Dr Wilczynski and Partners

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection of Dr Wilczynski and Partners on 4 November 2014. This was a comprehensive inspection. The practice achieved an overall rating of Good. This was based on our rating of all of the five domains. Each of the six population groups we looked at achieved the same good rating.

The practice was rated as 'good' overall.

Our key findings were as follows:

- Patients rated the practice and staff highly and felt welcomed and well cared for.
- Patients felt respected and listened to and stated that they were involved in their treatment and care.
- Systems were in place to maintain the appropriate standards of cleanliness and protect people from the risks of infection. The practice was clean.
- Systems were in place to identify and respond to concerns about the safeguarding of adults and children. All staff demonstrated a good awareness of the processes.
- The practice communicated well with patients and other health professionals.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Continue to monitor risk assessments and actions so archived paper patient records remain safe and secure.
- Monitor the effectiveness of the newly implemented process to manage blank prescription forms at all three branches.
- Implement actions at Forest Gate surgery so clinical and hazardous waste is stored securely prior to disposal.
- Ensure the recommended remedial work for ensuring legionella water safety at Brigstock surgery is completed as planned by 31 March 2015.
- Monitor the effectiveness of the newly implemented access to health checks at Brigstock surgery.
- Monitor the effectiveness of the newly implemented system for effective communication with staff at Brigstock surgery.

Summary of findings

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from NICE and used it routinely. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs have been identified and planned. The practice could identify all appraisals and the personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. There were emergency processes in place and referrals were made for patients whose health deteriorated suddenly. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors. Emergency processes were in place and referrals were made for children and pregnant women whose health deteriorated suddenly.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Summary of findings

to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs of this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances and those with a learning disability. It had carried out annual health checks for people with a learning disability and they had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

We spoke with nine patients and received 82 comments cards completed by patients. Comment cards stated the practice staff made patients feel welcome and staff always gave patients enough time to discuss their concerns and rated the practice and its staff highly. Longstanding patients indicated that GPs knew their medical history and they felt safe. Patients who had to be referred to other services noted that communication between hospital consultants and the practice was good and GPs were prompt in recalling them if a follow-up was needed.

Comment left on three cards and two patients we spoke with told us about the difficulties they experienced when making an appointment. They told us that they found it difficult to get appointments at the branch surgeries (at The Forest Gate Surgery and Brigstock Surgery) because all the lines were busy and when they did get a response all the appointments were usually taken.

Patients told us they found the extended opening times and appointments very useful, especially being able to fit in their appointment around work times without having to take time off work.

A large majority of the comment cards stated patients felt the service the practice provided was excellent and could not fault the practice in any way.

Areas for improvement

Action the service SHOULD take to improve
Action the provider should take to improve

- Continue to monitor risk assessments and actions so archived paper patient records remain safe and secure.
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Dr Wilczynski and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two GPs, two other CQC inspectors and two practice managers acting as specialist advisers.

Background to Dr Wilczynski and Partners

Dr Wilczynski and Partners provide a range of primary medical services for people of Corby in Northamptonshire and serve a registered population of approximately 47200 patients. The practice population is predominantly white British but the practice also serves patients from the ethnic minority groups mostly of eastern European and Asian backgrounds. Services are provided out of three branches, the Lakeside Surgery, The Forest Gate Surgery and Brigstock Surgery. The surgery at Brigstock has a dispensary on site to issue prescribed medications to patients. Patients registered with Dr Wilczynski and Partners can access any of the branches to see a GP or obtain the other services provided.

Clinical staff at this practice include 18 GP partners, three salaried GPs, four nurse practitioners, five other nurses and four healthcare assistants. Management, administration and reception staff support the practice. Community nurses, health visitors and a midwife from the local NHS trusts also provide a service at this practice. There is a good mix of male and female clinical staff.

Dr Wilczynski and Partners is a training practice for new GPs

Out of hours care when the surgery was closed was through the NHS 111 service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

This provider had not been inspected before and that was why we included them.

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

How we carried out this inspection

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

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

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

Detailed findings

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 November 2014 and inspected the three branches, the Lakeside Surgery, The Forest Gate Surgery and Brigstock Surgery. Please note the reference to 'the practice' in this report concerns all three branches unless a specific reference is made to a branch surgery.

