors, community matrons (known locally as clinical leads), end of life nurses and specialist care nurses. There were 46 patients on the palliative care register and 128 patients on the unplanned admissions register. The practice reviewed all deaths of patients on the palliative care register. Data provided by the practice showed that in 2016, 77% of patients on the register had died in their preferred place of death.

Information needed to plan and deliver care was available to 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, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice had a system linking them to the hospitals so that they were able view test results completed in hospital instead of waiting to receive discharge letters. The practice shared information with the out of hours service through special patient notes with detailed care plans.

GPs had a buddy system for review of test results which ensured that results were viewed and acted upon on the day of receipt, and patients were informed in a timely manner if the initiating GP was away from the practice.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- An annual flu event was held on a Saturday and attended by most of the practice team to administer seasonal flu vaccinations. The event was used to undertake opportunistic blood pressure readings and to identify and support carers. Data supplied by the practice showed 727 patients were given flu vaccinations at the event in 2016. There were 153 blood pressure checks undertaken and five patients were subsequently diagnosed with hypertension. There were 41 blood glucose tests done as part of pre-diabetes checks.
- The event was used to raise aware of other services accessible to patients such as smoking cessation service and the community respiratory specialist service.
- The practice routinely referred patients to a signposting service which provided a single point of access to various support agencies. Additionally, there was a wide range of printed information available to signpost patients to community or specialist services, for example, an exercise referral scheme and a local carers centre.

The practice's uptake rate for cervical cancer screening in 2015/16 was 86%, above the CCG average of 83% and above the national average of 81%. Reminders were offered for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Good

Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and screening rates were comparable to local and national averages. For example, the practice uptake rate for breast cancer screening in the last 36 months was 82% compared with the CCG average of 78% and the national average of 72%. The practice uptake for bowel cancer screening in the last 30 months was 60%, compared to the CCG average of 63% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, immunisation rates for children under two years old averaged at 94%, above the national standard of 90%. The practice built long standing relationships with travelling patients, and took a flexible approach in accommodating them, resulting in overall increased uptake of childhood immunisations. For example, overall immunisation rates for two year olds increased from 90% in December 2010 to 100% achievement in the same quarter in 2016.

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 and over 75 years old. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed during the inspection that members of staff were polite, friendly and helpful towards patients.

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Curtains were provided in consulting rooms to maintain dignity during examinations, investigations and treatments.
- Patients could be seen in consulting rooms that were available on both the ground and first floors, and a lift was provided for patients. Consultation and treatment room doors were closed during consultations.

GPs told us they had long standing relationships with families and often knew multi generations of some families. This enabled them to take a holistic approach by providing support to the whole family during times of crisis.

We received 12 completed comments cards as part of our inspection. All of the comment cards were positive about the service provided by the practice. Patients said that staff were caring, compassionate and helpful. Patients also said they felt listened to by staff and they were treated with dignity and respect.

We spoke with seven patients who told us they were generally happy with the care provided by the practice and said their dignity and privacy was respected.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.

The practice was in line with local and national averages for its satisfaction scores on consultations with nurses and interactions with reception staff. For example:

- 90% of patients said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 93% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw or spoke to, compared to the CCG average of 97% and the national average of 97%.
- 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%.
- 76% of patients described their experience of making an appointment as good, compared to the CCG average of 72% and the national average of 73%.

During our observations in the waiting room we saw reception staff greeted patients warmly and with consideration to each person's preference, such as if they liked to be addressed by their first name.

GPs demonstrated a caring approach by seeing a patient with learning disabilities in their car to assess their health because they were not comfortable to enter the surgery.

Feedback from a local care home was positive about the care and treatment provided, including support with end of life care needs.

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Care planning and involvement in decisions about care and treatment

Information was on display that advised patients printed material and practice documents were available in large print, easy-read format and Braille. Information on obtaining a British Sign Language interpreter was also available.

Feedback from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to, made to feel at ease and well supported by staff. They also told us they were given time during consultations to make informed decisions about the choice of treatment available

Good

Are services caring?

to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw evidence that care plans were personalised to account of the individual needs and wishes of patients.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.

