

# The Cottage Surgery

## 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	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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Cottage Surgery on 2 December 2016. The overall rating for the practice was requires improvement. The ratings for providing a caring and responsive service were good but the ratings for providing a safe service were inadequate and for providing an effective and well led service were requires improvement as we identified breaches in regulations. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for The Cottage Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection carried out on 5 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 2 December 2016.

At this most recent inspection we found that extensive improvements had been made and specifically, the ratings for providing a safe service had improved from

inadequate to good and the ratings for providing an effective and well led service had improved from requires improvement to good. The ratings for providing a caring and responsive service remained good. This provided an overall rating of good.

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

- A system called Doctor First had been developed and implemented by the GP partner. in order to improve patient access and on the day care. This resulted in the second lowest A and E attendance of the practices within their Clinical Commissioning Group.
- Patients said they found it easy to speak with and where appropriate have an appointment with a named GP and there was continuity of care, with urgent and non-urgent appointments available the same day.
- There was an open approach to safety and a system in place for reporting and recording significant events and dealing with safety alerts. However we found that alerts and events were not always recorded consistently.

# Summary of findings

- The practice had clearly defined systems to minimise risks to patient safety. However on the day of our inspection we found that vaccines and emergency medicines were not stored securely and the cold chain policy was not followed consistently.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Results from the national GP patient survey were much higher than local and national averages and showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients spoke highly of the level of care they received and described staff as professional, supportive, sympathetic and always caring.

- Information about services and how to complain was available and easy to understand.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

The areas where the provider should make improvements are:

- Ensure the systems relating to significant events and safety alerts consistently record all events and alerts.
- Review arrangements to ensure patient confidentiality is maintained during consultations.
- Ensure the cold chain policy is followed consistently.
- Ensure treatment room is kept locked when not in use to give assurance that emergency medicines and vaccines are stored securely.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an open approach to safety and a system in place for reporting and recording significant events and dealing with safety alerts. However we found that alerts and events were not always recorded and discussed consistently.
- The practice had clearly defined systems to minimise risks to patient safety. However on the day of our inspection we found that vaccines and emergency medicines were not stored securely and the cold chain policy was not followed consistently.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care.
- We received 16 comment cards all of which were very positive about the standard of care received. Comments cards also reflected that patients felt they were treated with dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect. During our inspection we were able to overhear a patient consolation so could not be assured confidentiality was always maintained.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The GP partner had developed and implemented a system called Doctor First which enabled the practice to manage patient demand by a GP talking to all patients before seeing them and had improved appointment access.
- The practice were trialling an e-consult system whereby patients could access an online consultation tool which meant patients could contact their own GP at their convenience, advise the GP of their condition and expect a response before the end of the next working day.
- Comments cards we reviewed told us that patients found it easy to make an appointment with the named GP and there was continuity of care, with urgent and non-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 the practice responded quickly to issues raised.

Good



## Are services well-led?

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

- The practice had a vision to provide a high quality service in a timely manner. This was primarily delivered via the Doctor First improved access appointment system which enabled patients who needed care or treatment to be seen on the day they needed it rather than deferring appointments to another day.
- There was a governance framework which supported the delivery of the strategy and good quality care.
- There were effective arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient reference group was engaged and pro-active.
- The practice had a number of policies and procedures to govern activity which had been reviewed.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 7% of the practice population were older people.
- 3% of patients who had been assessed as being at risk had a care plan in place which was slightly above the required national target
- 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 91% which was 7.5% above the CCG average and 8.1% above the national average. Exception reporting was 0.8% which was 2.8% below the CCG average and 3.1% below national average.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission and those who were housebound were identified as a priority.
- 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 96.9% which was 5.9% above the CCG average and 5.6% above the national average. Exception reporting was 0% which was 5.4% below CCG average and 5.5% below national average.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma, was 85.2% which was 5.9% above the CCG average and 9.6% above the national average. Exception reporting was 2% which was 7.7% below the CCG average and 5.9% below national average.
- The percentage of patients with chronic obstructive pulmonary disease who had had a review, undertaken by a healthcare

Good



# Summary of findings

professional was 100% which was 9% above the CCG average and 10.4% the national average. Exception reporting was 0% which was 12.2% below the CCG average and 11.5% below national average.

