The Surgery, Ashby

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Surgery Ashby on 29 June 2017. Overall the practice is rated as inadequate

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

- Patients were at risk of harm because some systems and processes in place were not effective to keep them safe. For example, patient safety alerts, infection control, monitoring of patients on high risk medicines, monitoring of the cold chain, patient group directives, staff files and complaints.
- There was a system in place for reporting and recording significant events but it was not consistent or clear. Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- The practice did not have effective systems in place to safeguard service users from abuse and improper treatment.
- Most risks to patients were assessed but not well managed. For example, general health and safety, legionella and fire safety.
- We saw limited evidence of quality improvement to improve patient outcomes.
- The practice did not have an effective system in place to monitor the training of the GPs and staff within the practice. For example, not all staff had received appropriate training in safeguarding, mental capacity awareness, infection control and information governance to ensure they were up to date with current procedures.
- Feedback from people who use the service and stakeholders was consistently and strongly positive. Forty four patients expressed high levels of satisfaction about all aspects of the care and treatment they received. The feedback from comments cards we reviewed said patients felt they were treated with care, compassion, dignity and respect.
- Data from the July 2017 national GP survey was also consistently high.
- The practice had a number of policies and procedures to govern activity, but most were overdue a review.

Summary of findings

- The practice had insufficient leadership capacity and limited formal governance arrangements.

The areas where the provider must make improvements are:

- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular, significant events, patient safety alerts, infection control, legionella, fire safety, staff files, patient group directives, training of staff, NICE guidance, quality improvement, complaints, shared learning from significant events and complaints, policies and procedures.
- Ensure there is leadership capacity to deliver all improvements.

In addition the provider should:

- Arrange infection control training for the lead nurse.
- Ensure all staff have received Mental Capacity awareness training.
- Improve the process in place for obtaining consent to treatment.
- Ensure patients are aware that translation services are available.
- Embed a formalised process for the recording of meeting minutes

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I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Patients were at risk of harm because some systems and processes in place were not effective to keep them safe. For example, patient safety alerts, infection control, monitoring of patients on high risk medicines, monitoring of the cold chain, patient group directives, staff files and complaints.
- There was a system in place for reporting and recording significant events but it was not consistent or clear. Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- The practice did not have effective systems in place to safeguard service users from abuse and improper treatment.
- Most risks to patients were assessed but not well managed. For example, general health and safety, legionella and fire safety.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services and improvements must be made.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- We did not see any evidence that staff were kept up to date on current evidence based guidance.
- The practice did not have a programme of continuous audits to monitor quality and to make improvements. There was no evidence of completed clinical audit cycles or that audit was driving improvement in performance to improve patient outcomes.
- The practice did not have an effective system in place to monitor training. Therefore we could not be assured that staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff had received a yearly appraisal.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs and end of life care was coordinated with other services involved.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- The national patient's survey from July 2017 showed that staff were consistently performing well above the national averages in all areas. For example, 98% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- Feedback we gathered from patients and other health care professionals was extremely positive. It was evident from the comments reviewed that staff went the extra mile, in terms, of care and treatment and for some it exceeded their expectations. For example, phone contact would take place in the evening and patients seen after appointment times had finished.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet some of the needs of its population.
- There were longer appointments available for patients with a learning disability.
- The practice told us that home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice did not offer extended hours for working patients who could not attend during normal opening hours.

Summary of findings

- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- The practice had made reasonable adjustments for disabled people as per national guidance. For example, a ramp to access the building, doorbell to seek attention, with information also in braille, hearing loop in place for patients who experienced hearing problems and hand rails in the corridor to support patients who had problems with mobility.
- The practice did not have an effective complaints system in place. Complaints were not documented and it was not clear what learning and actions had been shared with staff.

Are services well-led?

