

Dr Kilpatrick & Partners

Quality Report

The Old School Surgery
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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?

Good



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 Dr Kilpatrick & Partners on 28 July 2016. Overall the practice is rated as requires improvement.

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

- There was an effective system in place for reporting and recording significant events
- Lessons learnt were recorded as a result of incidents and discussed at practice meetings, however we found evidence to show there was inconsistent learning and implementation of actions to improve safety in the practice.
- Safety alerts and alerts from Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and cascaded to the appropriate persons.
- The practice was visibly clean, however we noted that the seating area in the waiting area at Old School Surgery required repairing.
- Arrangements to manage medicines, including emergency medicines and vaccines were not always followed, this included checks on fridge temperatures that stored vaccines at Fleckney Surgery.
- The practice did not have a system of legal authorisation for healthcare assistants to administer medicines to patients.
- Relevant tests were not always recorded in relation to patients on high risk medicines.
- Checks on emergency equipment at Fleckney Surgery were not always carried out.
- Emergency medicines and equipment at Old School Surgery were not stored securely.
- 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.
- We observed staff members were courteous and very helpful to patients and treated them with dignity and respect.
- Feedback from residential homes included that the reception staff were helpful, courteous and polite.
- The practice offered extended hours in the morning, Monday to Friday, as well as on a Saturday for working patients who could not attend during normal opening hours.
- Patients told us that it was difficult to get through to the practice by phone and that there was a wait to see a doctor for a routine appointment.
- Feedback from residential homes told us they could generally contact the practice by phone, however commented that at times it could be busy.
- Lessons were learnt from complaints and discussed with staff.
- There was a leadership structure in place and the partnership was evolving. Staff told us they felt supported by management.
- The practice had a governance framework which supported the delivery of the strategy and quality care. However, we found some of the framework required strengthening to ensure policies and protocols were followed.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice encouraged and valued feedback from patients, the public and staff.

- There was a focus on continuous learning and improvement at all levels.

The areas where the provider must make improvement are:

- Ensure there is a system of legal authorisation for health care assistants to administer medicines and vaccinations are maintained and monitored in line with legal requirements
- Ensure the quality and safety of the services provided are assessed, monitored and improved, including ensuring policies and protocols are in place and followed and actions are undertaken when needed.

The areas where the provider should make improvement are:

- Ensure damaged seating areas are repaired or replaced.
- Ensure emergency medicines and equipment are stored securely.
- Document relevant tests in relation to patients on high risk medicines at all times.
- Continue to identify and support carers.
- Consider a process to ensure effective communication for all staff including the extended clinical team.
- Continue to develop and ensure an active PPG.

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 an effective system in place for reporting and recording significant events
- Lessons learnt were recorded as a result of incidents and discussed at practice meetings, however we found evidence to show there was inconsistent learning and implementation of actions to improve safety in the practice.
- Safety alerts and alerts from Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and cascaded to the appropriate persons.
- The practice had systems and processes in place to keep patients safeguarded from abuse. Staff were aware of their responsibilities regarding safeguarding concerns.
- The practice was visibly clean, however we noted that the seating area in the waiting area at Old School Surgery required repairing.
- Arrangements to manage medicines, including emergency medicines and vaccines were not always followed, this included checks on fridge temperatures that stored vaccines at Fleckney Surgery.
- The practice did not have a system of legal authorisation for healthcare assistants to administer medicines to patients.
- Relevant tests were not always recorded in relation to patients on high risk medicines.
- Environmental risks to patients were assessed and well managed.
- Checks on the emergency equipment at Fleckney Surgery were not always carried out.
- Emergency medicines and equipment at Old School Surgery were not stored securely.

Are services effective?

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

Good



- Care pathways and referral templates were based on NICE guidance.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.

Summary of findings

- There was a proactive clinical audit system which 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- 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).

Are services caring?

The practice is rated as good for providing caring services.

- We observed staff members were courteous and very helpful to patients and treated them with dignity and respect.
- Feedback from residential homes included that the reception staff were helpful, courteous and polite.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered extended hours in the morning, Monday to Friday, as well as on a Saturday for working patients who could not attend during normal opening hours.
- Patients told us that it was difficult to get through to the practice by phone and that there was a wait to see a doctor for a routine appointment.
- Feedback from residential homes told us they could generally contact the practice by phone, however commented that at times it could be busy.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff were knowledgeable about the support to provide to patient if they wished to raise a complaint or concern. Information about how to complain was available and easy to understand.
- Lessons were learnt from complaints and discussed with staff.

