

# ASSIST

## Quality Report

1A Clyde Street,  
Leicester.  
LE1 2BG  
Tel: 0116 2952400  
Website: <https://assistpractice.co.uk>

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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	Outstanding	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Outstanding	
Are services responsive to people's needs?	Outstanding	
Are services well-led?	Good	

# Key findings

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## Letter from the Chief Inspector of General Practice

### **This practice is rated as Outstanding overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Outstanding

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Outstanding

People with long-term conditions – Outstanding

Families, children and young people – Outstanding

Working age people (including those recently retired and students) – Outstanding

People whose circumstances may make them vulnerable – Outstanding

People experiencing poor mental health (including people with dementia) – Outstanding

We carried out an announced comprehensive inspection at Assist on 9 March 2018 as part of our inspection programme.

At this inspection we found:

- The Assist Practice was a GP practice specifically designed to provide asylum seekers and eligible patients with access to high quality healthcare within Leicester City.
- The leadership, governance and culture of this practice was used to drive and improve the delivery of high quality patient centred care.
- At the inspection we found that patients were protected by a strong comprehensive safety system and a focus on openness, transparency and learning when things go wrong. We found an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents. When incidents did happen there was a genuinely open culture in which all safety concerns raised by staff and people who use services were highly valued as opportunities for learning and improvement. All opportunities for learning from internal and external incidents were maximised.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.

# Summary of findings

- We saw a patient centred culture and strong evidence that staff were motivated and inspired to offer kind and compassionate care, working to overcome obstacles to achieve this. There were many positive examples to demonstrate how patients' choices and preferences were valued and acted on.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Information about services and how to complain was available and accessible in different languages via the practice website. Improvements were made to the quality of care as a result of complaints and concerns. The practice was proactive in capturing complaints and acted positively to make improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements. The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care and were clear, supportive and encouraged creativity.
- Governance and performance management arrangements were proactively reviewed
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The provider was a social enterprise and had a board of directors who were responsible for making business decisions. High standards were promoted and owned by all the practice staff with evidence of team working. It recognised staff for their efforts and achievement through a number of different schemes including award ceremonies.

We saw a number of areas of outstanding practice:

- The practice had also developed the 'Inclusion bike project'. The practice obtained local funding and purchased 10 bicycles, with safety equipment and worked with the local police who provided cycle proficiency training which in turn was linked to patients being able to learn the English language. The provider now worked with partner agencies and had created a 'Bike Library' which are loaned to patients who had completed the cycling proficiency

training. We were told that this helped alleviate the social isolation which many asylum seekers experienced and enabled them to attend the practice from areas outside Leicester City and improve their physical and mental health.

- In special circumstances the practice provided direct funding to patients, for example, for taxis to enable patients to access essential health care, mental health and well-being resources such as purchasing colouring books and radios for adult mindfulness/ distraction and tenancy support packs providing essential personal items such as underwear and socks.
- The provider had created a Social Enterprise 'Inclusion Communities Fund'. We were told that staff and shareholders made decisions together on how the funds were allocated in keeping with the provider's vision and values. Over recent months money was donated to a local charity which provided support for asylum seekers and refugees.
- The practice had a vision and strategy in place driven by quality and safety which reflected compassion, dignity and respect. All staff we spoke with felt engaged in this vision and strategy through regular practice meetings and a strong team culture at the practice.

The areas where the provider **should** make improvements are:

- Improve the process for the documentation of safeguarding meetings.
- Improve the current process in place for coding of medication reviews.
- Improve the current process in place for prescription stationery.
- Review and improve the monitoring of training to ensure all staff have training relevant to their role, for example, infection control, sepsis awareness, health and safety.
- Review and improve the clinical governance agenda to includes areas that will provide information and guidance to staff , for example, MHRA and NICE .

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

# Key findings

## Areas for improvement

### Action the service SHOULD take to improve

- Improve the process for the documentation of safeguarding meetings.
- Improve the current process in place for coding of medication reviews.
- Improve the current process in place for prescription stationery.
- Review and improve the monitoring of training to ensure all staff have training relevant to their role, for example, infection control, sepsis awareness, health and safety.
- Review and improve the clinical governance agenda to include areas that will provide information and guidance to staff, for example, MHRA and NICE.

## Outstanding practice

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# ASSIST

## 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, 2nd CQC inspector, a practice nurse specialist adviser and a practice manager specialist adviser.

### Background to ASSIST

The Assist Practice is located at 1A Clyde Street in Leicester City Centre and is run by Inclusion Healthcare Social Enterprise CIC. The practice is a single storey building and has suitable access for patients who have reduced mobility.

The Assist Practice is a GP practice specifically designed to provide asylum seekers and eligible patients with access to high quality healthcare within Leicester City. They are open to new patients who wish to register and can provide the relevant Home Office UK Border Agency documentation. Assist offer a full general practice service giving patients access to a range of health professionals.

The practice provides primary medical services under an Alternative Personal Medical Services (APMS) contract. It has approximately 1,305 patients and the practice's services are commissioned by Leicester City Clinical Commissioning Group (CCG).

At Assist the service is provided by five GPs equating to 1.32 whole time equivalent, (three female and two male), one assistant practice manager, two nurses, one mental health practitioner and six administration and reception staff. Each GP works the same sessions each week so patients know when a particular GP is working. This supports the practice to provide continuity of care.

Inclusion Healthcare Social Enterprise CIC has two locations registered with the Care Quality Commission (CQC) which is:-

Inclusion Healthcare Social Enterprise CIC, Charles Berry House, 45 Bond Street, Leicester. LE1 4SX

Assist, 1A Clyde Street, Leicester. LE1 2BG

<https://assistpractice.co.uk>

On 9th March 2018 we inspected Assist, 1A Clyde Street, Leicester. LE1 2BG.

The level of deprivation is second on the most deprived scale. The level of deprivation is 36% compared to a CCG average of 32% and national average of 24%. The level of income deprivation affecting children and older people is above CCG average and national average.