During our visit we spoke with a range of staff including GPs, reception staff, nurses, the practice manager and other practice staff and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last two years. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last two years and we were able to review these. They related to a variety of issues including prescribing, patient monitoring and completeness and appropriateness of test results. Our review showed how incidents were investigated with a focus on the issue with actions identified to address the risk and to minimise or prevent future occurrences. Lessons learnt and actions from analysis of significant events incidents and accidents were shared and discussed at staff, clinical and team leader meetings. Receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

National patient safety alerts were disseminated by the practice manager to practice staff. Staff we spoke with were able to give examples of recent alerts relevant to the care they were responsible for. For example staff told us about a situation based exercise which happened as a response to a recent safety alert related to taking precautions against the Ebola virus. They also told us alerts were discussed at practice meetings to ensure all staff were aware of any relevant to the practice and where action needed to be taken.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed a dedicated GP as lead in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary level 3 safeguarding training to enable them to fulfil this role. In line with good practice enhanced level 3 safeguarding training had been completed by all clinical and non clinical staff that worked at the practice. All staff we spoke with were aware who the safeguarding lead was and who to speak to in the practice if they had a safeguarding concern.

The electronic patient record system alerted the GPs and practice nurses when a safeguarding issue or safeguarding plan had been identified and developed for individual patients. We also saw that the practice team had regular weekly meetings with the health visitor, midwife, school nurse and the social worker to discuss ongoing safeguarding issues and agree plans for keeping patients safe. The safeguarding lead or a nominated representative attended children protection case conferences and reviews where appropriate.

We saw that patients' individual paper records were held in archive in the Lakeside surgery basement. This storage area was locked and accessible only through the main reception area. However we found that access to this area was not restricted as garden tools and grocery items used by the practice's coffee shop were also stored in the basement. We did not see any risk assessments that ensured the safety, security and confidentiality of the archived records. Following our inspection the practice manager wrote to us and told us that appropriate risk assessments had been done and that access to basement storage areas was now restricted. We will look at this at our next inspection of the practice.

Good

Are services safe?

The practice participated in the 'Proactive Care Programme'. This programme aims to provide care for patients with more complex needs which is based on their individual needs and overseen by a named, accountable GP thereby minimising unplanned hospital admissions.

A chaperone policy was available and staff we spoke with confirmed that chaperoning was carried out by the practice nurses. They told us that the reception staff would only be called upon in extreme circumstances to chaperone. Discussions with the reception staff confirmed that they had not received chaperone training. The practice was advised during the inspection that non clinical staff must be trained to carry out this procedure.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The practice is a member of the local area prescribing group. We looked at the notes of a meeting of this group. This showed us that prescribing performance, medication alerts from the National Institute for Health and Care Excellence (NICE), and other prescribing issues were discussed with any action points agreed.

Vaccines were administered in accordance with directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of these directions. A member of the nursing staff was qualified as an independent prescriber and they received regular supervision and support in their role as well as updates in the specific clinical areas of expertise for which they prescribed.

All prescriptions were reviewed and signed by a GP before they were given to the patient. We did not see a documented system that assured us that blank prescription forms were handled in accordance with national guidance and that these were tracked through the practice and kept securely at all times. After our inspection the practice manager confirmed in writing that a documented system had been introduced within all three branches that assured the safety of blank prescription forms in accordance with national guidance. We will check this system at our next inspection of the practice.

The surgery at Brigstock had a dispensary on site to issue prescribed medications to patients. The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary.

Records showed that all members of staff involved in the dispensing process had received appropriate training and their competence was checked regularly.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence that the lead had carried out audits for each of the last three years and that any improvements identified for action were completed on time. Minutes of practice meetings showed that the findings of the audits were discussed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury, The practice had access to spillage kits to enable staff to appropriately and effectively deal with any spillage of body fluids. We saw sharps containers that were labelled correctly and not overfilled.

The practice carried out surgical procedures. We looked at the designated treatment rooms used for carrying out

minor surgical procedures. These rooms was clean, suitably furnished, appropriately equipped, well lit and provided privacy. Appropriate hand washing facilities were in place and medical instruments used for minor surgical procedures were disposed of after single use. Unused medical instruments and dressings were stored in sealed packs. We looked at these and found all to be within the expiry date stipulated on the packs. The arrangements for storage of used disposable sharp instruments such as needles and scalpels and other clinical waste pending its collection by a contractor were unsatisfactory at Forest Gate Surgery. After our inspection the practice manager confirmed in writing us that they would install a lockable storage bin once the approval had been obtained from the landlord.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The water system at all three branches had been tested for legionella (a germ found in the environment which can contaminate water systems in buildings). The practice manager told us that the recommended remedial work at Brigstock Surgery was scheduled to be completed by 31 March 2015.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, blood pressure monitors and spirometer (a lung function testing machine).