Good



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and strategy to deliver quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure in place and the partnership was evolving. Staff told us they felt supported by management.
- The practice had a governance framework which supported the delivery of the strategy and quality care. However, we found some of the framework required strengthening to ensure policies and protocols were followed.
- 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 encouraged and valued feedback from patients, the public and staff.

Requires improvement



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 safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Home visits and care plans were carried out by the Community Matron.
- The practice provided outreach clinics in Hallaton and Medbourne for those patients unable to attend the main practice sites.
- Patients were able to telephone for prescription requests and a delivery service was available.
- An integrated care co-ordinator worked with the practice and carried out home visits to review patients social needs.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- GPs and nursing staff had lead roles in chronic disease management, including dementia and diabetes.
- Patients at risk of hospital admission were identified as a priority.
- 85% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP.
- 93% of patients identified with a long-term condition had a structured annual review with a GP or nurse 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.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and better than the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day appointments were available for children who needed an urgent appointment.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice offered a nurse-led travel vaccination service.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 and flexible.
- The practice was proactive in offering online services, including requests for repeat prescriptions and booking appointments.
- A full range of health promotion and screening was offered that reflected the needs for this age group.
- Seasonal flu vaccination clinics were provided on Saturdays at each of the surgeries during the flu season.
- Drivers medicals were also available for patients working as taxi and heavy goods vehicle drivers.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The Community Matron was the lead 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 support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding safeguarding concerns.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 160 patients as carers (1% of the practice list).
- Carers annual reviews were also offered.
- The practice referred to local groups for additional support regarding the management of patients with alcohol and drug dependency issues.
- The practice registered patients with the practice address if they did not have a fixed abode. Staff were also aware they could contact the travelling families team with help to contact patients, if needed.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 97% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 88%.
- 83% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- 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 was able to refer patients to the local community psychiatric nurse and counselling services that were hosted on site.

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 generally performing in line with local and national averages. However, there were some areas that were lower than the national averages. 238 survey forms were distributed and 129 were returned. This represented 1.5% of the practice's patient list.

- 62% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 36 comment cards across the three main sites, which were all positive about the standard of care received. Patients had said the practice was safe and hygienic and good, they commented that excellent care was provided. However, 13 of the comment cards stated that it could be difficult to book appointments in advance.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received. The NHS Friends and Families Test results showed 90% of patients would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Ensure there is a system of legal authorisation for health care assistants to administer medicines and vaccinations are maintained and monitored in line with legal requirements
- Ensure the quality and safety of the services provided are assessed, monitored and improved, including ensuring policies and protocols are in place and followed and actions are undertaken when needed.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure damaged seating areas are repaired or replaced.
- Ensure emergency medicines and equipment are stored securely.
- Document relevant tests in relation to patients on high risk medicines at all times.
- Continue to identify and support carers.
- Consider a process to ensure effective communication for all staff including the extended clinical team.
- Continue to develop and ensure an active PPG.

Dr Kilpatrick & Partners

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 adviser, a second CQC inspector and a practice nurse specialist adviser.

Background to Dr Kilpatrick & Partners

Dr Kilpatrick & Partners is a GP practice, which provides primary medical services to approximately 15,660 patients predominately living in the South Leicestershire area, as well as parts of North Northamptonshire. All patient facilities are accessible. East Leicestershire and Rutland Clinical Commissioning Group (EL&RCCG) commission the practice's services.

The practice has five GP partners, two salaried GPs and two regular locum GPs (three male and six female). The nursing team consists of a community matron/nurse lead, two advanced nurse practitioners, three practice nurses and three health care assistants.

The dispensary consists of a Dispensary Manager, two dispensers and a dispensary assistant. They are supported by Practice Director, Practice Manager, Assistant Practice Manager and a team of reception staff and administrative staff.

