

East Leicester Medical Practice - Dr A Farooqi and Partners

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 East Leicester Medical Practice on 4 November 2014. The overall rating for the practice was good but the rating for providing a responsive service was requires improvement. The full comprehensive report on the November 2014 inspection can be found by selecting the 'all reports' link for East Leicester Medical Practice - Dr A Farooqi and on our website at www.cqc.org.uk.

This inspection was a further announced comprehensive inspection carried out on 14 July 2017 which was also to confirm that the practice had carried out their plan to improve access to the practice.

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Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- The practice monitored the access to appointment availability and telephone access and had introduced different steps to improve these areas. However this was still work in progress.
- There was an effective system in place to deal with safeguarding and staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- There was a system in place for reporting and recording significant events. However we found that not all events had been reported within the practice and the system did not include reviewing significant events to ensure actions were taken and learning embedded.
- The system for receiving and acting on was inconsistent but a consistent approach was introduced following our inspection

Summary of findings

- There were processes for handling repeat prescriptions which included the review of high risk medicines.
- Blank prescription forms and pads were securely stored
- The practice had some systems to minimise risks to patient safety. However evidence was not available that required actions identified in some risk assessments had been carried out. The practice had requested this information from the landlord.
- A comprehensive understanding of the practice's performance was supported by use of a dashboard to monitor their performance in key areas such as appointment availability, reception and administration tasks and enhanced services.
- We found that refrigerators used to store vaccines did not have a secondary thermometer in place in order to cross-check the accuracy of the temperature and the system for checking the temperatures was not consistent. The practice took action on the day of inspection to rectify this.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However there were some gaps in training.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. However there was no system to identify themes or trends.

- Patients commented that they were pleased with the care they received but sometimes found it difficult to get an appointment and telephone access was difficult.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure whereby staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. More detail can be found in the requirement notice section at the end of this report.

The areas where the provider should make improvement are:

- Improve the system for the identification of carers.
- Ensure the scheduled staff appraisals take place and are carried out regularly going forward.
- Continue to monitor and measure the access arrangements.
- Ensure the new system for monitoring refrigerator temperatures is embedded and annual servicing is carried out.
- Ensure there is a system to monitor themes and trends in complaints.

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 requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events. However we found that not all events had been reported within the practice and the system did not include reviewing significant events to ensure actions were taken and learning embedded.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The system for receiving and acting on patient safety alerts was inconsistent but a consistent approach was introduced following our inspection
- There were processes for handling repeat prescriptions which included the review of high risk medicines. However we found that in some areas the system for high risk drug prescribing was not consistent and needed strengthening.
- Blank prescription forms and pads were securely stored but there was no system to monitor their use. Following our inspection the practice provided information about how they would address this.
- The practice had some systems to minimise risks to patient safety. However evidence was not available that required actions identified in some risk assessments had been carried out. The practice had requested this information from the landlord.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment. However there were some gaps in training.
- There was evidence of appraisals and personal development plans for some staff and these were scheduled for others.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice slightly lower or in line with others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- The practice monitored the access to appointment availability and telephone access and had introduced different steps to improve these areas. However this was still work in progress.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Some patients who gave feedback said they did not find it easy to make an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However the system did not allow for monitoring of themes and trends.

Requires improvement



Are services well-led?

The practice is rated as requires improvement 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.

Requires improvement



Summary of findings

- There was a leadership structure whereby staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- Staff had received inductions, some had received annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.
- We found that not all systems and processes within the practice were operated effectively. Governance arrangements were in place but some areas identified during our inspection indicated a lack of oversight.

The practice assured us following our visit that these issues would be addressed and procedures put in place to manage the risks. We have since been sent evidence to show that some improvements are being made. However, as various documents were not available for inspection we were not able to comment on their completeness and accuracy. We have though noted the information and it will be reflected once we carry out a follow up inspection at the practice.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for providing a safe, responsive and well led service. The issues identified as requiring improvement overall affected all patients including this population group. This means the he practice is rated as requires improvement for the care of older people. However we did see areas of good practice:

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice and offered home visits and urgent appointments for those with enhanced needs. A CCG commissioned home visiting service was utilised if immediate visits were required.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services and worked closely with other NHS and social care organisations to ensure integrated care such as the Integrated community care referral service, care navigators and integrated crisis response team for social care.
- Phlebotomy was provided at patients' homes for the house bound.
- Care plans were in place for all patients at high risk of hospital admission and patients identified at high risk were flagged on the computer system and given prioritised access to appointments.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing a safe, responsive and well led service. The issues identified as requiring improvement overall affected all patients including this population group. This means the he practice is rated as requires improvement for the care of people with long term conditions. However we did see areas of good practice:

Requires improvement



Summary of findings

- Clinical staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national averages. The practice achieved 84.3% of the target for this domain overall compared to the CCG average of 85.8% and the national average of 89.9%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for 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.
- The practice had a systematic approach to review of long term conditions, with dedicated practice clinical lead for clinical areas who provided in house specialist advice, oversaw staff training and clinical performance in these areas.

Families, children and young people

The provider was rated as requires improvement for providing a safe, responsive and well led service. The issues identified as requiring improvement overall affected all patients including this population group. This means the he practice is rated as requires improvement for the care of families, children and young people. However we did see areas of good practice:

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours.

The practice worked with midwives, health visitors and school nurses to support this population group.

- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing a safe, responsive and well led service. The issues identified as requiring improvement overall affected all patients including this population group. This means the he practice is rated as requires improvement for the care of working age people (including those recently retired and students).

.However we did see areas of good practice:

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours, telephone consultations and evening call back services.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice undertook pre-university and occupational vaccinations and reports as required.
- The practice was supportive of students when 'back at home' to enable them to access health care.
- The practice implemented a walk in blood clinic service which starts at 8 am, allowing patients to attend without an appointment and minimal waiting time.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing a safe, responsive and well led service. The issues identified as requiring improvement overall affected all patients including this population group. this means the he practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

However we did see areas of good practice:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice 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.

Requires improvement



Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- The practice undertook new patient checks on new migrants.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing a safe, responsive and well led service. The issues identified as requiring improvement overall affected all patients including this population group. This means the practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

However we did see areas of good practice:

- The practice carried out advance care planning for patients living with dementia.
- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing below local and national averages. 351 survey forms were distributed and 135 were returned. This represented 1% of the practice's patient list.

- 62% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 40% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 47% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards, the majority of which were positive about the standard of care received.

Patients described the service they received as excellent and they found the staff polite supportive and understanding. Two patients were very happy with the care they received but told us they found difficulty in making appointments.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were friendly and helpful. Recent results from the NHS Friends and Family Test showed that in April 2017, 75% of the four patients who responded were likely or extremely likely to recommend the practice and in May 2017 there was only one response which was extremely unlikely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. More detail can be found in the requirement notice section at the end of this report.

Action the service **SHOULD** take to improve

Improve the system for the identification of carers.

Ensure the scheduled staff appraisals take place and are carried out regularly going forward.

Continue to monitor and measure the access arrangements.

Ensure the new system for monitoring refrigerator temperatures is embedded and annual servicing is carried out.

Ensure there is a system to monitor themes and trends in complaints.

East Leicester Medical Practice - Dr A Farooqi and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to East Leicester Medical Practice - Dr A Farooqi and Partners

East Leicester Medical Practice is a GP practice which provides a range of primary medical services to around 12,300 patients from a surgery in the city of Leicester under a General Medical Services contract. The practice's services are commissioned by Leicester City Clinical Commissioning Group (CCG). The service is provided by three part-time GP partners, four part time salaried GPs, two part-time advanced nurse practitioners five part-time practice nurses, one full time and three part-time health care assistant, a phlebotomist and two pharmacists. They are supported by a management team consisting of an executive practice manager, a deputy practice manager, an operational manager and reception and administration staff. Local community health teams support the GPs in provision of maternity and health visitor services. The GP's provide a

total of 39 sessions per week. The practice is a training practice and at the time of our inspection there were two trainee GP's at the practice providing a further 17 sessions per week. There were both male and female GPs available.

The practice has one location registered with the Care Quality Commission (CQC) which we inspected at Uppingham Road Health Centre, 131 Uppingham Road, Leicester, LE5 4BP.

The surgery is in a two storey building with a car park. Car parking spaces are designated for use by people with a disability near the surgery entrance.

