

Merridale Medical Centre - RP Tew

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Merridale Medical Centre – RP Tew on 14 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they did not always find it easy to understand the appointments system or make an appointment with a named GP or that there was continuity of care, with urgent appointments available the same day. However, the practice was pro-active in improving the availability of appointments for patients and had successfully recruited additional clinicians to improve access to appointments.
- The practice employed an admissions avoidance practitioner who carried out visits to patients who resided in care and nursing home patients and housebound patients and acted as a care coordinator.
- Performance for mental health related indicators was 100% which was better than the national average of 93%. This included an exception reporting rate of 6% which was better than the national average of 11%.
- The practice employed a mental health practitioner and provided 30 minute pre-bookable appointments and 15 minute crisis appointments which were bookable on the day. Patients were able to book

Summary of findings

appointments directly with the mental health practitioner. Home visits were also provided and carried out care plan reviews in the community for patients who suffered with dementia.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.
- Address the issues highlighted in the national GP survey in order to improve patient satisfaction, including in respect of satisfaction on access to appointments and use of the appointments system and also in respect of consultations with GPs and nurses.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. 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.
- Monthly child protection meetings took place which included school nurses, health visitors, social services and the child protection lead to review all of these patients.
- Risks to patients were assessed and well managed.
- Clinical staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). All alerts were coordinated by the practice manager and staff were notified of these alerts via an electronic system.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 72% of female patients aged 50-70 years of age had attended for breast cancer screening in the last 36 months compared to the CCG average of 68% and the national average of 72%.
- 68% and the national average of 72%. 50% of patients aged 60-69 years of age had been screened for bowel cancer in last 30 months compared to the CCG average of 46% and the national average of 58%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice held in house substance misuse clinics twice weekly, two GPs were trained to MRCP level 1. The practice held regular multi-disciplinary meetings to review substance misuse cases.
- The practice had a discreet and effective system in place to alert all staff via the electronic patient care record of reminder messages relating to patients such as those who were either vulnerable, suffered with dementia or had a learning disability.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a carers register in place however the register represented less than 1% of the patient list. The practice provided information and guidance for carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they did not always find it easy to make an appointment with a named GP or that there was continuity of care, with urgent appointments available the same day. However, the practice was pro-active in improving the availability of appointments for patients.
- The practice provided extended opening hours on a Monday and Tuesday evening until 8pm and from 8.30am until 12.30pm each Saturday that could be booked up to two weeks in advance. The practice offered 30 minute appointments with a mental health practitioner and 15 minute 'crisis' slots were also available on the day.

Summary of findings

- The practice was part of a pilot scheme within Leicester City which offered patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments were available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments were available by walk in, telephone booking or direct referral from NHS 111.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Those at high risk of hospital admission and end of life care needs were identified and reviewed regularly, this included working with other health professionals to provide co-ordinated care.
- The practice employed an admissions avoidance practitioner who carried out visits to patients who resided in care and nursing home patients and housebound patients and acted as a care coordinator.
- Patients received personalised care plans from a named GP to support continuity of care.
- The premises were accessible to patients with mobility difficulties.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 92% which was better than the national average of 89%. This included an exception reporting rate of 11% which was comparable to the national average of 11%.
- The practice provided midwifery led clinics three times a week.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 70%, which was comparable to the CCG average of 69% and the national average of 74%.
- The practice offered dedicated appointment slots with a GP for acute cases for young children and babies under the age of two years.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

Good



- 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.
- The practice offered extended hours appointments on a Monday and Tuesday evening until 8pm and on a Saturday morning from 8.30am until 12.30pm.
- 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.
- The practice participated in an electronic prescribing service.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was 100% which was better than the national average of 93%. This included an exception reporting rate of 6% which was better than the national average of 11%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice had a dementia lead.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice employed a mental health practitioner who was also the dementia lead. Patients were able to book appointments directly with the mental health practitioner who also provided home visits and carried out care plan reviews in the community for patients who suffered with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing either in line with or lower than local and national averages in some areas. 373 survey forms were distributed and 106 were returned. This represented 0.71% of the practice's patient list.