The practice carries out regulated activities at five sites in total. The main practice is The Old School Surgery, 2A Station Street, Kibworth, Leicestershire. Two branch surgeries are located in Fleckney and Market Harborough. Fleckney surgery is located at 6 High Street, Fleckney, Leicestershire and Market Harborough surgery is located at

Two Shires Surgery, Torch Way, Market Harborough, Leicestershire. In addition to this, there are two outreach clinics based in Hallaton, Leicestershire and Medbourne, Leicestershire which offer a minor illness clinic on a Monday afternoon. As part of this inspection, we visited the surgeries in Kibworth, Fleckney and Market Harborough.

Old School Surgery in Kibworth and Two Shires Surgery in Market Harborough are open between 8am and 5.30pm Monday to Friday. Fleckney Surgery is open from 8am to 12noon and 2pm to 5.30pm Monday to Friday. Extended hours appointments are offered at Old School Surgery on a Monday, Wednesday and Friday between 7.30am and 8am, as well as at Two Shires Surgery on a Tuesday and Thursday between 7.30am and 8am. Extended hours appointments are also offered on a Saturday from 8am to 12.30pm which alternate between Old School Surgery and Two Shires Surgery.

The dispensary is open from 8am until 5.30pm Monday to Friday.

The practice operates an on-call service between 5.30pm and 6.30pm. Patients can also access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest urgent care centres, as well as accident and emergency departments.

The practice is an approved training practice for the training of General Practice Registrars and has three approved trainers.

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

Detailed findings

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 28 July 2016. During our visit we:

- Spoke with a range of staff, including GPs, nursing staff, the Practice Director, Assistant Practice Manager and secretarial, administrative and reception staff.
- Spoke with patients who used the service and observed how they were being cared for.
- Spoke with four residential homes that the practice supports.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

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, provided with an explanation and received a written or verbal apology. They were also told about any actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and discussed them at practice meetings and clinical meetings. Staff were knowledgeable about significant events that had happened and the actions taken as a result.
- However, we noted a vaccination fridge at Fleckney Surgery did not have a sticker on the plug to ensure it was not turned off. This was not in line with the practice policy, even though this was an action agreed by the practice to ensure that all vaccination fridges had a sticker on the plugs after an incident had happened at Old School Surgery when the fridge was switched off accidentally.

Patient safety incidents, incident reports and safety records were available on the practice intranet site. Staff informed us safety alerts were cascaded to the relevant staff with specific actions for completing and were aware of recent safety alerts.

Safety alerts and alerts from Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and cascaded to the appropriate persons. The practice carried out searches on the patient record system to ensure action

was taken against the alerts, and a new information system had been implemented to ensure patients with contraindicative medicines or medicine conflicts were identified.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients and staff safe, which included:

- Staff were knowledgeable about the process they would follow if they had a safeguarding concern. Policies outlining the processes to safeguard children and vulnerable adults from abuse were available on the practice intranet and reflected relevant legislation and local requirements. There was a lead member of staff for safeguarding and policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs provided reports where necessary for other agencies for safeguarding meetings. All staff members had received training on safeguarding children and vulnerable adults relevant to their role. We noted that not all relevant staff members could see the safeguarding icon on a patient record, where it was applicable. We raised this immediately with the practice and this was resolved by the end of the inspection day.
- 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)
- We observed the premises to be visibly clean and tidy. However, the seating area in the waiting area at Kibworth had tears in the material, which posed an infection control risk. We saw the practice had looked into different options to repair or possibly replace the seating arrangements, however a decision had not been made regarding which option would be chosen. The community matron 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. Cleaning schedules were in place for the premises, as well as specific medical equipment.

Are services safe?

- There was a named GP responsible for the dispensary and all staff members involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs. The practice carried out a self assessment and annual declaration for the safe management of controlled drugs for each of the premises.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). All administrative staff were risk assessed to determine if a DBS check was required, including whether any restrictions to work was required if a DBS check was not required. All locum staff were required to undergo the same recruitment checks, as well as providing proof of training in basic life support and safeguarding.
- The practice had a lone worker policy for those staff members carrying out home visits. Staff were allocated a buddy who they informed when they were leaving the practice premises and when they returned.