We reviewed information from the CCG and Public Health England which showed that the practice population had similar deprivation levels compared to other practices within the CCG and higher than the average compared to other practices in England.

When the practice is closed the out-of-hours service is provided to Leicester City, Leicestershire and Rutland by Derbyshire Health United which is accessed via the 111 service.

The practice is open between 8.00am and 8.00pm on Monday and from 8.00am to 6.30pm from Tuesday to Friday. The earliest appointment varies from 8.00am to 8.40am through the week and the latest appointment varies from 5.50pm to 7.50pm. Extended hours appointments are offered on Monday evenings until 8.00pm.

Detailed findings

Why we carried out this inspection

In November 2014 we had carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. That inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. At that inspection we found the practice good overall but the rating for providing a responsive service was requires improvement. This further comprehensive inspection was undertaken to evaluate whether the practice had made the required improvements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Leicester City Clinical Commissioning Group and NHS England to share what they knew. We also spoke with a number of care homes where some of the residents were patients of the practice. We carried out an announced visit on 14 July 2017. During our visit we:

- Spoke with a range of staff; a GP partner, a salaried GP, a pharmacist, various nursing staff, the management team and administration and reception staff, and spoke with patients who used the service, including a member of the patient participation group.

- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the operations 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 found that significant events were discussed on a weekly basis at meetings within the practice. However we found evidence of an incident that had not been reported as a significant event which should have been. Following our inspection the practice provided us with evidence of the actions they had taken in respect of this to strengthen their system to ensure that all significant events were captured and discussed accordingly. We found that although the practice carried out an analysis of the significant events, in some cases it could have been more thorough and the system did not include reviewing significant events to ensure that changes implemented were effective. We were told that significant events would be reviewed where appropriate going forward and this was included in the updated significant event protocol they provided following our inspection.
- We reviewed the system for receiving and acting on patient safety alerts and found that the practice had recently introduced a new log to track actions relating to drug alerts received but this system did not apply to other alerts. We were told that this system was going to be used for all alerts going forward. Following our inspection the practice provided us with an updated safety alerts protocol which clearly outlined how this would work and incorporated recording of discussion of alerts at meetings and review where necessary.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. We found that the GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and advanced nurse practitioners were trained to child protection or child safeguarding level three. Practice nurses were trained to level two. Additional training was given to staff in house. For example the safeguarding lead had delivered an update to reception staff on recognising safeguarding concerns at a recent protected learning afternoon in the practice. Staff had also received training on recognising female genital mutilation and had made referrals in respect of this. They had also undertaken 'PREVENT' training which related to identifying individuals who may have been subject to radicalisation.
- 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. There were cleaning schedules and monitoring systems in place.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol. The infection control lead had provided an infection control update but records we reviewed indicated that not all staff had

Are services safe?

received training in infection control. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

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

There were processes for handling repeat prescriptions which included the review of high risk medicines. We discussed this with GPs, the pharmacist and reception staff who were involved in the process and found that repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. However we found that in some areas the system for high risk drug prescribing was not consistent and needed strengthening. For example, we reviewed a sample of patient records relating to methotrexate prescribing and found that one patient did not have an alert on their patient record to indicate they were taking a high risk drug. Another had not been prescribed methotrexate since March 2017 but was still being prescribed folic acid with no rationale recorded (guidance states that folic acid should be given alongside methotrexate to reduce the side effects). Also on one patient record there was a letter from the rheumatology department dated March 2017 stating the patient should be on methotrexate and folic acid. A shared care agreement had been signed by the practice in the same month but there was no record of being prescribed since November 2016 and no record of attempts made to contact the patient to pursue this. The pharmacist told us he would review the practice processes in respect of high risk prescribing and following our inspection the practice sent us evidence they had reviewed their processes by producing a high risk drug prescribing protocol and told us they were going to carry out a baseline audit and re-audit every two months.

The practice carried out medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice was performing within target for antibiotic prescribing across the CCG.

We found that the refrigerators used to store vaccines did not have a secondary thermometer in place in order to cross-check the accuracy of the temperature. Neither was

there a means to indicate that the fridge had been reset or an indication of who had recorded the fridge temperatures. A new checklist was produced on the day of our inspection and evidence seen that secondary thermometers had been ordered.