The practice has 39% of patients registered at the practice aged 0yrs to 18, 59% aged 18yrs to 64, 1% aged 65 and over, 0.4% aged 75 and over and 0% aged over 85 years of age. Of these 52% are white British, 32 % Asian and 8.6% black. (Source: Public Health England & 2011 Census)

The practice were contracted to open from 8.30am to 5pm Monday to Friday. On the day of the inspection we found that the opening hours had changed and Assist Practice closed at 2pm until they move to the new rooms with Charles Berry House. The practice had the agreement of the CCG and appointment slots had been doubled for the morning clinics. In the afternoon patients could be seen at Charles Berry House which is another location registered with the Care Quality Commission and run by Inclusion Healthcare Social Enterprise CIC. Information was available in the waiting room to advise patients of the changes. From 8am to 8.30am and 5pm to 6.30pm a duty doctor is available to deal with urgent telephone calls.

Appointments are available from 8.30am until 12 midday and 1.30pm to 5pm Monday to Friday. The practice does

## Detailed findings

not offer extended hours. Interpretation services are available to patients to enable them to make an appointment. Pre-bookable appointments could be booked in advance and on the day emergency appointments were also available.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The

out-of-hours service is provided by Derbyshire Health United. There are arrangements in place for services to be provided when the practice is closed and these are displayed on their practice website.

Patients registered with Leicester City practices can also access (initially by telephone) three 'Healthcare Hubs' (located at health centres/GP practices) during evenings and weekends.

# Are services safe?

## Our findings

**We rated the practice, as good for providing safe services and all of the population groups as Outstanding .**

### Safety systems and processes

The practice had systems in place to keep patients safe and safeguarded from abuse.

- The practice had a system in place to safeguard children and vulnerable adults from abuse. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff we spoke with were aware who the lead GP was. Policies were accessible to all staff. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and practice nurses to level two. They knew how to identify and report concerns. The practice worked with other agencies to support patients and protect them from neglect and abuse. We saw that the practice had regular safeguarding meetings. However on the day of the inspection we found that the process to record details of discussions needed to be clarified as it was not immediately obvious on some of the patient records if a patient had any safeguarding issues. We looked at two records and found appropriate actions had been taken, for example, in relation to two patients under 18 years of age who had experienced female genital mutilation. On the day of the inspection the lead GP reviewed all the records of children and a new recording template for discussions at safeguarding multi disciplinary team meetings was put in place. Flowcharts were updated to provide further guidance for staff. After the inspection a significant event was recorded so that lessons could be learnt and shared with staff.
- We reviewed four personnel files and found 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 Disclosure and Barring Service (DBS). On the day of the inspection the

practice did not have a system in place to recheck a clinician's professional registration on an annual basis. However this was implemented on the day of our inspection.

- All staff who acted as chaperones were trained for the role and had received a 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). A chaperone notice was visible in the reception area and was written in at least eight languages.
- There was an effective system to manage infection prevention and control. The nurse manager was the infection prevention and control (IPC) lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Six monthly IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The majority of staff employed at the practice had received up to date training.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

The practice had a system in place to assess, monitor and manage risks to patient safety.

- A risk register was in place. We saw evidence that clinical risk was discussed at board meetings and there were agreed processes in place to mitigate clinical risks.
- 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 were on duty to meet the needs of patients. For example the practice ensured that individual GPs were in the practice on a specific day each week. Patients were made aware of this and it provided continuity for patients which was particularly important for the practice population.
- There was an induction system for temporary staff tailored to their role.

## Are services safe?

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. A recent event had led to a significant event being raised in relation to a potentially faulty defibrillator.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Discussion had taken place as part of an external practice learning team event and posters were placed in clinical treatment rooms for guidance. However we could not see any evidence that administration staff had received any sepsis awareness training.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff. Since the inspection, templates have been added to patient records to ensure that discussions about safeguarding are visible to all staff as required.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Feedback from external organisations we spoke with was extremely positive and Assist had good systems in place for sharing information.
- Referral letters were sent out in a timely manner and included all of the necessary information.

### Safe and appropriate use of medicines

The practice had systems in place for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- At the inspection we found there was a system in place to ensure that monitoring of the cold chain across the practice was being managed in accordance with national guidance. However we found that vaccines were stored on the bottom shelf of the refrigerator and these were immediately removed when identified.

- The practice kept stationery stored securely when received however prescription numbers were not monitored and controlled medicine prescriptions were not signed for when collected by the patient. Straight after the inspection the protocol for prescription security was reviewed, discussed with staff and commenced straight away. The practice also put in place an information sheet to provide an 'aide memoire' for staff.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- We found the practice had Patient Group Directions (PGD's) in place to allow nurses to administer vaccines and other medicines produced in line with legal requirements and national guidance.
- The practice had antibiotic guardians in place and guidance was provided at a recent external practice training event. There was evidence of actions taken to support good antimicrobial stewardship. Antibiotic guardians work with patients and other organisations to slow down the spread of antibiotic resistance.
- Patients' health was being monitored to ensure medicines were being used safely and followed up on appropriately. We were told that the practice involved patients in regular reviews of their medicines. On the day of the inspection the practice were not able to provide accurate data of the reviews due to an issue with the Read codes on the patient record that had taken place. Since the inspection a lead GP had completed an audit review of all patients on repeat medications and 95 % had received a medicine review in the last 12 months. Eleven patients had been contacted and were due to be seen for review. The audit will be repeated in September 2018 and will be discussed at the next Clinical Governance meeting to ensure they were Read coded correctly on the patient record system.
- The practice had a small number of patients on high risk medicines and had a system in place to ensure they were being safely used and follow-up appropriately.

### Track record on safety

The practice had a good safety record.

## Are services safe?

- The Assist Practice building was maintained by NHS Property Services. On the day of the inspection the practice did not have a general health and safety risk assessment in place. After the inspection the practice sent us a general health and safety risk assessment which included slips, trips and falls. A five year wiring certificate was in place and was last carried out on 25 September 2014. Once the move to Charles Berry House is complete the provider will not be reliant on external agencies to carry out these assessments.
- The practice could demonstrate they had a system in place for fire safety. A risk assessment was carried out on 6 May 2015 and reviewed on 15 February 2016. Regular monitoring of the fire alarm, emergency lighting, fire extinguishers and exits took place. A fire drill took place every six months but the report could benefit from more detailed information.
- Arrangements were in place for the management of legionella (a bacterium which can contaminate water systems in buildings). Regular monthly monitoring of the water temperatures took place and were recorded.
- NHS Property services were responsible for gas safety. Outstanding maintenance from 2016 did not appear to have been carried out. The practice contacted NHS Property Services who confirmed that this was not deemed as a risk to patient safety and the practice have now received confirmation a further service will be carried out in the next two weeks and any outstanding work required would be completed.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

There was a system for reporting and recording significant events.