The practice provided facilities to help patients be involved in decisions about their care. Although patients within the practice population mostly spoke English, the practice used translation services to ensure effective communication with other patients when required.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient had caring responsibilities. The practice had identified 114 patients as carers which was equivalent to 1.5% of the practice list. Carers' information packs were available within the practice. A monthly carers clinic was hosted on the last Wednesday of each month. Patients received an hour long appointment with a specialist from the local carers health and wellbeing service, a free and confidential service. There were 16 carers who had been seen at the clinics since they commenced in June 2016. Feedback from the providers of the service showed carers were supported with local authority assessments, support groups, befriending services and financial payments. Intervention by the service was shared with the practice to ensure patient records were updated.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. This included guidance for carers and information relevant to the needs of the local population including on dementia, Alzheimer's disease and cancer. Specialist information was provided Information about support groups was also available on the practice website.

Staff told us that if families had experienced bereavement, they were contacted by the practice by a telephone call or a visit if appropriate. This was consistent with feedback from a patient who had been supported with bereavement. Information about support available to patients who had experienced bereavement was provided where required. Staff told us they were often invited to attend funerals and allowed to do so.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. An extension of the building and increase in workforce was planned in response to a projected growth in list size due to anticipated housing developments in the area.

The practice worked to ensure its services were accessible to different population groups. For example:

- The practice recognised the location of the practice posed challenges for some patients, particularly older people, due to poor public transport links. In response to this, they established a community transport service with a local provider who carried patients to the practice at a reduced cost compared to local taxi rates. Practice supplied data showed 44 patients had used the service between April 2015 and December 2016, with some patients using it multiple times for visits to the surgery. Information about the service was available in the practice waiting areas and on the website.
- The practice provided enhanced medical care to patients resident in a local nursing home, with twice weekly visits by a GP. Staff took an integrated care approach involving local dieticians, physiotherapists and old age psychiatry teams where appropriate. Staff from the care home told us all practice staff were highly responsive to their needs and GPs visited promptly when needed.
- The surgery provided medical services to 143 people from the travelling community through a locally agreed enhanced service. Patients were fully registered with the surgery, and they could use the practice address for their medical correspondence. Staff would telephone them if any mail arrived for them.
- The practice took a flexible approach in accommodating travelling patients. Data showed 50% of those who requested appointments were offered them on the same day. Staff told us their high levels of access resulted in increased uptake of childhood immunisations. For example, rates for two year olds increased from 90% in December 2010 to 100% achievement in the same quarter in 2016.
- Staff had received training delivered by a travelling family service health visitor and a patient living in the travelling community to raise awareness of how they could tailor services to suit the needs and lifestyle of travelling communities. Other training sessions included patients with dementia and autism to raise awareness of patient experience from their point of view. Feedback staff members whom we spoke to was positive about how insightful the training was in supporting their roles.
- Patients could access a range of services closer to home under the 'any qualified provider' arrangements. These included hand surgery for carpal tunnel procedures and physiotherapy. Feedback received from non-registered patients was highly positive about the facilities and accessibility of the practice.
- There were three pilates exercise classes provided by the local council from the practice premises every week. These were open to registered and non-registered patients.
- Flu clinics were held on Saturdays for the convenience of patients who would not be able to attend the practice during the week. They were attended by most of the practice team who carried out opportunistic blood pressure readings and offered carers some support. Additionally, they were used to raise the profile of other services available to patients.
- A monthly carers clinic was hosted on the last Wednesday of each month to provide advice and support to patients who are carers.
- The practice offered a range of appointments which included telephone appointments, and pre-bookable appointments. There were longer appointments available for patients with a learning disability and those who needed them. Home visits were available for elderly 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Appointments could be booked online and prescriptions reordered. Patients were encouraged to use the online appointments system for their convenience.
- A mental health facilitator held clinics every two weeks at the practice to support patients with mental health conditions.
- Information was on display that advised patients printed material and practice documents were available in large print, easy-read format. Language interpreters were also available for patients who needed them.
- The practice produced a seasonal newsletter which was used to keep patients informed of any news and changes affecting the practice.
- A hearing loop was available in the practice.

Access to the service

The surgery was open from 8am to 6pm Monday to Friday with no closures at lunchtime. It did not provide the extended opening hours service at the time of our inspection. Extended hours has been previously provided by the practice but had been discontinued in consultation with their PPG due to altered funding arrangements and low patient demand. There were morning and afternoon consulting clinics. Appointments varied depending on the clinician's working pattern but generally started at 8.30am up to 5.50pm for GPs and 8am to 6.10pm for nurses. The practice offered routine appointments which could be booked up to six weeks in advance via telephone or online, telephone appointments and urgent same day appointments.