Blank prescription forms and pads were securely stored but there was no system to monitor their use. Following our inspection the practice provided a protocol for monitoring the movement of prescriptions through the practice and the log they would use to do this. Some of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They 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 and patient specific directions from a prescriber were produced appropriately.

We reviewed seven personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. On the day of our inspection proof of qualifications for some of the Advanced Nurse Practitioners was not available but was provided after the inspection.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available which had been reviewed in May 2017. A health and safety and security inspection had been undertaken in January 2017 by the landlord. An asbestos survey had also been carried out in August 2016 which rated the premises as very low risk.
- The practice had an up to date fire risk assessment and a fire drill had last been carried out in April 2017 with a full report of findings. There were some outstanding actions identified in the fire risk assessment and we saw that the practice had corresponded regularly with the landlord to try and progress these. There were designated fire marshals within the practice. There was a fire evacuation plan dated July 2014, which identified

Are services safe?

how staff could support patients to vacate the premises. Maintenance and checks of the fire equipment was the responsibility of the landlord and records were not available on the day of our inspection.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. Equipment had been calibrated in April and May 2017 and the next portable appliance testing was due in August 2017. However we found that the vaccine refrigerators had not been serviced annually as required.
- The practice had a variety of other risk assessments 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). This had last been reviewed in November 2016. This indicated that monthly water temperature monitoring should be carried out to mitigate the risk of legionella. This was the responsibility of the landlord and the records were not available on the day of our inspection.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff was on duty to meet the needs of patients which was regularly monitored.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as fire, computer failure and severe staff shortage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

We were told that staff were kept up to date through presentations and discussions at clinical meetings but these were not always minuted. We did see evidence of some of the presentations which had been delivered. Staff were able to access guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Following our inspection the practice provided the amended agendas for practice meetings which included NICE guidance as a standing item. Additionally the practice had amended the job description of clinical leads which made it their responsibility to update the practice team about any changes affecting their lead area.

The practice monitored that guidelines were followed through audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 93.9% and national average of 95.4%.

We found that the practice had higher exception reporting than the local and national average for some indicators relating to asthma, diabetes and cervical screening. 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). As a comparison, on the day of the inspection we looked at the data for 2016-17 and found that exception reporting in these areas had decreased and was appropriate.

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

- Performance for diabetes related indicators was similar to the CCG and national averages. The practice achieved 84.3% of the target for this domain overall compared to the CCG average of 85.8% and the national average of 89.9%.
- Performance for mental health related indicators was higher than the CCG and national averages with the practice achieving 100% of the target for this domain overall compared to the CCG average of 92.7% and the national average of 92.8%.

There was evidence of quality improvement including clinical audit:

- There had been twelve clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had undertaken a clinical audit in order to assess whether patients with atrial fibrillation who were at risk of ischaemic stroke or systemic embolism were receiving appropriate anticoagulation therapy and we saw evidence of quality improvement as a result of this in terms of patients receiving the correct treatment.

Effective staffing

Evidence reviewed showed that on the whole staff had the skills and knowledge 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 and health and safety.
- 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. We saw that nursing staff had undertaken training and updates in a variety of areas such as anticoagulation, asthma, diabetes and spirometry. On the day of our inspection it was not clear that all advanced nurse practitioners had the relevant training to provide triage but this was provided by the practice following our inspection along with a triage training protocol and a nurse triage protocol.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending update training and discussion within the practice.

- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff had received training that included: safeguarding and basic life support. Staff had access to and made use of e-learning training modules, external and in-house training. However not all staff had completed training in areas such as infection control and fire safety. Following our inspection the practice sent us a revised list of mandatory training and told us this would be implemented for all staff.
- Not all staff had received an appraisal within the last 12 months but we saw that these were scheduled to take place in July and August 2017.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. There had been some incidences of missed referrals but the practice had learnt from this and strengthened their process to ensure it did not happen again.

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. Information was shared between services, with patients'

consent, using a shared care record. Regular meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 and Deprivation of Liberty Safeguards (DoLS).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- 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 and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 78% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, the data from 2015-16 showed that rates for the vaccines given to under two year olds ranged from 91.1% to 94.2% and five year olds from 82.6% to 89.6%.

There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by staff being able to speak different

Are services effective?