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Newly appointed staff had this expectation written in their contracts.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative. Identified risks were included on a risk log. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk. We saw that risks were discussed at relevant practice meetings.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies.

For example, the practice participated in the 'Proactive Care Programme' which aimed to identify patients with more complex needs early thereby minimising the risk of unplanned hospital admissions. Same day appointments were available to acutely ill children and young people so they could be assessed and referred to specialist care if needed. Patients experiencing poor mental health were offered same day appointments so they could be supported and if needed referred to emergency care and treatment.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received

Good

Are services safe?

training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. Emergency medicines were available in a secure area of the practice and all staff knew of their location.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff was up to date with fire training and that they practised regular fire drills.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems in place to ensure best practice was followed. This was to ensure that patients care, treatment and support achieved good outcomes and was based on the best available evidence. Practice was based on nationally recognised quality standards and guidance. These included the quality standards issued by the National Institute for Health and Care Excellence (NICE), guidance published by professional and expert bodies, and national health strategies. The surgery used a system called 'Pathfinder' which incorporated all such guidance and offered up-to-date access to diagnosis, treatment, monitoring and referral criteria to other services in one place. We saw that such standards and guidelines were easily accessed electronically by clinicians.

The GPs told us they lead in specialist clinical areas such as management of chronic conditions like diabetes, heart disease and asthma and the practice nurses supported this work. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support. For example, GPs told us they supported all staff to continually review and discuss new best practice guidelines for the management of respiratory disorders. Our review of the clinical meeting minutes confirmed that this happened.

We reviewed the data from the local clinical commissioning group (CCG) of the practice's performance for antibiotic prescribing, which was comparable to similar practices. We saw evidence of regular review and assessment of patients with chronic conditions and referrals to specialist services as appropriate. The practice used its own risk stratification tools to identify patients with complex needs and we saw evidence that these patients had multidisciplinary care plans documented in their case notes. A GP explained that a CCG led risk stratification tool would be available for use by all local practices in the new year.

We saw minutes from meetings where regular reviews of elective and urgent referrals were made, and that improvements to practice were shared with all clinical staff.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. Information about the outcomes of patients care and treatment was collected and recorded electronically in individual patient records. This included information about their assessment, diagnosis, treatment and referral to other services. Information from the quality and outcomes framework (QOF) which is a national performance measurement tool showed the intended outcomes were being achieved for patients. For example the percentage of patients with atrial fibrillation who were treated with anti-coagulation drug therapy or an antiplatelet therapy was better than average.

The practice had a system for completing clinical audit cycles. These were quality improvement processes that aimed to improve patient care and outcomes through the systematic review of patient care and the implementation of change. Clinical audits were instigated from within the practice or as part of the practice's engagement with local CCG initiated audits. We saw two recent examples of these at the practice relating to treatment of patients with atrial fibrillation and the use of a specific drug to treat high blood pressure. Both had been completed.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the QOF. For example, we saw that the practice had reviewed a CCG audit which showed inappropriate attendance at the nearby accident and emergency (A&E) department when the practice was open. Following this audit, GPs carried an education programme for their patients giving them appropriate guidance when to attend the practice or to use the local urgent care centre if appropriate instead of the A&E department.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. For example, the practice had introduced measures to improve the uptake of flu vaccinations as monitoring data showed that uptake could be improved.

Good

Are services effective?

(for example, treatment is effective)

The practice had a palliative care register and had regular internal as well as weekly multidisciplinary meetings to discuss the care and support needs of patients and their families.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed a training matrix which recorded staff training needs and training attended and saw that all staff were up to date with attending mandatory courses such as annual basic life support.

We saw that appraisals had taken place and included a process for further review of identified learning needs and targets made during appraisals. Staff we spoke with said they were being supported to access relevant training that enabled them to confidently and effectively fulfil their role. The training matrix which documented the training of all staff showed that staff had been trained in core subjects such as infection control, safeguarding children and vulnerable adults, health and safety and manual handling and specialised subjects such as asthma and diabetes.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, practice nurses and healthcare assistants seeing patients with long-term conditions such as asthma, chronic obstructive pulmonary disease (COPD), and coronary heart disease were also able to demonstrate that they had appropriate training to fulfil these roles and had attended protected time learning sessions or dedicated training.