There were arrangements in place to manage medicines, including emergency medicines and vaccines. This included obtaining, prescribing, recording, handling, storing, security and disposal. However, some of the practice protocols were not always followed:

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However, we noted that relevant tests for two out of 13 patients on a particular high risk medicine were not recorded and the patients had been issued prescriptions for high risk medicines. The practice were

aware of these patients and were able to provide an explanation as the tests were carried out in secondary care, however there was no documentation to evidence this. The practice had a process in place to ensure all uncollected prescriptions were reviewed and the patient was contacted if needed.

- The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Three of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. 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 and had their competencies assessed, however they did not have the proper authorisation in place each time they administered medicines.
- Daily checks on the vaccination fridges were carried out at Old School Surgery. However, during July 2016 the vaccination fridge had not been checked on five occasions at Fleckney Surgery and on two occasions at Two Shires Surgery. Staff informed us that reception staff were responsible for checking the fridges in the absence of a nurse, however reception staff were not fully aware of their responsibilities for this process, including the process of what to do if the fridge temperatures were outside of the recommended range.

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 and a staff member had recently completed a health and safety course, as a result all risk assessments were being reviewed. The practice had up to date fire risk assessments, which were reviewed on a monthly basis and they carried out regular fire drills at all three practice sites. A staff member carried out regular fire

Are services safe?

safety inspections of all the premises, including the escape routes. We saw action was taken where any concerns had been identified, including an emergency light was fixed that was found not to be working.

- 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 (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw action had been taken when clinical equipment had failed their check.
- 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 the different staffing groups to ensure enough staff were on duty at each of the practice sites.
- Administrative and reception staff worked at specific practice sites, nursing staff and GPs rotated between the three sites. The GP rota also highlighted if GPs were off site for meetings and identified where locum staff were covering.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the three premises in Kibworth, Market Harborough and Fleckney, as well as oxygen with adult and children's masks. Weekly checks were in place for emergency equipment, however these were not carried out on a weekly basis at Fleckney. We noted the last time these had been recorded as checked was 31 May 2016.
- Emergency medicines were easily accessible to staff at each of the practice sites, however we noted emergency medicines and equipment at Kibworth were not stored securely. In addition, checks on the emergency medicines stored at Fleckney Surgery were not always recorded. All the medicines we checked were found to be in date.
- All staff were aware of their responsibilities if a major incident occurred and told us they would immediately contact the practice management team. 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 to deliver 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. Records of clinical staff meetings evidenced discussions regarding new NICE guidance, as well as updates to practice as a result.
- Care pathways and referral templates were based on NICE guidance.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records, including an audit on sepsis.

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 99.5% of the total number of points available.

This practice was not an outlier for any QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better compared to the national average. For example, 85% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Performance for mental health related indicators was better compared to the national average. For example, 97% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and

agreed care plan in place, compared to 88%. 83% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.

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. The practice had higher than average exception reporting in 2014/15 for the following clinical domains:

- Peripheral arterial disease (14% compared to the CCG average of 7% and national average of 6%).
- Chronic kidney disease (16% compared to the CCG average of 8% and national average of 8%).
- Diabetes mellitus (24% compared to the CCG average of 10% and national average of 11%).
- Osteoporosis (33% compared to the CCG average of 11% and national average 13%).

The practice had a QOF exemption policy, which had been reviewed in June 2016 and provided us with the exception reporting figures for 2015/16. We saw that the policy was adhered to appropriately and patients were exception reported where clinically appropriate. We saw some improvements had been made:

- Peripheral arterial disease had reduced from 14% to 10%, which equated to a total of seven patients.
- Chronic kidney disease had reduced from 16% to 0%.
- Diabetes mellitus had reduced from 24% to 21%, which equated to 200 patients.
- Osteoporosis had reduced from 33% to 0%.

There was evidence of quality improvement including clinical audit.

- There had been two completed clinical audits, where the improvements made were implemented and monitored. These included the management of a feverish child and the prescribing of diclofenac for patients with a history of cardiovascular disease.
- Findings were used by the practice to improve services. For example, the practice discussed the importance of documentation during consultations and noted an increase from 76% to 89% in a four month period of all clinical variables being documented when a child under five presented with feverish symptoms.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, 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, including locum staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, as well as a specific induction programme according to their role.
- 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 and those requiring venepuncture training to take blood samples. Nursing staff informed us they attended conferences as part of their continuous professional development and were supported to attend training courses regarding nurse revalidation.
- 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, clinical supervision and facilitation and support for revalidating GPs and nurses. 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. The practice had internal protected learning time for

non-clinical staff for additional training or to invite speakers on specific topics, for example Deprivation of Liberty Safeguards (DoLS) and speakers from the traveling families team.