(for example, treatment is effective)

languages common to the practice population and there was always a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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. Each nurse was responsible for logging the samples they had taken and then for checking when the results had come back. Searches were done on a monthly basis to audit the results.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

The majority of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the service they received as excellent and they found the staff polite supportive and understanding

We spoke with four patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt that on the whole they were treated with compassion, dignity and respect. The results were mixed with some areas being below and some above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared with 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 83% and the national average of 86%.
- 92% 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 national average of 86%.

- 85% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 91%.
- 85% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 71% of patients said they found the receptionists at the practice helpful compared with the CCG average of 80% and the national average of 87%.

The practice were aware of these results and had reviewed their staffing arrangements and felt that the additional staff they had employed would improve consistency and planned to carry out their own survey in the near future to monitor patient satisfaction.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients responses were mixed about their involvement in planning and making decisions about their care and treatment. Some results were in line with local and national averages but others were slightly below average. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

Are services caring?

- 81% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%)

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff with languages common to those of the practice population who might be able to support them.

- The Electronic Referral Service was used with patients as appropriate. (This is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. There was also a television screen in the waiting room which provided patients with further useful information. This 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 77 patients as carers (0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them. There was some information relating to support for carers on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday evening until 8.00pm for working patients who could not attend during normal opening hours.
- We were told there were longer appointments available for patients with a learning disability but this was not reflected in feedback from a local care home 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. The practice also used the local acute visiting service to provide home visits when necessary.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as some only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available. A variety of different languages were spoken by various staff members.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that patients were able to receive information in formats that they could understand and were able to receive appropriate support to help them to communicate.

Access to the service

The practice was open between 8.00am and 8.00pm on Monday and 8.00am to 6.30pm from Tuesday to Friday. The earliest appointment varied from 8.00am to 8.40am through the week and the latest appointment varied from 5.50pm to 7.50pm. Extended hours appointments were offered on Monday evenings until 8.00pm.

In addition pre-bookable appointments could be booked up to eight weeks in advance; urgent appointments were also available for patients that needed them.

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

- 59% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 30% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 66% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 84%.
- 57% of patients said their last appointment was convenient compared with the CCG average of 73% and the national average of 81%.
- 40% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 32% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 48% and the national average of 58%.

Some patients' feedback on the day of the inspection that they were not always able to get appointments when they wanted them.

The practice was aware of patient dissatisfaction with access to the service in respect of appointment availability and telephone access and had acted to improve the situation. In respect of increasing appointment availability actions taken included increasing recruitment of appropriate staff, making changes to the skill mix of staff and the delivery of access, and the use of alternative primary care access in the locality where necessary. With regard to telephone access the practice had invested in a modification to their telephone system in 2015 and increased the number of staff available to take calls at busier times. However as a result of continued complaints about the system and results of a patient survey carried out by the practice it was apparent that the modifications had not been successful and the practice have invested in a new telephone system which is due to be installed in

Are services responsive to people's needs?

(for example, to feedback?)

October 2017. The practice had plans to carry out a patient survey prior to the new system being implemented and once the new system was embedded to ensure the system was working and patient satisfaction had increased.

The views of some external stakeholders were negative. For example, we spoke with three local care homes where some of the practice's patients lived and they expressed difficulty with communication with the practice and problems obtaining appointments, as well as issues with prescriptions.

The practice had a system to assess:

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

This was done by means of a triage system whereby either a GP or one of the advanced nurse practitioners spoke with patients to assess their problem and determine the best course of action.

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. The practice also made use of the acute visiting service for home visits which was available within their clinical commissioning group.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- 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 and a member of the management team was available each day of the week to initially deal with any new complaints.
- We saw that information was available to help patients understand the complaints system. There was a poster displayed and complaints leaflets which incorporated a complaint form and information on how to access advocacy support to raise a complaint. This information was also available to download via the practice website.

We looked at three of the complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. Complaints were discussed within practice meetings and lessons were learned from individual concerns and action was taken as a result to improve the quality of care. For example, one complaint related to a lack of instructions for patients about the system for walk in blood tests and the action as a result of the complaint was to place prominent posters in the waiting room giving clear instructions about the process.

We found there was not a clear system in place to monitor themes and trends in complaints. The practice told us they would implement this.

Are services well-led?