Inadequate

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

- Although the practice were positive about future plans, we found a lack of leadership and governance relating to the overall management of the service. The practice was unable to demonstrate strong leadership in respect of safety.
- There was a limited governance framework which supported the delivery of the strategy and
- Patients were at risk of harm because some systems and processes in place were not effective to keep them safe.
- There were some arrangements for identifying, recording and managing risks but not all had been well managed.
- The provider had some awareness of the requirements of the duty of candour but the systems and processes in place did not always support this.
- There was a clear staffing structure but not all staff were aware of their own roles and responsibilities.
- GPs and nurses had lead roles in key areas. For example, long term conditions, immunisations and vaccinations.
- The practice had policies in place and were available to all staff. The majority of which had not been updated and reviewed regularly.
- Limited clinical improvement work had taken place in order to monitor quality and make improvements.

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

Inadequate

The provider was rated as inadequate for safe and well led services. Effective was rated as requires improvement. Caring and responsive were rated as good. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is therefore rated as inadequate for the care of older people

- Not all staff had completed safeguarding training so we were not assured that staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered personalised care to meet the needs of the older patients in its population.
- 10.6% of the practice population are aged 75 and over.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- 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 84.6% which was 1.1% above the CCG average and 1.7% above the national average. Exception reporting was 5.5% which was 1.9% above the CCG average and 1.6% above national average.
- Where older patients had complex needs, the practice shared summary care records with local care services.

People with long term conditions

Inadequate

The provider was rated as inadequate for safe and well led services. Effective was rated as requires improvement. Caring and responsive were rated as good. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- The nurse had the lead role in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the

Summary of findings

preceding 12 months) is 150/90 mmHg or less was 90.1% which was 1% below the CCG average and 1.2% below the national average. Exception reporting was 4.2% which was 1.2% below CCG average and 1.3% 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 92.4% which was 13.1% above the CCG average and 16.8% the national average. Exception reporting was 6% which was 3.7% below the CCG average and 1.9% below national average.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 93.6% which was 2.6% above the CCG average and 4% above the national average. Exception reporting was 2.1% which was 10.1% below the CCG average and 9.4% below national average.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate

The provider was rated as inadequate for safe and well led services. Effective was rated as requires improvement. Caring and responsive were rated as good. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- On the day of the inspection from the sample of documented examples we reviewed we found the systems to identify and follow up children living in disadvantaged circumstances and who were at risk were not effective.
- The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 83% and the national average of 81%.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given for vaccines for the under two year old and five year old was 90% which were comparable to CCG/national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safe and well led services. Effective was rated as requires improvement. Caring and responsive were rated as good. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- The practice understood its population profile and had used this understanding to meet the needs of its population. It offered accessible, flexible and offered continuity of care but did not have extended opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Inadequate

requires improvement. Caring and responsive were rated as good. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- The practice offered longer appointments for patients with a learning disability.
- From information given to us on the day of the inspection we found that they could not evidence that any patients with a learning disability had received a review of their care in the last 12 months.
- The practice told us they regularly worked with other health care professionals in the case management of vulnerable patients but they did not formally document the discussions.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Not all staff had completed safeguarding training so we were not assured that staff were able to recognise the signs of abuse

Summary of findings

in vulnerable adults and children or if they were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies out of normal working hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safe and well led services. Effective was rated as requires improvement. Caring and responsive were rated as good. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months 9.3% above the CCG average and 12.4% above the national average
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% which was above the CCG average of 95% and national average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100% which was above the CCG average of 95% and national average of 90%.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. Two hundred and thirty one survey forms were distributed and 115 were returned. This represented a 50% response rate and 3.2% of the practice's patient list. The practice had overwhelming positive results which were above CCG and national averages.

- 99% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 71%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 84%.
- 98% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all overwhelmingly positive about the standard of care received. Comments cards we reviewed told us that the service was excellent with time given to listen. Treated by professionals with compassion and understanding. Staff were caring and helpful and treated patients with dignity and respect.

Areas for improvement

Action the service MUST take to improve

- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular, significant events, patient safety alerts, infection control, legionella, fire safety, staff files, patient group directives, training of staff, NICE guidance, quality improvement, complaints, shared learning from significant events and complaints, policies and procedures.
- Ensure there is leadership capacity to deliver all improvements

Action the service SHOULD take to improve

- Arrange infection control training for the lead nurse.
- Ensure all staff have received Mental Capacity awareness training.
- Improve the process in place for obtaining consent to treatment.
- Ensure patients are aware that translation services are available.
- Embed a formalised process for the recording of meeting minutes

The Surgery, Ashby

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 and a practice manager specialist adviser.