GPs were supported to obtain the evidence and information required for their professional revalidation. This was when doctors demonstrated to their regulatory body, the GMC, that they were up to date and fit to practice. All GPs had a scheduled programme for revalidation or had been revalidated. The practice nurses were supported to attend updates to training that enabled them to maintain and enhance their professional skills.

The practice had a process to manage poor performance both for clinical and non clinical staff.

Working with colleagues and other services

Systems were in place to ensure patients were able to access treatment and care from other health and social care providers where necessary. This included where patients had complex needs or suffered from a long term condition. There were clear mechanisms to make such referrals in a timely way and this ensured patients received effective, co-ordinated and integrated care. We saw that referrals were assessed as being urgent or routine.

A system was in place for hospital discharge letters blood test results and X ray results to be reviewed by the responsible GP who would initiate the appropriate action in response. Responsible GPs who saw these documents and results took appropriate action as required. All staff we spoke with understood their roles and felt the system in place worked well.

We saw that clinicians at the practice followed a multidisciplinary approach in the care and treatment of their patients. This included regular meetings with professionals such as health visitors to discuss child health and safeguarding issues, and with MacMillan nurses to plan and co-ordinate the care of patients coming to the end of their life. They also liaised with the out of hours service and provided detailed clinical information about patients with complex healthcare needs. All patient contacts with the out of hours provider were reviewed by the GP the next working day. Staff told us that this approach worked well to share important information with colleagues and other services and ensured safe and appropriate patient care.

Information sharing

There was effective communication, information sharing and decision making about a patient's care across all of the services involved both internal and external to the organisation, in particular when a patient had complex health needs. Care was delivered in a co-ordinated and integrated manner with appropriate sharing of patient sensitive data such as safeguarding information being shared with the local safeguarding authority.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record called SystmOne to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use.

The practice had a system to communicate with other providers. We saw evidence of information sharing, for example with the out of hours service, palliative care team

Good

Are services effective?

(for example, treatment is effective)

and the Macmillan service. There were arrangements to receive hospital summaries of recently discharged patients. These were scanned and directed to the relevant GP for their review and any follow up action.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and we saw that consent and decision making issues were regularly discussed in practice team meetings.

Nurses and GPs we spoke with demonstrated clear understanding of Gillick competence. Gillick competence refers to a child under 16 who is able to demonstrate they are capable of making decisions and give consent to care and treatment without parental consultation. We noted all staff had attended protection of children and vulnerable adults training which included information regarding the Mental Capacity Act 2005 appropriate to their role.

The practice had policies and procedures concerning gaining consent from patients and staff told us they were aware of the need to accurately record all patient consent when it was given either verbally or in writing. Following a recent review, the consent procedure had been updated to reflect guidance from the Royal College of General Practitioners.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually or more frequently if changes in clinical circumstances dictated it. Clinical staff we spoke were knowledgeable about how a patient's best interests should be taken into account if a patient did not have capacity to make a decision.

The practice provided care for patients in four nearby nursing homes that cared for people with dementia and provided support as needed to use restraint. Staff we spoke with were aware of the distinction between lawful and unlawful restraint.

Health promotion and prevention

Patients told us that they were given written and verbal information about their conditions which included advice on healthy lifestyles. They told us that the GPs made sure they understood their conditions and gave us examples of how GPs had clearly explained their treatment to them and made sure they fully understood their diagnosis and treatment.

We saw there were a large variety of patient information leaflets available in patient waiting areas. There was support and guidance information signposting patients to local and national support groups such as Macmillan service, local carers and mental health support groups.

It was practice policy to offer a health check with the health care assistant or a practice nurse to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. GPs opportunistically used their contact with patients to help them maintain or improve their mental, physical health and wellbeing. For example, by offering opportunistic physical exercise programme, referral to counselling service and offering smoking cessation advice to smokers.

The practice offered NHS Health Checks to all its patients aged 40-75. A GP showed us how patients were followed up immediately if they had risk factors for disease identified at the health check and how they scheduled further investigations. Some health checks were not always available to patients at Brigstock surgery. For example diabetic health checks. Following our inspection the practice manager wrote to us and told us that changes had been implemented which enabled these health checks to be available with a GP or a nurse as appropriate at Brigstock surgery.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and of all patients in need of palliative care and support irrespective of age. The practice had also identified the smoking status of 96% of patients over the age of 16 and actively offered smoking cessation advice to relevant patients.