Requires improvement 

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

- The practice had a mission statement which was, “to be a happy, effective well organised practice that operates on good business principles delivering a high quality service for our patients and other clients, high job satisfaction for all staff and cost effective use of available resources.”
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

During our inspection we found that the systems and processes within the practice had not always been operated effectively. Governance arrangements were in place but some areas identified during our inspection indicated a lack of oversight. For example in respect of the systems for identifying, investigating and learning from significant events, for dealing with safety alerts, staff training, appraisals, high risk medication monitoring, monitoring of prescriptions, actions in respect of risk assessments and monitoring of vaccine refrigerators.

The practice assured us following our visit that these issues would be addressed and procedures put in place to manage the risks. We have since been sent evidence to show that some improvements are being made. However, as various documents were not available for inspection we were not able to comment on their completeness and accuracy. We have though noted the information and it will be reflected once we carry out a follow up inspection at the practice.

We did find that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. In order to support their aims, the practice used a dashboard to monitor their performance in areas such as appointment availability,

reception and administration tasks and enhanced services. This provided ratings for each area and enabled the management team to review performance on a weekly basis and immediately action any areas where performance was below their required standard.

- There was a practice meeting held monthly which provided an opportunity for staff to learn about the performance of the practice and contribute to it.
- Clinical and internal audits were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had a number of action plans. For example, they were aware of the issues with access and were working to rectify this although at the time of our inspection the steps they had taken had either not been implemented or embedded and therefore their success could not yet be measured.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

Staff told us the partners were approachable and listened to the opinions of members of staff. We also saw that they responded quickly and effectively to any issues we raised, in some cases implementing changes on the day of our inspection.

The provider was aware of and had systems 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. From the sample of three documented examples we reviewed we found that the practice had systems 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.

However we found that not all events had been recorded that should have been. When this was brought to the attention of the leadership team they acted immediately to review their systems to ensure this did not happen again.

Are services well-led?

Requires improvement 

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

The practice held and minuted a range of multi-disciplinary meetings including meetings with other health care professionals to monitor vulnerable patients. GPs, where required, liaised with health visitors to monitor vulnerable families and safeguarding concerns.

Staff told us the practice held regular team meetings. We found that clinical meetings were informal but going forward the practice told us these would be fully minuted.

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. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged members of staff to identify opportunities to improve the service delivered by the practice. Team building was improved by social events and practice charity events.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, as a result of patient comments the PPG suggested a second self-check in screen would be useful and this was implemented by the practice.
- the NHS Friends and Family test, complaints and compliments received
- staff through an annual staff survey and generally through staff meetings, appraisals and discussion. However some appraisals were overdue.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. As a result of the staff survey where staff commented that the communication between staff groups could be better, action was taken to improve this and staff we spoke with on the day of our inspection told us that since the staff survey many improvements had been made. 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. For example the practice took part in research work and had found that there was low involvement from BME groups and that sometimes studies excluded members of these group, for example by excluding women who did not speak English. The practice developed a 'Toolkit' for researchers to improve uptake from BME communities. They carried out two events to engage researchers and patients/carers from BME communities and reviewed relevant literature.

The practice were forward thinking regarding succession planning and had invested in educating members of their staff to in order to enable them to fulfil key management roles in the future.

The practice was a training practice and had secured a grant to train GPs in a medical undergraduate teachers development programme. As a result there was now a Leicester city 'academy' of seven practices, with a contract to teach 36 students per years (12 week placements) led by the practice.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Comply with Regulation 17(1)</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <p>The system in place for reporting and recording significant events had not captured all significant events that should have been reported and the system did not include reviewing significant events to ensure actions taken and learning embedded.</p> <p>The system for receiving and acting on patient safety alerts was inconsistent.</p> <p>There were processes for handling repeat prescriptions which included the review of high risk medicines. However we found that in some areas the system for high risk drug prescribing was not consistent and needed strengthening.</p> <p>Blank prescription forms and pads were securely stored but there was no system to monitor their use.</p> <p>There was a system to identify and monitor some risks but evidence was not available that actions identified in some risk assessments had been carried out.</p>

This section is primarily information for the provider

Requirement notices

There was a system to identify the training needs for staff but this was not effective as there were gaps in staff training.

Regulation 17(1)