- There was guidance available for staff and a specific significant event form to record incidents. 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).

- From the documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident, received support an explanation and an apology. They were informed of any actions the practice had implemented in order to make improvement and prevent a reoccurrence.
- We reviewed incident reports and minutes of meetings where significant events had been discussed. We found that the practice carried out a thorough analysis of significant events.
- We saw evidence that lessons were shared internally and externally to make sure action was taken to improve safety. For example, following an incident with a potentially faulty defibrillator the practice shared the information with the manufacturer for investigation to avoid patients being put at risk.
- We saw evidence that the practice monitored trends in significant events and acted on them. For example, following a number of significant events with dissatisfied patients at reception the practice investigated by carrying out a walkthrough of the patient journey and auditing staff competencies and skills. This identified that the issue was the full glass screen at reception which was causing breakdowns in communication between patients and staff. As a result the practice implemented staff training, increased staffing levels and removed the glass screen. This improved communication and over the longer term has meant there had been no further incidents of this nature.
- The practice had a process in place to deal with incoming MHRA safety alerts. We saw from meeting minutes that alerts were going to be added to clinical governance meeting agendas as a standing item for discussion going forward.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as Good for providing effective services overall and outstanding across all population groups.**

### Effective needs assessment, care and treatment

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

- The practice did not have a formal system to keep all clinical staff up to date but planned to add NICE guidance to the agenda of clinical governance meetings going forward. Since the inspection the meeting agenda has been revised to include NICE guidance and MHRA alerts.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.

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

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.64 compared to a CCG average of 1.14 and national average of 0.90.
- The average number of antibacterial prescription items prescribed per Specific Therapeutic was 1.01 compared to a CCG average of 0.93 and national average of 0.98.
- The percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporin's or Quinolones was 6.3% compared to a CCG and national average of 9%.
- The percentage of medicines used for the treatment of urinary tract infections such as trimethoprim and nitrofurantoin was 1.667 compared to a CCG average of 1.79.
- We did not see evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- On the day of the inspection the practice only had 10 patients over 65 years of age registered. This represented 1% of the patients registered at the practice compared to a CCG average of 18% and national average of 27%.
- Over the last six months the practice had carried out a search of patients over the age of 65 years of age who had not been seen in the last 12 months. Nine patients had been identified and a review of their patient record was completed to see if an appropriate care plan was in place. None of the nine patients required a care plan at the time of the review. A monthly search had been set up so that these could be regularly reviewed.
- The achievements for indicators related to Rheumatoid Arthritis was 100% which was 10% above the CCG average and 13% above the national average.

People with long-term conditions:

- Patients registered at Assist had low levels of long term conditions such as asthma, atrial fibrillation, and cancer. The practice had a large number of patients with hypertension and 30% of the patients registered at the practice had long term conditions such as HIV/AIDS, tuberculosis and latent tuberculosis, hepatitis B and C, depression and post-traumatic stress disorder (PTSD). They had a routine procedure to offer a test for HIV/AIDS/Hepatitis B and C when patients registered at the practice.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 82% which was above the CCG average of 75% and national average of 78%. Exception reporting was 10.5% which was 4% above the CCG average and 1% above the national average.
- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation was 100% which was above the CCG average of 92% and national average of 88%.
- Patients with long-term conditions had a structured annual review to check their health and medicines

# Are services effective?

## (for example, treatment is effective)

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Families, children and young people:

- The practice had a relatively high percentage of children registered with it including 13% of children aged under 5 year old. 22% were aged 18 years and under. Parents we spoke with told us that staff were extremely supportive and helpful and were there for advice and support when required.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. 2% of women registered at the practice were currently pregnant and the practice worked closely with the specialist midwifery and health visiting service to ensure vulnerable children were monitored appropriately. A health visitor attended a clinical meeting once a month to provide updates and information.
- The practice had identified that previously childhood vaccinations had been provided on an ad hoc basis leaving some children at risk. It had therefore put a system into place to ensure that childhood immunisations were carried out in line with the national childhood vaccination programme. Children who had an incomplete vaccination history were vaccinated in line with the national programme. Uptake rates for the vaccines given for under two year olds was 95% to 100% and above the national standard of 90% and five year olds from 92% to 97%. The practice had achieved a score of 9.7 compared with the national average of 9.1.
- The practice had identified that uptake for the cervical screening programme needed improvement and had worked with patients to explain the importance of this. The practice's uptake for cervical screening was 99.5 %, which was well above the CCG average of 66% and national average of 72%.

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

- Approximately 78% of the practice's patients were of working age but as asylum seekers they were not allowed to work or study. 55% of these patients were male

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. 55% of patients eligible had attended for bowel cancer screening which was above the CCG average of 43% and in line with the national average of 55%.
- Of those patients eligible 64% had attended for breast cancer screening which was slightly below the CCG average of 68% and below the national average of 70%.
- The practice actively promoted appropriate health assessments and checks. These included comprehensive health checks for all new patients which included tests for hepatitis and tuberculosis where appropriate and identification of patients with mental health issues such as post-traumatic stress disorder. There were appropriate follow-ups for the outcomes of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The majority of the practice's patients were asylum seekers. There were also some patients who were refugees under the Syrian resettlement project who were allowed to register with the practice for their first three months in Leicester.
- 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. Any issues would normally be discussed with the GP who was the safeguarding lead.

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

The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.

- The practice had identified that a high proportion of its patients had high levels of mental distress. Approximately 6% were coded with post-traumatic stress disorder (PTSD) and an additional 18% were diagnosed with depression. 17% had also been identified as having experienced torture. 0.8% of the patients registered at the practice were identified as having severe mental illness. This meant that the

# Are services effective?

## (for example, treatment is effective)

practice could provide longer appointments, signpost to other organisations in Leicester City. Care plans had been put in place involving other agencies for example, the ambulance and police service to ensure appropriate responses and support.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- For those patients diagnosed with dementia 100% two had had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG average of 85% and national average of 84%. Exception reporting was 0% which was below the CCG average of 6% and below the national average of 7%.
- For those patients experiencing physical and/or mental health conditions whose notes recorded smoking status in the previous 12 months was 100%. This was 3% above the CCG and 4% above the national average. Exception reporting was 3% which was 2% above the CCG and national average.
- The practice had low numbers of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses. Of the eight patients registered, five had had a comprehensive, agreed care plan documented in the previous 12 months. This was below the CCG average of 93% and below the national average of 90%. Exception reporting was 0% which was 12% below the CCG and national average.
- For those patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption was recorded was 88%. This was below the CCG average of 93% and national average of 91%. Exception reporting was 0% which was 12% below the CCG and national average.
- For those patients with schizophrenia, bipolar affective disorder and other psychoses 100% had had a record of blood pressure recorded in the previous 12 months which was 9% above the CCG and national average.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations. For example, British Red Cross and the City of Sanctuary for general support, foodbanks and hot meal services.

### Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results for 2016/17 were 92.4% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 96%.

The overall exception reporting rate was 5.5% which was 3% below CCG and 4% below the national average. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 94.7% which was 4.9% above the CCG average and 2.9% above the national average. Exception reporting was 0% which was 3.8% below the CCG average and 5.5% below national average.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma was 100% which was 23.5% above the CCG and national average. Exception reporting was 0% which was 3.8% below the CCG average and 7.7% below national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 93% which was above the CCG and national average of 83%. Exception reporting was 8% which was 4% above the CCG and national average. Of the patients registered with the practice
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 100% which was 8.6% above the CCG average and 9.6% above the national average. Exception reporting was 0% which was 10% below the CCG average and 11% below the national average.

The practice was actively involved in quality improvement activity.

# Are services effective?

(for example, treatment is effective)

- There had been four clinical audits commenced in the last two years, three of which were completed audits where the improvements identified were implemented and monitored. The practice plan to use a more standardised audit proforma going forward.
- The practice referrals to secondary care and external organisations were reviewed as a result of a CCG initiative in order to ensure they were completed in a timely manner and were appropriate.
- The practice used information about care and treatment to make improvements. When the provider took over the practice in 2015 they found that the programmes for cervical screening and immunisations and vaccinations were below local and national averages. The practice was now able to demonstrate that the processes they put in place ensured that they are now exceeding both local and national averages in both areas.
- We saw a further example where findings were used by the practice to improve services. The practice had reviewed how it managed patients with pre-diabetes and diabetes and had introduced a new patient pathway to ensure blood sugar levels were regularly monitored, despite the relatively high turnover of patients who register at the practice.
- 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 attending regular update training.
- The learning needs of staff were identified through a system of induction and supervision meetings, appraisals, and reviews of practice development needs. Staff had access to appropriate and specific training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. The practice provided a spreadsheet of staff appraisal outcomes in order to monitor them and ensure staff were able to progress with their development.
- 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. However we found that a few staff had not completed infection control training and health and safety training was not included as a specific training requirement.

## Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment. The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice.

- The practice had a role specific induction programme for all newly appointed staff. This included topics such as safeguarding, fire safety, health and safety and information governance. All staff received annual basic life support training.
- 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. Training was tailored to the practice population and the practice had worked with other agencies to educate staff on specific asylum issues on an ongoing basis.

- A number of meetings took place weekly to continuously improve how the practice delivered services to the patients. A number of these meetings included external professionals.
- We saw the practice had a clear approach for supporting and managing staff when their performance was poor or variable. We saw one example where the lead GP had managed poor performance and had contacted an outside agency to ensure they had taken all the required steps whilst supporting the member of staff.

## Coordinating care and treatment

Staff, teams and services were committed and were able to demonstrate the wide collaborative working that took place with other health and social care professionals to deliver effective care and treatment. We spoke with external organisations who were extremely positive in their feedback.

# Are services effective?

## (for example, treatment is effective)

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- There was wide ranging evidence of multiagency working to support quality outcomes for patients. For example, they worked closely with other organisations such as the British Red Cross, hosting clinics in the practice so that they can jointly support patients with asylum claims and joint appointments with Supporting Tenants and Residents (STAR- a housing-related support service for people arriving in Leicester) to find suitable accommodation. The practice also worked with the Zinthyia Trust, a registered charity that offered support to women and families from disadvantaged backgrounds and provided advice on a wide range of issues. They gave very positive feedback in the working relationship and told us patients were very satisfied with the services they received at Assist and that doctors were caring and staff were polite and helpful and took time to understand the issues faced by them.
- The practice worked with other service providers to meet patients' needs and manage complex cases. Blood test results, letters from the local hospital including discharge summaries and out of hours provider communication could be received electronically and by post. We saw the system in place was timely and all required actions were completed. We saw that all letters were scanned so they were available electronically.
- The practice had an effective call and recall system in place. Examples of this were demonstrated in the extremely positive results for childhood immunisations and vaccinations and cervical screening.
- The practice actively promoted appropriate health assessments and checks. These included comprehensive health checks for all new patients which included tests for hepatitis and tuberculosis where appropriate and identification of patients with mental health issues such as post-traumatic stress disorder. Information leaflets were downloaded and printed in a number of different languages to provide information to patients when required. There were appropriate follow-ups for the outcomes of health assessments and checks where abnormalities or risk factors were identified.
- The practice had adopted a policy to work with relevant patients to encourage them to attend for a cervical screening test. Staff had explained the importance of this and that the test would be carried out by a female sample taker and that a chaperone would be available if required. There were 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. Cervical screening results demonstrated the success of this policy as they had 99.5% attendance.

### Helping patients to live healthier lives

- We saw and we were told that staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health, and every appointment or telephone conversation with patients was used to do so. For example, text messages, pop up reminders on the patient electronic record were used at routine, non-related visits to prompt staff to discuss issues with patients, offer immunisations, screening and medicine reviews.
- The practice had identified that 24 patients had been coded as carers which was equivalent to 1.7% of the practice population.
- The percentage of of new cancer cases (from patients registered at the practice) referred using the urgent two week wait referral pathway was 100% compared to the CCG average of 59% and national average of 52%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. For example, the percentage of patients with a record of offer of support and treatment for smoking in the last 24 months was 93.7%.
- Patients could be signposted to a gymnasium, keep fit classes and take part in tasks such as gardening. External feedback we received told us that this often reduced the need for prescribed medicines and had been well received by patients.

# Are services effective?

(for example, treatment is effective)

## Consent to care and treatment

On the day of the inspection records we reviewed demonstrated that the practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005 and some had completed specific MCA training. Since the inspection the practice have provided information that all staff have completed MCS training.