The practice participated in the proactive care program through which care was provided for the top two percent of the practice population with complex health needs. This also included their follow up after an unplanned hospital admission.

Good

Are services effective?

(for example, treatment is effective)

The practice offered proactive diabetic care. For example 93% patients with diabetes had received a foot examination and risk classification within the preceding 15 months.

The practice's performance for cervical smear uptake was 82%, which was similar to other practices in the CCG area. Contraceptive care was provided by all the doctors and nurses during surgery hours. This enabled patients a choice of attendance times and provided a flexible service for those patients that had limited times when they could visit the practice.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. The practice nurses had specialised skills and had received specific training to deliver a range of services for example treatment of diabetes, asthma, travel vaccines and chronic obstructive pulmonary disease related care.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey. This showed that 81% of patients who saw or spoke with a GP thought that they were good at treating them with care and concern.

The practice was in the process of implementing the NHS friends and family test (FFT). The FFT is a means for patients to provide feedback on the services and care and treatment they received and help improve the services provided. The results from the May-September 2014 test had shown that the practice could improve access to a specific GP of patient choice, and the availability of appointments to see a GP. The practice is in the process of implementing suitable improvements.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 82 completed cards and all except three were positive about the service experienced. Patients consistently stated that the practice genuinely cared about their health needs and felt all staff made sure they received effective and appropriate care. Three comments were less positive and concerned with difficulty in obtaining appointments to see a GP.

We also spoke with nine patients on the day of our inspection. All of them expressed satisfaction with the service they had received and told us that staff had treated them with dignity and respect. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. We noted all treatment and consulting rooms had privacy curtains installed to ensure the patients dignity and privacy was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

There was a clearly visible notice in the patient reception area and on the practice website stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 70% of practice respondents said the GP involved them in care decisions and 75% felt the GP was good at explaining treatment and results.

Patients we spoke with on the day of our inspection told us that health issues were fully discussed with them and they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported by staff and had sufficient time during their consultations to understand what they were being told and to make an informed decision about their choice of treatment. The patient comment cards we reviewed were very positive about involvement and confirmed the views of the patients we spoke with.

Patients were aware of the chaperone service the practice offered. They told us their permission was always asked if medical students or other trainees were sitting in on consultations.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patents this service was available.

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room and on the practice website told people how to access a number of support groups and organisations. The practice was actively seeking to identify patients who were also carers so appropriate support arrangements could be offered to them. We were shown the written information available for carers to ensure they understood the various types of support available to them. The practice's computer system alerted GPs if a patient was also a carer.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The practice had a mix of female and male GPs .This gave patients choice of being seen by a preferred GP of a specific gender. Comment cards left for us by patients confirmed that the practice wherever possible accommodated such requests.

The practice told us that they regularly engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to discuss local needs and service improvements that needed to be prioritised. For example in consultation with the CCG, the practice had introduced an information letter to newly diagnosed cancer patients which gave information on care and support networks so that continuity of care could be ensured.

The practice had a patient participation group (PPG) and worked closely with them and implemented improvements and changes to the way it delivered services. For example the practice had implemented a text messaging service to confirm appointments and was currently working with the PPG to ensure effective succession planning to cover GPs who were retiring.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

Staff we spoke with had a good understanding of equality and diversity. Any specific issues were discussed at practice meetings and staff were actively asked for their opinions and views. Staff told us they felt their views were listened to and felt comfortable raising concerns or queries either on a one to one basis, in appraisals or in a larger staff meeting.

There were facilities for the patient who used a wheelchair such as fully automated doors at the main entrance to the practice, same level flooring throughout, clinical and consultation rooms available on the ground floor and a toilet for patients with disabilities including grab rails and alarm. Consultation rooms upstairs were accessed by a lift. We saw the practice had a number of small waiting rooms which serviced a group of consultation rooms. Staff told us that this arrangement had been particularly useful for patients who had learning difficulties or had mental health conditions as it provided a quieter, calmer area for them to wait in, which reduced their anxiety levels. The practice also had a hearing loop system in place to help those patients who had hearing impairments. The practice had access to translation services.