The practice operated a GP triage system whereby patients ringing for an urgent appointment received a telephone call from the duty doctor to assess if they needed to be seen on the same day. Patients were informed of the system in the practice newsletter and information was available on the practice website.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed when compared to local and national averages:

- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.
- 88% of patients said they were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 86% and the national average of 85%.
- 69% of patients said they usually wait 15 minutes or less after their appointment time to be seen, compared to the CCG average of 69% and the national average of 65%.
- 40% of patients said they usually get to speak or see their preferred GP, compared to the CCG average of 56% and the national average of 59%. The practice told us one of the GP partners had been on long term sickness in the year preceding our inspection, and another GP had been on maternity leave, therefore patients could not see their usual GPs for a period of time. However, both staff were back when our inspection took place.

The comment cards we received and the patients we spoke to told us the levels of satisfaction with access to the practice were good. Patients told us they were usually able to get appointments when they required them and that the GP triage system guaranteed they saw or spoke to a GP on the same day.

Four of the seven patients we spoke to said they preferred to book appointments online via the practice website. Practice supplied data showed there was a 33% increase in the number of patients who used online services from 2015 to 2016. One patient told us it was sometimes difficult to find free car parking spaces. The practice was aware of this and had managed to create new spaces in the last year. There were ongoing negotiations with the owners of a new housing development near the practice to include parking spaces for patients.

Patients at the practice could access the North West Leicestershire GP Federation weekend access service. The service was set up for patients identified by practices in the locality as likely to require medical advice during the weekend because they were at risk of deteriorating and/or in need of further medical intervention. Patients were given a 'patient passport' with a telephone number to speak to an emergency care clinician.

Listening and learning from concerns and complaints

The practice systems in place to handle complaints and concerns.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including posters. The complaints policy was on display in the main reception area and was also detailed in the patient information leaflet, which was also available in the waiting area.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to practice manager if required.

The practice had logged 25 complaints in the last 12 months including verbal complaints. We reviewed a range of complaints, and found they were dealt with in a timely manner in accordance with the practice's policy on handling complaints. For example, a number of complaints were made about the electronic prescription service when the service commenced. The practice worked with pharmacies to resolve the problems and changes were communicated to patients. The practice provided people making complaints with explanations and apologies where appropriate as well as informing them about learning identified as a result of the complaint.

Meetings were held regularly during which complaints were reviewed. Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care. All staff were informed of outcomes.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision, whose aims and values were to deliver high quality, accessible patient care in a learning environment. There was a documented two year strategy underpinning the vision. The partners and management demonstrated an inspiring shared purpose by involving all staff in developing the strategy and encouraged staff to contribute to the vision of the practice.

The practice was forward thinking in anticipating future demand. There was a documented two year strategy which included succession planning, increasing training capacity and extending their premises to accommodate more consulting rooms and office space.

The practice acknowledged the challenges they faced with an increasing population with housing developments in the area, coupled with multiple health needs and limited finances. They took the view that these were opportunities to develop increase the number of services provided from the premises by incorporating services such as ultrasound guided injections and community non-obstetric ultrasound service.

Governance arrangements

The practice had a strong and effective governance framework which provided effective oversight and enabled issues to be identified and addressed. This ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Clinical and non-clinical staff had lead roles in a range of areas such as clinical governance, prescribing, infection control, training and information governance. The team worked effectively together with a shared aim to maximise patients' health and wellbeing.
- A comprehensive understanding of the performance of the practice was maintained. The providers were not complacent and looked for further opportunities to improve clinical outcomes. For example, the practice used their annual flu clinics to undertake opportunistic checks for hypertension and host support services to improve the wellbeing of patients.
- Practice specific policies were implemented and reviewed regularly to ensure they continually reflected best practice. Policies were available electronically or as hard copies and staff knew how to access these.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place to identify, record and manage risks within the practice and to ensure that mitigating actions were implemented. There was a health and safety lead within the practice responsible for health and safety issues. The safe prescribing of high risk medicines was given priority and a specific staff member was responsible for overseeing this aspect of care and treatment.
- There were regular business meetings, clinical and team meetings held within the practice. This ensured that partners retained oversight of governance arrangements within the practice and achieved a balance between the clinical and business aspects involved with running the practice.

Leadership and culture

The partners and management within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. There was devolved leadership enabling staff to take ownership of their individual roles. Clinical and non-clinical staff had a wide range of skills and experience, for example, expertise in surgical procedures, teaching and training. Staff told us there was no hierarchical structure existed between themselves and the partners and management, who were approachable and always took the time to listen to all members of staff.