- 88% of patients said the last appointment they got was convenient compared to the CCG average of 89% and the national average of 92%.
- 68% of patients described their overall experience of making an appointment as good compared to the CCG average of 68% and the national average of 73%.
- 61% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 58% 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 66% and the national average of 76%.
- 74% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.
- 72% 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 71% and the national average of 79%.

The practice was aware of patient dissatisfaction with access to appointments and had completed an action plan as a result of the national patient survey results and also feedback received to the practice in other ways such as through the complaints process and from the patient participation group (PPG). The practice had suffered recruitment issues following a salaried GP and a nurse practitioner who had left employment within the last 12 months. The practice had also faced a steadily increasing patient list size. NHS England had agreed to reduce the practice boundary to slow down the increasing patient list size however, the practice had still seen an increase of an additional 800 patients within the previous 36 months. This had led to increased pressure on the appointments system. The practice had three long term locum GPs in place which had seen a positive impact on access to appointments for patients. The practice had also successfully recruited two new salaried GPs who were due to start employment shortly after our inspection.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were mostly positive about the standard of care received. Those less positive were in relation to the availability of appointments with a GP.

We did not speak with any patients during the inspection however, we spoke with three members of the patient participation group (PPG). These patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.
- Address the issues highlighted in the national GP survey in order to improve patient satisfaction, including in respect of satisfaction on access to appointments and use of the appointments system and also in respect of consultations with GPs and nurses.

Merridale Medical Centre - RP Tew

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 and a practice nurse specialist advisor.

Background to Merridale Medical Centre - RP Tew

Merridale Medical Centre – RP Tew provides primary medical services to approximately 14,848 patients within Leicester City and is located within a spacious, purpose built health centre. The practice also provides services to patients residing in 14 nursing and residential homes in the surrounding area.

The practice is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning and surgical procedures.

At the time of our inspection the practice consisted of two GP partners and two salaried GPs, three locum GPs, an advanced care practitioner, nurse practitioner, locum nurse practitioner, admission avoidance practitioner, practice nurse, two health care assistants (HCAs) a practice manager, assistant practice manager, admin team leader, reception team leader and a reception, administration and secretarial team. Three members of the administration team were dedicated prescription administrators who coordinated all repeat prescription requests.

Merridale Medical Centre – RP Tew is open from 8am to 6.30pm Monday to Friday. The practice provides extended opening hours on a Monday and Tuesday evening until 8pm and from 8.30am until 12.30pm each Saturday. The practice is part of a pilot scheme within Leicester City which offers patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments are available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments are available by walk in, telephone booking or direct referral from NHS 111.

The practice has a General Medical Services (GMS) contract. The GMS contract is a contract between the GP partners and the CCG under delegated responsibilities from NHS England.

The practice has a higher population of patients between the ages of 25-44 years of age and a higher than average level of deprivation.

The practice has an active patient participation group (PPG) who meet on a regular basis.

The practice offers on-line services for patients including ordering repeat prescriptions and booking routine appointments.

The practice lies within the NHS Leicester City Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Detailed findings

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 14 July 2016.

During our visit we:

- Spoke with a range of staff including two GPs, practice manager, practice nurse, mental health practitioner and members of the administration and reception team.
- We spoke with members of the patient participation group (PPG).
- 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 five comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- 42 significant events had been submitted within the past 12 months. The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurse were trained to level 2.

- The practice ensured all vulnerable and at risk adults and children were identified discreetly on their patient care record. Monthly child protection meetings took place which included school nurses, health visitors, social services and the child protection lead to review all of these patients.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. During our inspection, we saw that clinical waste bins had been left unlocked in a secured area, this was addressed immediately during our inspection and we were provided with evidence of communication sent to those members of staff responsible for the removal and disposal of clinical waste, reminding them of the correct procedures to follow in relation to the security of clinical waste bins.
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, during our inspection we found a meningococcal vaccination and a junior Epipen which

Are services safe?

was out of date (EpiPens are used in the treatment of severe allergic reactions). There was also a stock of EpiPens which were within their expiry date. These medicines were removed immediately during our inspection and we were providing with a detailed risk assessment of all emergency medicines immediately following our inspection. Processes were in place for handling repeat prescriptions which included the review of high risk medicines.