- Longer appointments and home visits were available when needed.
- 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

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 and E attendances.
- Childhood immunisation rates in 2016-17 for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and for five year olds from 94% to 100%.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 78% and the national average of 73%.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 69% of patients had been screened for bowel cancer which was above the CCG average of 63% and national average of 58%. 82% of patients had been screened for breast cancer which was above the CCG average of 81% and national average of 73%.
- The practice offered 24 hour and 6 week baby checks. We saw positive examples of joint working with midwives and health visitors.
- A practice nurse had previously been a specialised sexual health nurse and since they joined the practice there had been a slight increase in chlamydia screening.

Good



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

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

Good



# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, a system called Doctor First was in place which enabled the practice to manage patient demand by a GP talking to all patients before seeing them.
- The practice was proactive in offering online services and at the time of our inspection was trialling an e-consult system whereby patients could access an online consultation tool to seek advice from their own GP.
- There was a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

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 including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed 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.

Good



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

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

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months. Care plans were in place.
- The practice had participated in the West Leicestershire CCG scheme to improve the diagnosis rate for patients with dementia.

Good



# Summary of findings

- The practice had 23 patients on a mental health register. 90% of patients had received a face to face review in the last 12 months. The practice were supported by a mental health facilitator from the CCG who supported the practice to complete the care plans.
- 100% of patients who had been diagnosed with depression had received a face to face review in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to 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 in July 2017. The results showed the practice was performing well above local and national averages. 216 survey forms were distributed and 113 were returned. This represented a 52% response rate and 4% of the practice's patient list.

- 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%.
- 91% 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%.
- 100% 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%.

- 95% 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 19 comment cards all of which were extremely positive about the standard of care and treatment received. Patients who completed these cards told us that they received exceptional care and that staff were professional, supportive, sympathetic and always caring.

The latest results available from the NHS Friends and Family Test in July 2017 showed that from 39 responses, 100% of patients would recommend the practice to friends or family.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure the systems relating to significant events and safety alerts consistently record all events and alerts.
- Review arrangements to ensure patient confidentiality is maintained during consultations.
- Ensure the cold chain policy is followed consistently.
- Ensure treatment room is kept locked when not in use to give assurance that emergency medicines and vaccines are stored securely.

# The Cottage Surgery

## 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 second CQC inspector, a GP specialist advisor and a practice nurse specialist advisor.

## Background to The Cottage Surgery

The Cottage Surgery is located in the village of Woodhouse Eaves which is in Charnwood Forest in North Leicestershire. It has approximately 3,000 patients and the practice's services are commissioned by West Leicestershire Clinical Commissioning Group (CCG).

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 Cottage Surgery the service is provided by one male GP partner, one managing partner, one assistant practice manager, two nurses, two health care assistants and two administration and reception staff.

This provider has one location registered with the Care Quality Commission (CQC) which is

The Cottage Surgery, 37 Main Street, Woodhouse Eaves, Leicestershire. LE12 8RY

The practice is open between 8.30am to 6pm Monday, Tuesday, Wednesday and Friday. Thursday from 8:30am to 12 midday. Primecare covers 8am to 8.30am and 6pm to 6.30pm each day and Thursday afternoon from 12 midday.

A system called Doctor First is in place which enables the practice to manage patient demand in a timely way by a GP talking to all patients before seeing them.

Appointments are available from 8:30am until 6:30pm Monday, Tuesday, Wednesday and Friday and from 8:30am until 1:00pm on Thursdays. Appointments can be made in advance without limitation. The practice does not offer extended hours.

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

In December 2016 we had carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. That inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. At that inspection we found the practice requires improvement overall but specifically the rating for providing a safe service was inadequate and requires improvement for providing an effective and well led service. As a result a requirement notice was issued in respect of the breach of Regulation 12 of the Health and Social Care Act 2008 and a warning notice was also issued

# Detailed findings

in respect of the breach of Regulation 17 of the Health and Social Care Act 2008. This inspection was undertaken to evaluate whether the warning notice and requirement notice had been complied with.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

We carried out an announced visit on 5 October 2017.

During our visit we:

- Spoke with a range of staff
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

At our previous inspection on 2 December 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of the management of risks including fire and legionella, patient safety alerts, infection control, emergency medicines and temperature monitoring of the refrigerators used to store vaccines were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 5 October 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

At this inspection we found that the system for significant events had been reviewed, the policy updated and there was a specific template for staff to record significant events. A log was kept of significant events and we saw evidence of discussion at team and clinical meetings. Minutes from the meetings were available for staff unable to attend a meeting in order to share learning. However we found that an incident regarding a breach of confidentiality had been discussed at a clinical meeting but not recorded as a significant event.