Background to The Surgery, Ashby

The Surgery Ashby is situated in a village to the north west of the city of Leicester**.**

It has approximately 3,559 patients and the practice's services are commissioned by West Leicestershire Clinical Commissioning Group (CCG). They are also a part of the North West Leicestershire Medical Alliance Federation. Thirteen GP practices work together to deliver healthcare for local communities.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

At the Surgery Ashby the service is provided by one GP (male) and one long term locum GP (female), one practice manager, one nurse, one health care assistant, five administration and reception staff and one housekeeper.

The practice has one location registered with the Care Quality Commission (CQC) which is:-

The Surgery Ashby, 30 North Street,, Ashby-de-la-Zouch, Leicestershire LE65 1HS

The practice is a single storey building and has suitable access for patients who have reduced mobility.

The practice was open between 8.15am and 6pm Monday to Friday. When the practice was closed from 12 midday to 2pm the answerphone gave patients details to contact the practice mobile, NHS 111 or 999. Appointments were available from 8.15am until 10.50am and 2pm to 5.30pm Monday, Tuesday and Wednesday and 3.30pm to 5.30pm on Thursday and Friday. The practice did not offer extended hours. Pre-bookable appointments could be booked two months 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.

Why we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, NHS England and the West Leicestershire CCG (WLCCG) to share what they knew.

We carried out an announced visit on 29 June 2017.

During our visit we:

- Spoke with a range of staff and spoke with a patient who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

How we carried out this inspection

Inadequate

Are services safe?

Our findings

Safe track record and learning

We found the system for significant event analysis (SEA) was not effective. Prior to our inspection we requested information about significant events in the previous 12 months. The practice sent us pre-inspection information and three significant events had been identified. However no forms were available for us to review. We spoke with staff who were able to identify significant events that had taken place in the last six months but no forms had been completed. Staff we spoke with explained the process for reporting a significant event and told us they would complete a significant event form or inform their line manager of an event. We saw the practice had a significant event monitoring and analysis template but it was not dated and did not provide enough guidance for staff. It was not clear that any learning had been discussed and themes and trends had not been identified. For example, prescribing error and a medical emergency.

We found that the practice did not have an effective system in place for receiving, discussing and monitoring of patient safety alerts. On the day of the inspection the practice were unable to show us a system in place. It was not clear whether the practice had received all the patient safety alerts distributed by the various agencies. There was no log of alerts received and no evidence of how they had been shared and actioned. Staff were unable to identify relevant alerts and where they needed to take action. There was no system for the storing of patient safety alerts for future reference.

Overview of safety systems and processes

During our inspection we found that some of the systems, processes and practices in place to keep people safe and safeguarded from abuse were not effective.

- On the day of the inspection we could not establish if the practice had an effective system in place to safeguard service users from abuse and improper treatment. There was a lead GP for safeguarding. Staff we spoke with were aware who had responsibility for safeguarding. The practice were unable to tell us if any safeguarding referrals have been made. We asked for a list of patients on the safeguarding register and how many children were looked after children or under a child protection plan but this was difficult to find.. There was no system in place to identify vulnerable adults. The practice were unable to tell us if all the patients who were on the safeguarding register had icons or alerts on the patient record system. There were no safeguarding multi-disciplinary meetings held by the practice or minutes of any meetings that had taken place in regard to safeguarding discussions.
- On the day of the inspection we could not be assured that all staff were competent to recognise adults and children at risk, understand their individual responsibilitiesand take effective action as appropriate. Not all staff were up to date with training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. We looked at four staff files and found that staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead but had not completed any infection control lead training. There was an IPC protocol. All staff had recently received infection control training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- We checked the system in place for the management of high risk medicines, which included regular monitoring

in accordance with national guidance. The practice were unable to demonstrate that the system they had in place was effective to protect the health and safety of patients on these high risk medicines. The practice were also unable to provide us with a list of patients on these medicines and demonstrate that appropriate blood monitoring and alerts were in place.