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.

- Patients gave consent for an interpreter to be used for phone calls and appointments. Longer appointments were in place when an interpreter was used and the practice provided speaker phones in all its consulting and treatment rooms so clinician and patient could both hear the interpreter at the same time.



# Are services caring?

## Our findings

### **We rated the practice, and all of the population groups, as outstanding for caring.**

We observed a patient centred culture and found strong evidence that staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. The management team led by example and staff at all levels demonstrated compassion for their patients, staff and communities. We found many positive examples to demonstrate how people's choices and preferences were valued and acted on. Patients we spoke with and external feedback we received aligned with these views.

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information and the length of appointment times reflected this.
- 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.
- As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Patients said they felt that everyone was kind, friendly and welcoming and treated all patients with respect and care. Patients felt staff understood their situations and offered help and support in addition to treatment. Several said that the practice was the most important place for them and they felt safe there. Some said that they would like to have more privacy when in reception and talking to a receptionist.
- The practice was awarded the City of Sanctuary award for providing specialist compassionate care. This award was in recognition for the high level of professionalism and a real depth of knowledge and understanding for refugees and asylum seekers.

- The results from the national GP patient survey published in July 2017 showed a high level of satisfaction from patients registered with the practice. Patients felt they were treated with compassion, dignity and respect. The practice was above the CCG averages and in most the national averages for most questions for its satisfaction scores on consultations with GPs and nurses. 345 surveys were sent out and 105 were returned. This represented about 8 % of the practice population.

For example:

- 92% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 87% of patients who responded said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 95% of patients who responded 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%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 88% of patients who responded said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 91%.
- 88% of patients who responded said the nurse gave them enough time compared to the clinical commissioning group (CCG) average of 88% and the national average of 92%.
- 95% of patients who responded said they had confidence and trust in the last nurse they saw compared to the clinical commissioning group (CCG) average of 93% and the national average of 95%.
- 85% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 83% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 80% and the national average of 87%.



## Are services caring?

- 70% of patients who responded said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area which was the same as the CCG and national average.

We spoke with six patients about the consultations with GPs and nurses. People we spoke with told us that staff took into account their personal, cultural, social and religious needs. They were supportive and helped them to find ways overcome a lot of the obstacles they experienced when they arrived in Leicester. All six patients said they felt well cared for, felt respected and treated with compassion and dignity. External organisations we spoke with aligned with these views and they told us that they often attended appointments with the patients and the care and treatment given was excellent and felt Leicester City were very fortunate to have this service in place.

### Involvement in decisions about care and treatment

Patients who used the services were active partners in their care. We were told and we saw that staff were fully committed to working in partnership with people and often went 'above and beyond' to overcome the obstacle to delivering care.

- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to :
  - The practice had also realised that the process of seeking asylum could also be distressing and confusing and offered longer appointments for those who needed interpreters as they currently had 45 commonly spoken languages. Interpreters could be used for booking in at reception, telephone and clinical appointments.
  - Staff communicated with patients in a way that they could understand, for example, communication aids, leaflets downloaded in their own language and use of an interpreter when required. Patients and external organisations we spoke with told us this was much appreciated and the staff went 'above and beyond' to ensure patients and their relatives were able to access the care they needed and be involved in decisions about their care and treatment. For example, staff taking the time to research what services are available in the locality that asylum seekers can access and providing literature they can refer to, supporting families with letters or assistance in completing important home office applications.
- Staff supported patients and their carers to find further information and access community and advocacy services.

Patients we spoke with told us they felt staff involved them 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. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals, for example, the practice was aware of those of its patients who were unaccompanied minor asylum seekers, and considered their health and social needs.

Results from the national GP patient survey published in July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages.

For example:

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 81% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 90%.
- 81% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.



## Are services caring?

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice and all the population groups as outstanding for providing responsive services.**

### Responding to and meeting people's needs

We found that that the practice had made patient needs and preferences central to its systems in place to ensure flexibility, choice and continuity of care. 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.

For example,

- The practice understood the needs of its population and tailored services in response to those needs. The practice had a good understanding about the age, ethnicity and deprivation factors affecting its patients. (For example, rapid needs assessment had been carried out to ensure the needs of the patients registered were met. The practice also had online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments. The website could be translated in a large number of different languages spoken by the local community.
- Once patients were registered they were introduced to the NHS healthcare system and assessed which enabled the practice to put plans in place to enable them to manage their complex health care needs.
- We were shown examples of the involvement of external organisations and the local community to ensure that the services provided by the practice met people's needs.
- Patients could access appointments and services in a way and at a time that suited their circumstances.
- The facilities and premises were appropriate for the services delivered and in May 2018 would move location and be delivered from Charles Berry House which is also in the centre of Leicester City.
- Since the provider had taken over the contract for the Assist Practice they had closely monitored patient demand for appointments. As a result they had responded to this demand in a short space of time. The practice made reasonable adjustments when patients found it hard to access services.
- The practice did not offer extended hours but patients were able to access four Healthcare 'Hubs' providing GP services to patients registered with GPs in Leicester City. These were open until 8pm. Information about how to access the Hubs was available at the practice and on its website.
- The practice sent text message reminders of appointments.
- When a patient wished to speak with a receptionist privately they would use one of the consulting rooms.
- Care and treatment for patients with multiple long-term conditions was coordinated with other services.
- Patient information leaflets and notices were available in the patient waiting area which informed patients how to access a number of support groups and organisations.
- In response to patients expressing the struggles they were encountering paying for food and other necessities on their very low and limited income, a member of staff had researched and met with partner agencies that supported vulnerable people such as asylum seekers and refugees. This group of patients were then signposted to the relevant agency for further support and advise.
- The provider had created a Social Enterprise 'Inclusion Communities Fund'. Staff and shareholders decided how the funds were allocated in keeping with the provider's vision and values. Some money was donated to a local charity which provided support for asylum seekers and refugees.
- The practice had also developed the 'Inclusion bike project'. Feedback from other partner agencies described patients travelling long distances to attend the surgery and also needing to access other services in the city centre. Bus fares were very difficult for many patients to afford. The practice obtained local funding and purchased 10 bicycles, with safety equipment and worked with the police who provided cycle proficiency training which was linked to English language learning. Subsequently a 'Bike Library' has been created with refurbished bikes which are loaned to patients who had completed the proficiency training. This also helped alleviate the social isolation, improved their health and wellbeing which were were told many asylum seekers experienced. External feedback we received was overwhelming positive about the responsive service



# Are services responsive to people's needs?

## (for example, to feedback?)

provided by this practice. They told us that patients did not want to register elsewhere as they received excellent care and treatment by staff who understood the complexities of their health needs.