We found that there was now a clearer system for receiving, discussing and monitoring of patient safety alerts. There was a safety alerts protocol which had been updated in August 2017 which identified that safety alerts were received by the assistant practice manager and lead nurse. There was now a log of alerts received. This was held in the shared drive of the practice computer system to enable all staff to access it. The log contained a link to each alert and identified who the alert had been disseminated to and what action had been taken. However we saw that one drug safety alert had been discussed at a clinical meeting in April 2017 and actions identified but the alert was not included in the log. We did see evidence that the alert had been actioned following discussion. Following our inspection the practice provided an updated log with the absent alert included.

### Overview of safety systems and processes

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

We found:-

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
  - The GP partner was the safeguarding lead for both vulnerable adults and children. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
  - At our inspection in December 2016 we found that not all vulnerable adults or children who were the subject of safeguarding had relevant alerts on their patient records. At this inspection we found the system had been reviewed and alerts were now in place appropriately.
  - A notice on the television screen in the waiting room and posters in consultation and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- At our inspection in December 2016 we had found issues with some areas of infection control. At this inspection we found that the practice maintained appropriate standards of cleanliness and hygiene and observed the premises to be clean and tidy.
- The practice had appointed a new cleaning contractor in December 2016. There were cleaning schedules in place and spot checks had been carried out. Cleaning schedules had also been introduced and were followed by the health care assistant relating to equipment and trolleys.
  - The infection control lead, the managing partner and the assistant practice manager had completed the Infection Prevention and Control Link Practitioner course in January 2017 and all other staff had also completed infection control training relevant to their role.

## Are services safe?

- An infection control audit had been completed in June 2017 and identified actions had been addressed. There were processes in place to ensure sharps bins were appropriately signed and dated and replaced after three months.
- There was a spillage kit available to deal with spillage of blood in the practice but none to deal with vomit or urine. Following our inspection the practice provided evidence that they had purchased multi bodily fluid spillage kits.
- The practice had completed an infection control annual statement for 2017-2018.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There was a system in place for the management of high risk medicines. The practice monitored a number of medicines under a shared care protocol, for example medicines used in rheumatology.

- At our inspection in December 2016 we found that there was not an effective system to monitor the temperature of the vaccine refrigerator in the practice. At this inspection we found that the practice had reviewed the process and put measures in place to ensure daily temperature checks were carried out and recorded. However the time that the temperature was checked had not been recorded which was not in line with the practice cold chain policy and meant that in the event of refrigerator failure, the practice would be unable to identify the temperature had been out of range.

Not all staff we spoke with who were responsible for recording the refrigerator temperatures were confident about the process. We discussed this with management and were told a training update would be arranged to make sure all staff were clear on the process. We found that the secondary thermometer display unit was incorrectly situated inside the refrigerator instead of externally. Additionally it had not been reset and staff were unaware how to do this.

The practice told us they were going to purchase a data logger to replace the current secondary thermometer in order to monitor the temperature more effectively and following our inspection provided evidence of this. The vaccine refrigerator was not secure as it was left with the key in the lock and the treatment room where it was

situated was always unlocked. We pointed this out to the managing partner who told us this would be addressed. Following our inspection they told us they had new keys for the treatment room and it was now kept locked when not in use.

At our inspection in December 2016 we found blank prescription stationery was kept in unlocked printers in the treatment room and GP consulting room. At this inspection we found that the process had been reviewed and prescription forms were handled in accordance with national guidance and serial numbers were recorded on receipt into the practice. Prescriptions were removed from printers and kept in a locked cabinet when rooms were not in use.

- The nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. We spoke with one nurse who told us they received support from the GP partner in relation to this role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants (HCAs) were trained to administer vaccines and medicines against a patient specific direction (PSD) from a prescriber. We saw examples of these but on the day of our inspection the practice were unable to show us a PSD for the administration of vitamin B12 by HCAs. Following our inspection the practice forwarded their vitamin B12 protocol and an example PSD.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. At our previous inspection we found that the practice often gained verbal references but did not document these. At this inspection we spoke with the managing partner who showed us the new recruitment policy dated August 2017 which included the need for references. They told us they would record details of verbal references going forward but there had been no recruitment since our last inspection.