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.
- All incoming mail was reviewed and actioned on a daily basis. There was a system in place to alert GPs to any correspondence marked as urgent and ensure relevant action was taken. All correspondence was scanned into the patient record system.
- Medication changes were noted and acted on as a result of hospital discharge letters.
- Notes to out of hour services were notified by email, using an alert status, regarding any patients that required ambulatory care or who had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place.
- The practice confirmed health visitors followed up patients under the age of 16 that did not attend a hospital appointment. If the health visitor had any concerns, the GP was contacted to discuss the patient and ensure appropriate action was taken.
- 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. Multi-disciplinary meetings with other health care professionals took place to discuss patients identified who may be in need of extra support.

The practice carried out annual reviews and health checks at residential homes if patients could not access the practice. Residential homes told us they contacted the practice and the visits were organised efficiently.

Are services effective?

(for example, treatment is effective)

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).
- Nursing homes were contacted on a monthly basis to ascertain if any patients registered with the practice had a DoLS application.
- 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.
- Written consent was sought for procedures, such as joint injections. The process was also audited to ensure staff complied with the consent protocol.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. 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.

- Home care plans were put into place for those patients where it had been identified as appropriate.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and better than the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG 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 92% to 99%. CCG averages for vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 94% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40–74 years and annual health checks for patients with a learning disability.

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 staff members 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.

All of the 36 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 friendly, polite and caring.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The satisfaction scores regarding consultations with GPs and nurses were comparable to local and national averages. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% 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%.

- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Feedback from residential homes included that the reception staff were helpful, courteous and polite.

Care planning and involvement in decisions about care and treatment

Patients and feedback from comment cards told us staff were understanding and listened to any problems. Patients also said reception staff were very helpful and ensured they did all they could to ensure patients were at ease.

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 81% 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%.
- 84% 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 translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting areas which told patients how to access a number of support groups and organisations. This included a Lifestyle Eating and Activity Programme (LEAP), Quit51 and children and family services that were available in Leicestershire. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 160 patients as carers (1% of the practice list). The practice had a carers champion and all carers were offered an annual health check.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone. 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 in the morning, Monday to Friday, as well as on Saturday mornings 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities at all three practice sites.
- Baby changing facilities were also available at Two Shire Surgery and Old School Surgery.
- A hearing loop was available at Two Shires Surgery in Market Harborough, however Kibworth and Fleckney did not have a hearing loop. Reception staff told us that it had not been a problem to communicate effectively with patients without a hearing loop.
- Translation services were available at all practice sites if it was required. Some of the staff members were also multi-lingual.
- The practice registered patients with the practice address if they did not have a fixed abode. Staff were also aware they could contact the travelling families team with help to contact patients, if needed.
- Drivers medicals were also available for patients working as taxi and heavy goods vehicle drivers.

Access to the service

Old School Surgery in Kibworth and Two Shires Surgery in Market Harborough were open between 8am and 5.30pm Monday to Friday. Fleckney Surgery was open from 8am to 12noon and 2pm to 5.30pm Monday to Friday. Extended hours appointments were offered at Old School Surgery on

a Monday, Wednesday and Friday between 7.30am and 8am, as well as at Two Shires Surgery on a Tuesday and Thursday between 7.30am and 8am. Extended hours appointments were also offered on a Saturday from 8am to 12.30pm which were alternated between Old School Surgery and Two Shires Surgery.

The practice also offered two minor illness clinics on a Monday afternoon in Hallaton and Medbourne. Patients were able to book an appointment at these clinics through the receptionists.

In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them. Patients were able to request to go to a specific practice site and were offered other practice sites if an appointment at an earlier time was available, or if they wished to see a specific GP.