- During our inspection we observed that all vaccinations and immunisations were stored appropriately. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We noted that some temperatures had been recorded as out of the required range. We spoke with members of the nursing team who were responsible for checking the temperatures on a daily basis and they were unsure of the process to follow in the event of temperatures being out of the required range, the practice manager had not been informed of these incidents. This was addressed during our inspection and immediately following inspection, the practice provided evidence of a revised cold chain policy, a standard operating procedure (SOP) for the storage and management of medicines, evidence of a purchase for data loggers for all four vaccination fridges which would act as a second temperature check method, evidence of a receipt of purchase of a new vaccination fridge and also evidence of a guide for staff advising them of the process of taking accurate fridge temperatures and actions to be taken in the event of them being out of the required range. (cold chain is the maintenance of refrigerated temperatures for vaccines).
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the practice had carried out an audit of antibiotic prescribing. This aim of this audit was to review antibiotic prescribing rates during 2014. A second cycle audit was carried out to review prescribing rates in 2015 following interventions which included providing information leaflets to patients for self-limiting conditions, education of clinicians and the nomination of an antibiotic champion. The practice demonstrated evidence of a reduction in antibiotic prescribing from 7,840 prescriptions in 2014 to 5,150 prescriptions in 2015.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to 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 well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments in place and carried out regular fire drills. The last fire drill had been carried out in February 2016. The practice had seven trained fire wardens in post. 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 fire alarm system was tested on a weekly basis. All fire protection equipment had been serviced on a regular basis and we saw evidence that all members of staff had received up to date fire safety training. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice. All practice staff knew of their location. All the medicines we checked were in date and stored securely.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014-15 were 98.7% of the total number of points available. Overall exception reporting rate was 9% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was 92% which was better than the national average of 89%. This included an exception reporting rate of 11% which was comparable to the national average of 11%.
- Performance for mental health related indicators was 100% which was better than the national average of 93%. This included an exception reporting rate of 6% which was better than the national average of 11%.

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed in the last two years. During our inspection we looked at two of these which were completed audits where the

improvements made were implemented and monitored. Audits included antibiotic prescribing rates and an audit of cervical smear samples taken to identify inadequate smear samples.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. A practice nurse had undertaken training in the management of asthma, health care assistants were undertaking training in advanced health care training.
- 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 learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, 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

Are services effective?

(for example, treatment is effective)

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 (MCA). Staff had completed MCA training. 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.

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring

advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. Some members of staff had completed training in end of life care.

- A dietician was available on the premises and smoking cessation advice clinics was available in house.

The practice's uptake for the cervical screening programme was 70%, which was comparable to the CCG average of 69% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 72% of female patient aged 50-70 years of age had attended for breast cancer screening in the last 36 months compared to the CCG average of 68% and the national average of 72%. 50% of patients aged 60-69 years of age had been screened for bowel cancer in the last 30 months compared to the CCG average of 46% and the national average of 58%. 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.

Childhood immunisation rates for the vaccinations given were either above or comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% and five year olds from 89% to 95%. The practice had seen a positive increase in immunisation uptake rates following a focus on encouraging patients to uptake the offer of childhood immunisations by contacting patients either by telephone or in writing. The practice had offered support to other local practices to share best practices and to help them improve uptake rates.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Those comments that were less positive were in relation to access to appointments.

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

Results from the national GP patient survey were mixed when patients were asked if they felt that they were treated with compassion, dignity and respect. The practice were lower than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to CCG average of 86% and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient satisfaction scores were mixed when asked if they felt involved in decision making about the care and treatment they received. Satisfaction scores were mixed when asked if they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

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

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

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

- Staff told us that 'language line' telephone translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients as carers (0.34% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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.

- The practice offered extended hours appointments on a Monday and Tuesday evening until 8pm and each Saturday from 8.30am until 12.30pm specifically for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered 30 minute appointments with a mental health practitioner and 15 minute 'crisis' slots were also available on the day.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

Merridale Medical Centre – RP Tew opened from 8am until 6.30pm Monday to Friday. The practice provided extended opening hours on a Monday and Tuesday evening until 8pm and from 8.30am until 12.30pm each Saturday that could be booked up to two weeks in advance. In addition to pre-bookable appointments that could be booked 48 hours in advance in advance, urgent appointments were also available for people that needed them as well as telephone consultations for those who could not attend the practice. Nurse appointments could be booked up to six weeks in advance.