- Staff communicated with patients in a way that they could understand, for example, communication aids, leaflets downloaded in their own language and use of an interpreter when required. Patients and external organisations we spoke with told us this was much appreciated and the staff went 'above and beyond' to ensure patients and their relatives were able to access the care they needed and be involved in decisions about their care and treatment. For example, seeing patients with an immediate need for an appointment or medication out of daily clinic hours.

### Older people:

- The practice only had 10 patients registered over 65 years of age. This represented 1% of the patients registered at the practice compared to a CCG average of 18% and national average of 27%.
- All patients had a named GP. On the day of the inspection the management team told us they were developing a template for integrated care in general practice. This would detail essential steps in the care of patients with a specific clinical problem. At present they saw this entire patient group on an annual basis and proactively made contact if they have not attended within that timeframe.
- The practice was responsive to the needs of older patients, and would offer home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice.

### People with long-term conditions:

- Patients who were registered and had a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs and interpreters were available together with extended appointment to ensure their needs were met.
- The practice held regular meetings with external organisation to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

- When families attended the practice the practice would take the medical history including immunisations and vaccinations. They would find out the first language spoken and print out the appropriate information from the World Health Organisation website so that the parents were able to make an informed choice.
- The practice supported pregnant women working with the specialist midwife service and helping women access additional support from a local 'Bumps and Babies Toddler Group' with a member of staff taking them to the group on their first visit.
- The practice had identified 13 young people who were unaccompanied minors i.e. who were under 18 years of age and had come to the UK as asylum seekers without responsible adults. They provided support and advocacy to this vulnerable group of young people to ensure they received the necessary care and treatment.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary and out of school hours when required.

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

- The practice had taken into account the needs of these patients and had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Patients were aware which days each GP normally worked and therefore found it easier to see their preferred GP if they wished to.
- The practice sent text message reminders of appointments.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this patient group.
- The practice had produced a 'Daily Guide' which was given to all patients. This provided information about English classes, activities and free hot meals.
- Approximately 78% of the practice's patients were of working age but as asylum seekers they were not allowed to work or study. 55% of these patients are male. In particular, this group of patients had high levels of mental distress, with 6% coded as having Post



# Are services responsive to people's needs?

(for example, to feedback?)

traumatic stress disorder and an additional 18% with depression. 17% had documented that they had experienced torture. Their situation as asylum seekers was distressing, with little autonomy where their symptoms were often deemed too complex for the Improving Access to Psychological Therapies service, and not having the diagnoses to meet the criteria for secondary care. Assist had been acting as advocates for the needs of this group for some time with the external organisations. On the day of the inspection they had yet to gain support for this group, but had a provision for the Refugees under the Syrian Resettlement Project for whom they also cared in their first three months in Leicester. The practice had put in a successful bid and now had a mental health practitioner to support the Syrian refugees as they were experiencing a wide range of mental health problems. The practice had produced an information leaflet written in their first language to give information on the service provided.

People whose circumstances make them vulnerable:

- The practice provided an enhanced service for refugees. This involved providing support to the patients and their dependants on how to use the NHS and signpost them to other appropriate healthcare resources when needed.
- On the day of the inspection we found all the patients registered with the practice were asylum seekers. There were also some patients who were refugees under the Syrian resettlement project who were allowed to register with the practice for their first three months in Leicester. The practice referred them to local charities and food banks and also responded quickly to any requests from the Home Office for reports relating to a need for ongoing financial support. After a number of months they would be supported to register with a mainstream GP practice.
- People in vulnerable circumstances were able to register with the practice, including those with “no fixed abode.” We saw a recent example of how a member of the team had enabled a patient to get to a secondary care appointment by booking a taxi which was paid for by the practice.

- The practice offered patients a detailed health check at their initial appointment, allowing 45 minutes or longer for this. This included screening for long-term conditions such as hepatitis tuberculosis and HIV.
- The practice offered longer appointments (30 minutes) for those patients who needed an interpreter. This was usually about 40% of the practice population.
- A health care assistant undertook the role of a patients advocate and travelled to appointments with them in secondary care where required.
- 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. Any issues would normally be discussed with the GP who was the safeguarding lead.
- At any one time the practice supported approximately 20 patients who were destitute asylum seekers (without accommodation or finance after their application for asylum had been refused.) The practice referred them to local charities and food banks and also responded quickly to any requests from the Home Office for reports relating to a need for ongoing financial support.
- The provider had created a community fund which provided direct funding for patients, for example, for taxis to access essential healthcare, tenancy support packs, including essential personal items including underwear and socks, and mental health and well-being resources such as radios and colouring books. It also made a contribution to a local charity which supported asylum seekers.

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

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice referred patients with poor mental health to a variety of services which provided counselling,



# Are services responsive to people's needs?

## (for example, to feedback?)

cognitive behavioural therapy, and advice and listening. However some patients' needs could not be met by these services and the practice was trying to develop better services in conjunction with the CCG.

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

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The practice kept its opening hours and appointment availability under review. The number of appointments with GPs, nurses and healthcare assistants had increased in each of the preceding three years. We found that combined with a team effort the practice provided effective and highly responsive care and treatment and were able to demonstrate they were up to date with the ever-changing needs of their practice population

The practice was contracted to open from 8.30am to 5pm Monday to Friday. On the day of the inspection we found that the opening hours had changed and Assist Practice closed at 2pm due to safety concerns. The practice had the agreement of the CCG and appointment slots had been doubled for the morning clinics. In the afternoon patients could be seen at Charles Berry House which is another location registered with the Care Quality Commission and run by Inclusion Healthcare Social Enterprise CIC. Information was available in the waiting room to advise patients of the changes. From 8am to 8.30am and 5pm to 6.30pm a duty doctor was available to deal with urgent telephone calls.