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

- 64% of patients were satisfied with the practice's opening hours compared to the national average of 78%. The practice had reviewed their opening hours and discussed the implementation of offering further extended hours in the evening, which was planned to be in place by the end of 2016.
- 62% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 89% of patients said the last appointment they got was convenient compared to the national average of 92%.
- 70% of patients felt they didn't normally wait too long to be seen compared to the CCG average of 58% and national average of 58%.

A number of patients told us that it could be difficult to get through to the practice by telephone and that there could be a wait to see a doctor for a routine appointment. However, one patient also told us that although they often had to wait for a routine appointment, they rang that morning and got an appointment for the same day. Feedback from residential homes told us they could generally contact the practice by telephone, however commented that at times it could be busy.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had carried out a six month pilot which was due for completion at the end of July 2016. This involved offering young people appointments on alternate Saturdays. The practice had written to local schools for this information to be conveyed to school nurses and students made aware.

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.
- There was a designated responsible person who handled all complaints in the practice.
- Staff were knowledgeable about the complaints process and told us they would try to resolve any concerns a patient had informally first.

- We saw that information was available to help patients understand the complaints system, including a patient information leaflet.

We looked at five complaints out of 74 which had been received in the last 12 months and found they had been responded to in a timely manner. In each case, a full explanation was provided to the complainant and a meeting was arranged to discuss the complaint if required. We noted the practice apologised to the patient and acted on areas for improvement. For example, if patients were signed up to the SMS messaging service, the practice would send a text message to the patient to confirm the location of the appointment.

The practice also highlighted, on review of the complaint, if the incident should be recorded and investigated as a significant event. Lessons were learnt from individual concerns and complaints and discussed at practice meetings. Each complaint had a review checklist to determine the type of complaint and action taken following the complaint investigation and an annual review of complaints were carried out to identify trends.

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 quality care and promote good outcomes for patients and met on an annual basis to develop the strategy for the next 12 months.

The practice had identified clear objectives for development and staff were aware of them.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and quality care. However, we found some of the framework required strengthening to ensure policies and protocols were followed.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, however not all policies and protocols were followed consistently. This included documented checks on emergency equipment and fridge temperatures where vaccines were stored.
- Medicines and Healthcare products Regulatory Agency (MHRA) alerts were reviewed and appropriate persons were made aware of them. The practice carried out searches on the patient record system to ensure action was taken against the alerts.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

There had been recent changes to the partnership of the practice and we were aware a new partner was due to start with the practice in August 2016. We found the GP partners demonstrated they had the experience, capacity and capability to continue to improve the running of the practice and ensure quality care.

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). 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 supported affected people and provided them with an explanation and a verbal or 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 and the minutes were available on the practice intranet site. All staff from the different practice sites were invited to the practice meetings and could access the minutes if they did not attend.
- Clinical meetings were held on a monthly basis which included nursing staff. Nursing staff were able to attend the clinical meetings and raise issues, however they did not hold formal nurse meetings.
- Staff at Fleckney Surgery told us they could contact the practice management team for support if it was required and advice and support would be provided. However, the practice management team were not actively visible at Fleckney Surgery.
- 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.
- Salaried GPs who had training at the practice as a GP registrar had been recruited. Staff told us they wanted to stay at the practice due to the support from managers and partners, as well as the time provided for learning and development.

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

Are services well-led?

Requires improvement 

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service. Staff were aware of the actions taken by the practice as a result of patient feedback.

- The practice had a virtual patient participation group (PPG), which could be accessed through the practice website. Patients could become a member of the group and remain anonymous if they wished. The practice posted information on the site, which members could then respond to. This included topics such as the patient survey, staffing changes, clinical research and maintenance of the buildings. The practice also used

the facility to run voting polls, the most recent poll held was regarding the potential for quarterly PPG face-to-face meetings. At the time of our inspection, this poll was still ongoing. An annual report was available on the practice website, which summarised the identified actions in consultation with the PPG and the actions taken by the practice as a result.

- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had acted on feedback from staff and ordered new chairs and flooring at Fleckney Surgery.

This section is primarily information for the provider

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to ensure there was a system of legal authorisation for healthcare assistants to administer medicines.</p> <p>This was in breach of regulation 12(1)(2)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided.</p> <p>They had failed to ensure policies and protocols and followed and that the implementation of actions was consistent across all sites.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.