# Are services safe?

## Monitoring risks to patients

At our inspection in December 2016 we found that risks to patients were assessed but the systems and processes to address these risks were not implemented well enough to ensure patients were kept. At this inspection we found:

- The practice had carried out general risk assessments in regard to slips, trips and falls, handling of sharps, waste and display and screen equipment.
- Arrangements relating to fire safety had been reviewed and we saw that the practice had carried out their own fire risk assessment in April 2017 following guidelines from the Health and Safety Executive. Staff had been trained as fire wardens and all staff had received in-house fire safety training in August 2017 in addition to e-learning. A fire extinguisher practical session had been facilitated and the practice had carried out documented fire drills, the last one having been carried out in October 2017. Arrangements were in place for regular visual and maintenance checks of fire equipment.
- The practice had now undertaken an external legionella risk assessment in June 2017. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The risk assessment identified that control measures were required by means of monthly monitoring of water temperatures and the records we saw confirmed that this had been implemented.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

## Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises with adult defibrillator pads. We saw the practice had oxygen with adult and child masks.
- Emergency medicines were easily accessible to staff in the treatment room. However we found that they were not secure as the cupboard the medicines were stored in was left with the key in and the room was not kept locked. Following our inspection the managing partner told us they had new keys for the treatment room and it was now kept locked when not in use. Medicines and consumable items we checked were in date.
- The practice had a comprehensive service continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 2 December 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of palliative care, clinical audits and staff appraisal needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 5 October 2017. The provider is now rated as good for providing effective services.

### Effective needs assessment

At our inspection in December 2016 we found that there was not an effective system in place to ensure all clinical staff were kept up to date with National Institute for Health and Care Excellence (NICE) guidance. At this inspection we found that the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including NICE best practice guidelines.

We saw evidence that guidance was accessible and had been discussed in practice meetings and acted upon.

### 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 100% of the total number of points available, with 4.8% exception reporting which was 4.8% below CCG average and 5% 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). Unpublished data from 2016/17 demonstrated that the practice had maintained a high QOF performance.

Published data from 2015/16 showed that :

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90

mmHg or less was 96.9% which was 5.9% above the CCG average and 5.6% above the national average. Exception reporting was 0% which was 5.4% below CCG average and 5.5% below national average.

- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma, was 85.2% which was 5.9% above the CCG average and 9.6% above the national average. Exception reporting was 2% which was 7.7% below the CCG average and 5.9% below national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 91% which was 7.5% above the CCG average and 8.1% above the national average. Exception reporting was 0.8% which was 2.8% below the CCG average and 3.1% below national average.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 100% which was 9% above the CCG average and 10.4% above the national average. Exception reporting was 0% which was 12.2% below the CCG average and 11.5% 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 100% which was 13.2% above the CCG average and 16.2% above the national average. Exception reporting was 0% which was 11.7% below the CCG average and 6.8% below national average.
- At our inspection in December 2016 we found that the system the practice had in place for carrying out full cycle clinical audits was not effective. At this inspection we found that full cycle clinical audits had been completed and we looked at two of these. One related to chronic kidney disease and had been carried out in conjunction with the University of Leicester. The audit had identified uncoded patients with chronic kidney disease and as a result these patients were now monitored and their care improved. Checks were in place to show that all relevant investigations were done and monitoring of non-steroidal anti-inflammatory drug prescribing for this group of patients was present.
- The practice had also carried out an audit of 'Doctor First' outcomes and this demonstrated that effective workload planning had resulted in better access for

# Are services effective?

## (for example, treatment is effective)

patients. We also looked at an audit relating to patients receiving vitamin B12 injections but this audit did not address reviewing testing for the underlying cause of the B12 deficiency in line with NICE guidance.

The practice participated in local benchmarking run by the CCG. This was a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area. The percentage of antibiotic items prescribed that were cephalosporins or quinolones was 5.8% against a CCG average of 4.3% and England average of 5.1%. Data reflected that in the 12 months up to July 2017, the practice had achieved all antimicrobial targets set by NHS England. The practice also had one of the lowest A and E attendance rates in the locality.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those clinicians reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion with other health care professionals.
- At our inspection in December 2016 we found that there were gaps in staff training. At this inspection we found all necessary training had been completed and there was a system to identify when it was due to be renewed. Records we saw reflected that staff had received training in areas such as basic life support, fire safety, information governance, infection control, safeguarding and mental capacity. Staff had also received an appraisal in the last 12 months and where necessary a clinical member of staff attended.