- Regular meetings were held within the practice for the whole practice team. In addition, there was a rolling programme of educational meetings which involved all staff. Innovative approaches were used to engage staff. For example, the practice used WhatsApp, an encrypted mobile phone application which allowed them to share communications via text messaging to the whole staff team. Staff told us this was particularly useful when urgent staff cover was required due to absence.
- Salaried GPs were given time off in lieu of attending practice team meetings and pastoral support by the

Are services well-led?

Good

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

partners. Feedback from a GP registrar was highly positive about the training ethos demonstrated by their trainers and the inclusive environment provided by the whole team. The practice encouraged trainee feedback and embraced their ideas for improvement. For example, a GP registrar had developed a comprehensive safeguarding flow chat describing actions to take when concerns are received and the appropriate contact details. The flow chart enabled staff to have concise information at hand and to respond quickly if they had any safeguarding concerns. It was shared with the practice team and displayed in all consulting rooms and the reception area.

- All of the staff we spoke with told us of the positive working atmosphere and supportive ethos of the practice. Members of staff said they felt the team fostered a family feel, which meant they looked forward to coming to work every day.
- The partners had a patient centered approach towards staff development and actively involved patients. For example patients from the travelling community and patients with an autistic spectrum disorder had been involved in delivering staff training. The practice staff's work with these patient groups had been flexible and effective in improving patient outcomes. This was evidenced by increased uptake of childhood immunisations.

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

- The practice gave affected people support, information and apologies where appropriate.
- The practice kept records of verbal interactions as well as written correspondence.

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 a suggestion box, surveys and compliments, concerns and complaints received.
- There was a well-established PPG with 15 members who met six times a year and a virtual group of 44 members. The meetings were held at varied times to accommodate working people. The PPG had appointed the practice manager as chair of the group. Information about the group was available on the practice website, the practice leaflet and on a display board in the waiting room.
- We spoke with three members of the PPG, who told us they had a positive working relationship with the practice and felt able to influence change. For example, their suggestions to inform patients when a GP or nurse was running late, and for clinicians to come out of their rooms to call patients were both adopted by the practice. The group was consulted by the partners when they planned the move to current premises.
- The PPG was committed to promoting the health and wellbeing of patients registered with the practice and the wider community. They used a grant from the local council to engage a local community transport service providing lifts for patients from their homes to the surgery at lower rates than local taxi services. They held health annual health awareness events in line with national themes. These included diabetes, dementia and respiratory problems.
- The PPG obtained patient feedback through a suggestion box, the NHS Friends and Family Test feedback and national survey results. Additionally, they organise an in-house patient survey carried out during flu clinics when the greatest number of patients attended the surgery. An action plan was subsequently agreed with the group in response to the survey and actions were reviewed at meetings.
- The PPG had representation at the federation PPG for all practices in their locality who attended regular meetings and fed back to the practice group. The practice

Are services well-led?

Good

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

newsletter and carers information pack had been adopted by the locality PPG as model examples. The group planned to coordinate health awareness campaigns to reduce duplication and save costs.

Continuous Improvement

There was a strong focus on learning and development for all staff. Staff had received training delivered by a travelling family service health visitor and a patient living in the travelling community to raise awareness of how they could tailor services to suit the needs and lifestyle of travelling communities. Other training sessions included patients with dementia and autism to raise awareness of patient experience from their point of view. Feedback staff members whom we spoke to was positive about how insightful the training was in supporting their roles.

GPs had lead roles within the CCG and federation, providing them with platforms for learning and influencing improvements within their local health community. There was evidence of collaborative working with other practices within the South Charnwood Federation and the wider healthcare community. The practice participated in evening learning events organised by their local GP federation in January, February and June 2016 conducted by pulmonary rehabilitation specialists for patients with asthma and COPD. A total of 560 patients from the federation practices attended the events. Of the 100 people who provided feedback at the event in June, 95 said they found the information helpful in managing COPD. Other events organised by the practice were a diabetes awareness event in 2015 for their own patients and another in January 2017 for patients from the whole federation.

The practice was part of a local training hub and aimed to develop their practice as a model training environment. Mentoring arrangements were in place for nursing university students and a business apprentice who were joining the team in 2017. In addition, the practice was bidding for a practice pharmacist to provide clinical support to the team. The partners told us patients benefitted from the wide range of skills, experience and clinical excellence observed by their involvement in training.

The practice was involved in setting up a training academy for practice managers in their locality. Additionally, the practice manager attended regular local management forums. This enabled her to share best practice and keep up to date with local and national changes affecting practice management and delivery of services to patients.