- We found good access to appointments with GPs and nurses, with on the day appointments available. Appointments could be booked in advance.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and DNA's (Did not attend) appointments were minimal and managed appropriately in comparison to local CCG figures.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

We spoke with the management team about the national GP patient survey as some patients registered at the practice had expressed difficulties in completing it as English was not their first spoken language. In a response from NHS England the practice was told that at the time the survey was only translated in 14 languages which would be reviewed again in 2019.

Results from the national GP patient survey in July 2017 showed that patients satisfaction with how they could access care and treatment were, for most questions, comparable to CCG average national averages. 345 surveys were sent out and 105 were returned. This represented about 8 % of the practice population.

- 91% of patients who responded were either very satisfied or fairly satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 80%.
- 61% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 59% and the national average of 71%.
- 66% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 64% and the national average of 76%.
- 74% of patients who responded said their last appointment was convenient compared with the CCG average of 73% and the national average of 81%.
- 78% of patients responded positively to the overall experience of making an appointment compared with the CCG average of 63% and the national average of 73%.
- 47% of patients who responded 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%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and often on the day. They also told us that staff went above and beyond as they would often call to check how they were and offer advice or an appointment to be seen. Nothing was too much trouble which the patients felt was excellent care and treatment.

All the staff we spoke with were aware of how they could access translation services for patients who did not speak



# Are services responsive to people's needs?

(for example, to feedback?)

English as their first language. Staff also confirmed that where a translation service was booked a longer appointment for the GP or nurse was made to accommodate the patients' needs.

## Listening and learning from concerns and complaints

The practice took complaints and concerns very seriously and responded to them appropriately to improve the quality of care.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information about services and how to complain was available and accessible in different languages via the practice website. There was a poster

in the reception area advising patients how to raise a complaint but this was only displayed in English. Since the inspection the complaints signage has been translated into five common languages and patients have been advised an interpreter would be available if required.

- Complaints which had been received had been verbal and the practice had made every effort to capture verbal complaints and offered translation services in order to progress complaints, as English was a second language for some patients. We looked at the three complaints dealt with in the last 12 months and found these had been sensitively and thoroughly investigated with openness and transparency. Lessons were learned and improvements were made to the quality of care as a result of complaints and concerns. For example, as a result of a complaint the practice had reviewed with the reception team how to ask sensitively the reason for a patient's appointment request.

# Are services well-led?

Good 

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

## Our findings

### We rated the practice as Good for providing a well-led service.

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

#### Leadership capacity and capability

It was evident throughout the inspection that leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- The leadership team were extremely knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- In April 2015 Inclusion Healthcare Social Enterprise CIC were given a caretaking contract for the Assist Practice for 18 months. It was extended twice and in October 2017 they were awarded a five year contract to run the service.
- We were shown a clear leadership structure which had named members of staff in lead roles. Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- External feedback was extremely positive about the leadership and management of this practice. They told us the service provided was of a high quality. They provided holistic care which was exceptionally caring and responsive when patients were in crisis. Communication and information sharing was effective. The provider also invited external organisations to join them at interview when they recruited staff to ensure that the candidates were also able to work in collaboration with external organisations who cared for this vulnerable group of patients.

#### Vision and strategy

The practice had a strong learning culture. It had a clear vision to improve the health and wellbeing of the homeless and other marginalised groups of people through the delivery of responsive and high quality healthcare services. It was developed with staff and patient involvement. It had a clear vision to improve the health and wellbeing of vulnerable and excluded groups of people through the delivery of responsive and high quality healthcare services.

Staff we spoke with understood and shared this vision and felt supported within the organisation. Staff were also shareholders in the parent organisation and included in discussion and decision making.

The practice had a clear strategy and supporting business plans that reflected the vision and values and were regularly discussed and monitored.

- The practice developed its vision, values and strategy jointly with patients, staff and external partners. It was in line with health and social priorities across the region for this group of vulnerable patients. The vision and strategy was supported through frequent meetings that facilitated good communication to all staff groups. The practice held regular partner, clinical team meeting to ensure regular engagement took place which ensured all staff groups knew and understood the vision and values.
- We found that that the practice had made patient needs and preferences central to its systems in place to ensure flexibility, choice and continuity of care. The practice monitored progress against delivery of the strategy.
- On the day of the inspection we were told that the provider had plans to move the location of the practice to Charles Berry House which would benefit the patients as all the services would be provided in the same building. Patients and external organisations had been consulted at regular intervals in regard to the plans to move. Patients we spoke with told us they were happy with the plans and would go anywhere to see the same GP and have continuity of care. Building work would begin at Charles Berry House on 12 March 2018 and the proposed move would take place in early May 2018.
- Staff we spoke with were well aware of and understood the vision, values and strategy and their role in achieving them.

# Are services well-led?

Good 

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

- We saw a systematic approach was in place when the provider worked with other organisations to improve the outcomes for the vulnerable population it served.

## Culture

On the day of the inspection we saw that the practice had a culture of high-quality sustainable care.

- Staff told us they were proud of the organisation in which they worked and spoke highly of the culture. Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Throughout the inspection we saw evidence that the practice focused on the needs of patients and this was confirmed by the patients we spoke with and the extremely positive feedback we received from external organisations.
- We were given examples of the legacies that the provider encountered when they took over the Assist Practice. For example, poor patient experience, negative external feedback and aspects of clinical care which were below standard, such as the immunisation and screening programme. The practice reviewed all the patient records, increased clinical capacity, undertook a clinical review of repeat medications, carried out an audit on staff training needs and made high improvements to the immunisation and screening programmes.
- We saw that when behaviour and performance was not in line with the practice vision and values leaders and managers acted on it.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. From the documented examples we reviewed we found that the practice had effective systems to ensure that when things went wrong with care and treatment.
- The practice gave affected people support, updated them with information and gave an apology when appropriate.
- The practice kept written records of verbal interactions as well as written correspondence which was particularly important due to language barriers. They also used translation services to progress complaints if necessary.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included probation meetings, regular supervision meetings, appraisal and career development conversations. All staff had received appraisals in the last year and the practice had a system to discuss and monitor the outcomes of appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. Some training was specific to the needs of the practice population, for example, cultural awareness, asylum issues, female genital mutilation, and tuberculosis.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity and this was a strong element of the practice ethos. Although staff had not received formal equality and diversity training, it was embedded in the culture of the practice and this was apparent through staff interactions with patients. Since the inspection all staff have completed this training. Staff felt they were treated equally and we saw that they were fully involved in the running of and development of the practice.
- On the day of the inspection we saw there were positive relationships between staff and teams. Examples were given by staff where support had been given when needed.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,