Access to the service

Appointments were available at the Lakeside and Forest Gate surgeries from 8 am and 6.30 pm Monday to Friday. Extended appointments were available at Lakeside on a Monday and Thursday until 8 pm. At Brigstock surgery appointments were available Monday, Wednesday, Thursday and Friday between 8 am and1 pm, and on a Tuesday between 1pm and 6pm

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed information on the out-of-hours service was provided through a recorded telephone message. This information was also available on the practice website.

Longer appointments were also available for people who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to four local care homes by a named GP and to those patients who needed one.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. We looked at the appointments available on the day of our inspection. It was evident that provisions for emergencies were made for patients.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice's extended opening hours at Lakeside on a Monday and Thursday until 8 pm and at Brigstock on a Tuesday till 6pm was particularly useful to patients with work commitments. This was confirmed by the comments we received through the comments card.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw the practice had a poster displayed in the main waiting area at all three branches, which explained how patients could complain. Patients told us they were aware of the practices complaints procedure and knew how to make a complaint. Patients knew they could make a complaint in person, over the telephone, in writing or via the practice website.

We looked at the practices summary of complaints for the last complete year and noted that the practice had investigated, analysed and communicated the outcome of each complaint in a timely manner to all parties. We saw the practice had documented any learning achieved as a result of the complaint. We looked at the report for the last review and no themes had been identified, however lessons learnt from individual complaints had been acted upon.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We found details of the vision and practice values were part of the practice's business plan.

We spoke with nine members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these. Staff told us that the practice held twice yearly away days which gave them the opportunity to discuss and verify that the vision and values were still current and to suggest improvements and ideas to take the practice forward. Staff told us that they felt involved and included in the running of the practice.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We selected 10 of these documents at random and found that these had been reviewed and were up to date.

When we visited the practice advised us that the registered manager had left and that they were in the process of recruiting one. There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and a lead GP for safeguarding. We spoke with nine members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the quality and outcomes framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice took part in local external peer review facilitated by the clinical commissioning group (CCG). For example following an external audit of patients with atrial fibrillation who were not currently treated with anti-coagulation drug therapy, the practice had introduced measures to ensure better patient compliance with this treatment.

Clinical audits were regularly undertaken by the practice GPs. We were shown records of completed audits the practice had undertaken during the past twelve months. These included audits on teenage pregnancy and child safeguarding. As a result of these audits, further training needs had been identified and implemented.

The practice had a system for capturing any significant events that had occurred. The information from the significant event was analysed, reviewed and a clear action plan with learning points completed. The practice used this information to minimise the risk by identifying any trends or themes that may have affected patient care and or quality of service.

The practice held monthly governance meetings. We looked at minutes from the last three meetings and found that performance, quality and risks had been discussed.

Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. Staff we spoke with were clear about their roles and responsibilities. They told us they felt valued, well supported and knew who to go to if they had any concerns.

We saw completed minutes from various team meetings that were held on a regular basis, some weekly and others monthly. Staff told us the practice had an open and honest culture and they felt comfortable to raise any issues at team meetings. Staff at the Forest Gate surgery and Brigstock surgery told us that communication from Lakeside surgery could be improved as it took a while for information to filter through. After our inspection and the practice manager told us that they had taken action to improve communication. The practice published a weekly staff newsletter called 'Lakeside Update' which gave information on issues that affected all staff.

Appraisals were carried out annually and staff told us any training needs identified were supported by the practice.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example their recruitment policy, infection control and medicines management which were in place to support staff.

Are services well-led?

Good

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

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through annual patient surveys, friends and family test, through their website and complaints process. We looked at the results for the annual patient survey and noted that the practice had acted on comments regarding making an appointment and ease of getting through on the telephone and had made improvements to the telephone and appointment systems.

The practice gathered feedback from staff through a variety of methods such as, general meetings, appraisals, one to one supervisory meetings and practice away days. Staff told us they were content to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they were aware of the whistle blowing procedure and would feel comfortable to implement it.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at three staff files and saw that regular appraisals took place which included a development plan. Staff told us that the practice was very supportive of training and that they had staff protected learning time where guest speakers and trainers attended.

The practice hosted the Lakeside School of Primary Care, which facilitates medical student training. The aim of the school is to inspire the student to consider a career in primary care. The school is run in partnership with the University of Leicester.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings and away days to ensure the practice improved outcomes for patients. We saw evidence of discussion during practice and team meetings.