- We checked medicines stored in the treatment room, including two medicine refrigerators and found they were stored securely and were only accessible to authorised staff. We checked the recording logs for both medicine refrigerators. On the day of the inspection we were told that the refrigerator temperature checks had been completed on a daily basis to ensure that medicines were stored at the appropriate temperature but the checks had not been documented. The practice had purchased data loggers which had been put in use in 2016. A data logger is a self-contained, miniature computer that continuously monitors refrigerator temperature, records the temperature at pre-set intervals and stores the data until it is downloaded to a standard computer. Manufacturer's guidance we reviewed recommend the data logger be set to record at regular intervals throughout each 24 hour period, for example, every 15 minutes. The practice were unable to download any data from the data loggers therefore we could not be assured that the integrity and quality of the medicines had not been compromised. Since the inspection we were told by the practice that Public Health England had visited the practice and confirmed that the vaccines had been stored safely.
- We saw the practice cold chain policy which provided guidance to staff. We found staff had not followed the guidance to ensure that medicine was stored at the appropriate temperature.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer vaccines and other medicines produced in line with legal requirements and national guidance.. However on the day of the inspection we found that these had not been signed and dated by the nurse and GP
- The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- We reviewed four personnel files and found that there were inconsistencies and gaps in the recruitment checks undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service were not available in all files. (These 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). Since the inspection we have been told by the practice that all staff have a DBS in place.

Monitoring risks to patients

Most risks to patients were assessed but the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

- There was a health and safety policy available and a poster was visible in the reception area.
- The practice had an external company carry out a health and safety audit on 1 March 2016. Actions had been identified but on the day of the inspection there was no evidence that these had been completed.
- The practice had a fire risk assessment carried out on 1 March 2016 and had carried out a fire drill on 14 April 2016. Weekly fire alarm testing had not been documented since 16 April 2017. A ramp was available in the alternative therapy's room where a fire escape is located to aid patients with reduced mobility in the event of a fire. Fire marshals had been identified and we were told they carried out training in 2015/2016 but we did not see any evidence that this had been completed.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- We looked at the arrangements in place for the management of legionella. The practice did not have a legionella risk assessment in place in order to mitigate the risk of legionella (a bacterium which can

contaminate water systems in buildings). On the day of the inspection we found that regular water temperature monitoring was carried out by a member of staff who had not had the relevant training.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available in the reception area.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity planning framework and disaster recovery plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Further information was required to add contact numbers for suppliers and to ensure all the relevant risks to the practice are documented and actions to mitigate the risks are in place.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

On the day of the inspection we found that the practice did not have a formal system in place to keep staff up to date with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff we spoke with told us they were aware of current guidance relevant to their role. Meeting minutes we looked at did not contain discussions on NICE guidance and from sample records we looked at we found that the practice did not monitor these guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results for 2015/16 were 97.5% of the total number of points available, with 7.7% exception reporting which was 1.9% below CCG average and 2.1% below national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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 90.1% which was 1% below the CCG average and 1.2% below the national average. Exception reporting was 4.2% which was 1.2% below CCG average and 1.3% 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 92.4% which was 13.1% above the CCG average and 16.8% above the national average. Exception reporting was 6% which was 3.7% below the CCG average and 1.9% 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 84.6% which was 1.1% above the CCG average and 1.7% above the national average. Exception reporting was 5.5% which was 1.9% above the CCG average and 1.6% above national average.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 93.6% which was 2.6% above the CCG average and 4% above the national average. Exception reporting was 2.1% which was 10.1% below the CCG average and 9.4% below national average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 96.2% which was 9.3% above the CCG average and 12.4% above the national average. Exception reporting was 3.7% which was 8% below the CCG average and 3.1% below national average.

There was limited evidence of quality improvement including clinical audit.

- The practice did not have a programme of continuous audits to monitor quality and to make improvements. We were sent two audits to review which had been carried out within the last two years. There was no evidence to demonstrate continuous improvements to patient outcomes or any action plans put in place to monitor implementation of any recommendations. No further evidence was sent prior to or since the inspection.

Effective staffing

At this inspection we found that staff we spoke with were competent in their roles but we found that the system in place to identify and monitor the training needs of all staff was not effective.