The practice was part of a pilot scheme within Leicester City which offered patients an evening and weekend appointment with either a GP or advanced nurse

practitioner at one of four healthcare hub centres. Appointments were available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments were available by walk in, telephone booking or direct referral from NHS 111.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mostly comparable to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 88% of patients said the last appointment they got was convenient compared to the CCG average of 89% and the national average of 92%.
- 68% of patients described their overall experience of making an appointment as good compared to the CCG average of 68% and the national average of 73%.

The practice was aware of patient dissatisfaction with access to appointments and had completed an action plan as a result of the national patient survey results and also feedback received to the practice in other ways such as through the complaints process and from the patient participation group (PPG). The practice had suffered recruitment issues following a salaried GP and a nurse practitioner who had left employment within the last 12 months. The practice had also faced a steadily increasing patient list size. NHS England had agreed to reduce the practice boundary to slow down the increasing patient list size however, the practice had still seen an increase of an additional 800 patients within the previous 36 months. This had led to increased pressure on the appointments system. The practice had three long term locum GPs in place which had seen a positive impact on access to appointments for patients. The practice had also successfully recruited two new salaried GPs who were due to start employment shortly after our inspection.

The practice employed a mental health practitioner who was also the dementia lead. He provided 30 minute pre-bookable appointments and 15 minute crisis appointments which were bookable on the day. Patients

Are services responsive to people's needs?

(for example, to feedback?)

were able to book appointments directly with the mental health practitioner who also provided home visits and also carried out care plan reviews in the community for patients who suffered with dementia.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice had a complaints policy in place and information was available to patients to advise them on how to make a complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve.
- 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, a complaints leaflet was available for patients in the reception area. The practice held a register of all formal and informal complaints received.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. Some complaints we looked at received a formal written response which included details of any investigations undertaken and an apology where necessary. Some complaints we looked at were records of informal complaints received. The practice carried out a significant event analysis on complaints which required this. The practice complaints process was under review. We were informed during our inspection that all complaints received would receive a formal written response in the future. There was a complaints lead in place for all non-clinical complaints received and a GP lead for all clinical complaints received.

Following analysis of trends identified from complaints received, the practice were proactive in addressing issues. For example, numerous complaints had been received in relation to dissatisfaction with long telephone call answering times. The practice had increased the number of telephone lines available from six to eight and had also recruited two additional staff in the reception area who were due to start employment shortly after our inspection.

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 to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement in place and staff we spoke with knew and understood the values of the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We looked at 15 policies during our inspection which included consent, health and safety, business continuity, safeguarding children and adults and prescription security. All policies had been regularly reviewed and updated. Staff we spoke with were aware of these policies and procedures and how to access them.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners and management team in the practice demonstrated they had the experience, capacity and capability to run the practice and

ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been in place for approximately five years. The PPG had a formal structure and consisted of 15 members which also included a teenage patient and a patient who

Are services well-led?

Good 

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

suffered with a disability. Members met on a two monthly basis, they told us they had been involved in supporting the practice with the national GP patient survey however, they did not carry out their own patient surveys. The PPG submitted proposals for improvements to the practice management team and had supported the practice in making improvements to the telephone system. The PPG members we spoke with told us that the appointment booking system had changed numerous times and it was becoming increasingly difficult for patients to understand the process for booking appointments. The PPG had plans to arrange local support groups into the practice to promote health advice to patients in the waiting area, such as a cancer support group. The PPG also organised local walking events for patients.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice was part of a pilot scheme within Leicester City which offered patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments were available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments were available by walk in, telephone booking or direct referral from NHS 111.

The practice employed a mental health practitioner. He provided 30 minute pre-bookable appointments and 15 minute crisis appointments which were bookable on the day. Patients were able to book appointments directly with the mental health practitioner who also provided home visits and also carried out care plan reviews in the community for patients who suffered with dementia.