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understood and effective. Governance and performance management arrangements were regularly reviewed. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- A comprehensive understanding of the performance of the practice was maintained.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- On the day of the inspection we found that the process to record details of safeguarding discussions needed to be clarified as it was not immediately obvious on some of the patient records if a patient had any issues. However following our inspection a new template was for discussions at safeguarding multi disciplinary team meetings was put in place. Flowcharts were updated to provide further guidance for staff.
- Patients' health was being monitored to ensure medicines were being used safely and followed up on appropriately. We were told that the practice involved patients in regular reviews of their medicines. On the day of the inspection the practice were not able to provide accurate data of the reviews due to an issue with the Read codes on the patient record that had taken place. Since the inspection a lead GP had completed an audit review of all patients on repeat medications and a discussion will take place at the next Clinical Governance meeting to ensure entries on the patient record system are correct. A variety of practice meetings were held monthly which provided an opportunity for staff to learn and contribute to the performance of the practice. However we found that NICE guidance and safety alerts were not documented as being discussed at clinical governance meetings. However following our inspection meetings agendas had been updated to include these areas going forward.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

## Managing risks, issues and performance

There were processes in place for managing risks, issues and performance.

- There was process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- Succession planning was also monitored closely. Monitoring was in place for one to two years, three to five years and then ten years. This had resulted in staff development. For example, a receptionist had been trained and was now a health care assistant, whilst another had career progression and was now the assistant practice manager. Overall this approach had resulted in better retention of staff and a clear timeline of recruitment which in turn reduced the gaps in service provision.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff

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were held to account. When the provider took over the caretaking of the Assist Practice they conducted a review of the number of available appointments. In 2014-15 there was under 3,000 appointments available on the phone and in person. In 2016-17 they have been able to increase the number of appointments to over 7,000 a month. Appointments can be on the day and prebookable and text message reminders are sent out.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

It was evident that the practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service was transparent, collaborative and open with stakeholders about performance.
- On the day of the inspection we found that the management team had a number of ways to effectively communicate with staff. We reviewed some briefing minutes which were very informative and provided staff with a weekly bulletin by email. This provided them with any information about the practice including staffing matters, positive feedback, training opportunities, and any changes within the practice. Staff told us the practice held regular team meetings.
- Staff told us there was an open culture throughout the practice and they had the opportunity and were encouraged to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Some patients gave us examples of where they or members of their family had been given appointments

to fit in with their requirements, not the GP. They said they were not made to feel they had to have an appointment at a certain time. Their personal circumstances and were taken into account. The patients we spoke with told us they were very happy with the appointments system. We saw the provider ran a drop in clinic one day a week where patients could access a GP without an appointment.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, in September 2016 the practice were awarded the City of Sanctuary award for ongoing commitment to providing outstanding care and the important role played by them in the lives and well-being of asylum seekers.
- The practice kept written records of verbal interactions relating to complaints as well as written correspondence. This was particularly important as for some patients English was a second language. They also used translation services to progress complaints if necessary to ensure patients were listened to.
- An active patient participation group was in place. The practice had met some challenges when this was first set up as they had patients registered who spoke over 45 different languages. At the second meeting in February 2018 over 85 people attended. The practice felt that over 75% understood what the meeting was about. They translated the discussion in four different languages and also had the detail in British sign language. The discussion centred around the move of location, what a CQC inspection entailed and the volunteer scheme. Meeting minutes would be available within the practice.
- Over the last two years the practice had obtained patient feedback. This has been collected in a number of ways and included assessments and reviews by external organisations. In September 2016 a 12 week patient consultation had taken place. 6.6% of the practice population had responded. 77% wanted to see the same GP and 79% required interpretation services. As a result the practice had put in place an action plan to demonstrate that they were aware and acted on patient feedback. GPs now worked regular sessions for

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continuity and interpretations services were available for booking and during the appointment. Appointment times were also extended when an interpreter was required.

- At a patient engagement exercise in December 2016. Positive feedback was received in relation to access to translation services, staff were nice, keen to help and listened. The top three areas for improvement were the existing phone line into the practice, continuity of GP at appointments and the request for text reminders for appointments. As a result the practice had added to an action plan already in place to further demonstrate that they were aware and acted on patient feedback. Text reminders were in place, GPs were working regular sessions on the same days for continuity and a business case had been sent to the CCG for a new phone system for when the location moved to Charles Berry House.
- The practice took part in NHS Family and Friends Testing (FFT). On the day of the inspection we reviewed the data from February and March 2018. From the completed cards we reviewed patients were very complimentary about the care and treatment received. All were extremely likely or likely to recommend the practice to family and friends.

## Continuous improvement and innovation

On the day of the inspection we found that leadership drove continuous improvement and staff were accountable for delivering change. We found that innovation was celebrated and there was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

For example:-

- There was a focus on continuous learning and improvement at all levels within the practice. Continuous improvement and learning was highlighted at part of the practice's vision and strategy. There was a culture within the practice of identifying opportunities for learning. All staff understood the importance of identifying and reporting anything that could lead to improvements such as significant events.
- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. We saw that the practice had been a local pilot for Latent TB (LTBI) testing and have developed close working relationships with the local TB and infectious disease services. 6% of the patients registered were found to have LTBI and have had/were having treatment, and 1% had active TB. The team were able to advise patients of the implications of these infections for themselves and any family or close friends and how to both minimise the risk of further infections and to give realistic likely outcomes for the patient themselves. An interpreter service was used where needed. They were also, in most cases, able to access information in their home language for people to take away.
- Before Christmas the Practice Nursing team within Inclusion Healthcare worked with Leicester City Council Outreach Team on a programme to provide the flu vaccine to rough sleepers. The lead nurse had produced a poster on promoting influenza vaccinations for rough sleepers across Leicester City. The poster had been well received by external organisations such as Public Health England the NHS England, who planned to use it for a forthcoming NHS England Leading Change Adding Value Midlands and East regional conference.
- The practice made full use of internal and external reviews of incidents and complaints. We saw examples where learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- From August 2018 the practice would be a GP training practice. They had plans in place for one GP registrar set to join the practice in early August 2018. GP Registrars are fully qualified doctors who already have experience of hospital medicine and gain valuable experience by being based within the practice.