- The practice told us they had an induction programme for all newly appointed staff. However on the day of the inspection we did not see any evidence of this as most of the staff who worked at the practice had been employed for a number of years and staff turnover was very low.
- 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 such as diabetes, asthma and COPD.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Requires improvement

Are services effective?

(for example, treatment is effective)

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- We found that the system in place in relation to the identification and monitoring of the training needs of all staff were not effective. For example, safeguarding, fire safety, basic life support, infection control and information governance. Staff had recently been given access to and made use of e-learning training modules.
- Staff we spoke with told us they received a yearly appraisal.

Coordinating patient care and information sharing

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

- This included medical records and investigation and test results.
- From the sample of patient records we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We were told and we saw examples in patient electronic records we reviewed that staff worked together with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. However we did not see any evidence that regular meetings had taken place with other health care professionals.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

At the inspection we found that some staff sought patients' consent to care and treatment in line with legislation and guidance.

- We found that staff had not received awareness training in relation to the Mental Capacity Act 2005. Staff we spoke with were able to describe what action they would take if required.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- We looked at the process for seeking consent. We found there were gaps in the process especially in relation to joint injections where verbal consent was gained but not documented on the patient electronic record.
- The process for consent was not monitored through patient record audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and substance misuse.
- A physiotherapist and counsellor were available at specific times within the practice.
- The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 83% and the national average of 81%.
- On the day of the inspection the practice were unable to provide us with comparable data in relation to national screening programmes.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given for vaccines for the under two year old and five year old was 90% which were comparable to CCG/national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

44 Care Quality Commission comment cards we received were very positive about the standard of care received. Patients who completed these cards said the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They also said that staff responded compassionately when they needed help and provided support when required.

We spoke with a member of the patient participation group (PPG). They told us they were very well supported and listened to by the practice. They also said that staff responded compassionately when they needed help, worked well as a team and provided support when required. Comment cards aligned with these views.

Results from the July 2017 national GP patient survey showed the practice were well above or comparable with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 73% and the national average of 73%.

Care planning and involvement in decisions about care and treatment

Results from the July 2017 national GP patient survey showed patients felt involved in planning and making decisions about their care and treatment. Results were well above local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

Patient feedback from the comment cards we reviewed told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff.

The practice website contained relevant and easily accessible information. It enabled patients to find information about health care services provided by the practice. Information on the website could be translated into many different languages for people whose first language was not English.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We did not see any notices in the reception areas that informed patients this service was available.

Good

Are services caring?

- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 35 patients as carers (1% of the practice list). Information was available on the website to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. For example, on the day appointment with a GP if required.

Staff told us that if families had experienced bereavement, the 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. Information was also available on the practice website in times of bereavement.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice did not offer extended hours for working patients who could not attend during normal opening hours.
- The practice told us that home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- The practice closed from 12-30pm till 2pm each day and had an answerphone which gave patients details to contact the practice by mobile, NHS 111 or 999 in an emergency.
- There were accessible facilities, which included a ramp to enter the building, a doorbell to summon help at the main door. The doorbell also had information in braille for patients who had sight problems.
- All new patients were met by the clinical team on registration to introduce them to the practice and to learn about their medical history.
- Language line was available for any patients whose first language was not English.
- A hearing loop in the practice to assist when patients had hearing problems. A portable hearing loop was also available for patients to take into consulting rooms if required.
- Magnifying equipment was located in reception for patients to use in reception.
- Hand rails were in place along the walls of the main corridor to the consulting room to aid patients with reduced mobility and sight problems.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. For example, Yellow Fever.

Access to the service

The practice was open between 8.15am and 6pm Monday to Friday. When the practice was closed from 12 midday to 2pm the answerphone gave patients details to contact the practice mobile, NHS 111 or 999. Appointments were available from 8.15am until 10.50am and 2pm to 5.30pm Monday, Tuesday and Wednesday and 3.30pm to 5.30pm on Thursday and Friday. The practice did not offer extended hours. Pre-bookable appointments could be booked two months in advance and on the day emergency appointments were also available.

Results from the July 2017 national GP patient survey showed that patients' satisfaction with how they could access care and treatment were well above local and national averages in most areas.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 71%.
- 90% of patients said that the last time they wanted to speak to a GP they were able to get an appointment compared with the CCG average of 55% and the national average of 56%.
- 92% of patients said their last appointment was convenient compared with the CCG average of 82% and the national average of 81%.
- 95% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 77% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

The practice were in the process of carrying out a patient survey. At the time of the inspection results reviewed so far showed that 33 patients had responded.

- 73% said they got an appointment on a convenient day at a convenient time.
- 67% said they could see a GP of their choice.

Comments cards we reviewed told us that most patients were able to get appointments when they needed them.

The practice had a system to assess:

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

- The practice had a system for handling complaints and concerns but we found on the day of the inspection it was not effective.
- The practice 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 was available to help patients understand the complaints system in the form of a patient complaint leaflet.
- We looked at the system the practice had for complaints and found that it was difficult to see whether the practice had followed its process for complaints. The practice sent us information about the complaints received prior to the inspection. Only one written complaint had been received in the last 12 months. We were also told that any verbal complaints or patient concerns were dealt with immediately but no records were kept of the conversations or any learning identified.
- There was no analysis of trends or action taken as a result to improve the quality of care.
- Staff we spoke with told us and we saw that complaints were discussed at practice meetings but it was not clear what learning and actions had been shared with staff.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice aim was to deliver high quality care and promote good outcomes for patients.

- The practice had a patient charter which was displayed in the waiting area which identified that all staff were dedicated to a quality policy to achieve health services that meet the patient's requirements.
- The practice had commenced plans to build an extension on the current building to increase the range of services provided.

Governance arrangements

We found the practice had limited governance arrangements in place to support the delivery of their strategy. There was a lack of effective systems in place to monitor quality and make improvements and limited arrangements for managing risks.

- Patients were at risk of harm because some systems and processes in place were not effective to keep them safe. For example, patient safety alerts, infection control, monitoring of patients on high risk medicines, monitoring of the cold chain, patient group directives, staff files and complaints.
- There were some arrangements for identifying, recording and managing risks but not all had been well managed.
- The system in place to safeguard service users from abuse and improper treatment was not effective.
- There was a clear staffing structure but not all staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, long term conditions, immunisations and vaccinations.
- We saw that limited clinical improvement work had taken place in order to monitor quality and make improvements
- The practice had policies in place and were available to all staff. The majority of which had not been updated and reviewed regularly.

Leadership and culture

We found that overall leadership was not effective. Although the practice was positive about future plans, we found a lack of accountable leadership and governance relating to the overall management of the service. The practice was unable to demonstrate strong leadership in respect of safety. We found that patients were at risk of harm because some of the systems and processes in place were not effective to keep them safe.

The practice had some awareness of the duty of candour however some of the systems and processes in place were not effective and did not ensure compliance with the relevant requirements. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The practice could not provide evidence on the day of the inspection of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. We could not see any evidence that clinical staff where required, had met with health visitors to monitor vulnerable families and safeguarding concerns.

We saw and staff told us the practice held team meetings but these were not on a regular basis. We saw meeting minutes from three meetings held in 2017. The meetings did not have set agendas and minutes were limited. Therefore it was difficult to identify what had taken place, what actions and learning had been shared and who was responsible for actions and a timeframe.

Staff said they felt respected, valued and supported, particularly by the GP and practice manager.

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

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and discussed proposals for improvements to the practice management team. For example, improved GP access and expansion of practice facilities.
- The national GP patient survey results were published on 6 July 2017 and 3.2% of the practice patient list responded. The practice had overwhelming positive results which were above CCG and national averages. The practice had been congratulated as the best practice in the county of Leicestershire for their recent results.

Are services well-led?

Inadequate

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

- The practice took part in NHS Friends and Family testing. However they had not collated the data to draw up an action plan to make improvements where required.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

On the day of the inspection the practice were unable to demonstrate any continuous improvement that had taken place.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person had failed to establish systems to prevent abuse. The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. This was in breach of regulation 13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had failed to ensure that systems and processes were established and operated effectively. The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.