- We saw that staff were able to access training by means of e-learning training modules, external training and in-house training. Opportunities for upskilling and development of staff had been identified and implemented.

### Coordinating patient care and information sharing

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

- This included care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- At our inspection in December 2016 we found that the system the practice had in place for patients on the palliative care monitoring and review was not clear and consistent. At this inspection we saw that there was a protocol for end of life care and care planning reminders were in place. We reviewed records of multi-disciplinary meetings which had been held to discuss palliative care patients and patient records were updated following these meetings.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

# Are services effective?

(for example, treatment is effective)

- 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.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, vulnerable patients and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Information was also available on the practice website.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 77% and the national average of 74%. At the time of our inspection, the uptake for the current year had increased to 88%.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 70% of patients had been screened for bowel cancer which was above the CCG average of 63% and national average of 58%. Also 84% of patients had been screened for breast cancer which was above the CCG average 80% and national average of 72%.
- Childhood immunisation rates for the vaccinations given to children were comparable to CCG and national averages and had improved on the previous year. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2016-2017 ranged from 96% to 100% and for five year olds from 94% to 100%.
- 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. The practice had taken the opportunity at these health checks to recruit patients where appropriate to the GENVASC study which helped to determine if genetic information could improve the risk identification of Coronary Artery Disease.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were polite and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; however we were able to overhear a telephone conversation taking place in the consulting room..
- When patients wanted to discuss sensitive issues or required greater privacy they were able to be offered a private area to discuss their needs.

We received 19 comment cards all of which were extremely positive about the standard of care and treatment received. Patients who completed these cards told us that they received exceptional care and that staff were professional, supportive, sympathetic and always caring.

The latest results available from the NHS Friends and Family Test in July 2017 showed that from 39 responses, 100% of patients would recommend the practice to friends or family.

We spoke with three members of the patient reference group (PRG). They also told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. They commented on the personalised and responsive service received from all staff. Comment cards aligned with these views.

Results from the July 2017 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice were much higher than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 100% 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%)

- 93% 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%).
- 99% 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%).
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%)

The PRG had carried out a patient survey in 2016 and comments received aligned with these views. Patients commented that the GP was easy to talk to, listened and was approachable. They commented that reception staff were always very pleasant, helpful and efficient.

### Care planning and involvement in decisions about care and treatment

Patient feedback on the comment cards we received told us they were always involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and were never rushed so had plenty of time to make an informed decision about the choice of treatment available to them.

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

- 91% 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%.
- 90% 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%.
- 97% 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%.

## Are services caring?

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 34 patients as carers (1% of the practice list). Written information was

available to direct carers to the various avenues of support available to them. The practice had received onsite training and guidance from the Carers Health and Wellbeing service to help them support carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them and often sent a card, visited the family or attended the funeral. A patient consultation would also be offered at a flexible time and location to meet the family's needs. Information was available in the practice relating to bereavement and how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- A system called Doctor First had been developed and implemented by the GP partner. This enabled the practice to manage patient demand by a GP talking to all patients prior to seeing them in the practice. The system had been developed in order to improve patient access and on the day care. The success of the system was evident from the extremely positive patient feedback relating to access and care both in the national GP patient survey results and comments from patients on the day of our inspection. The GP had gathered and analysed data relating to access and appointments and was able to predict the number of patients who would call on specific days of the week. For example on the day of our inspection we looked at the actual calls received against predicted calls and it only differed by one. This also helped to predict staffing levels. The GP partner told us this method had reduced A and E attendance and hospital admissions. Current data showed the practice had the second lowest A and E attendance of the practices within their Clinical Commissioning Group. The practice were trialling an e-consult system whereby patients could access an online consultation tool which meant patients could contact their own GP at their convenience, advise the GP of their condition and expect a response before the end of the next working day.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and a hearing loop available.
- A Disability Discrimination Act audit had been carried out in July 2017 to ensure the practice was accessible to those with a disability.

### Access to the service

The practice was open between 8.30am and 6pm Monday, Tuesday, Wednesday and Friday. On Thursday it was open from 8.30am to 12pm. When the practice was closed between 8am to 8.30am and 6pm to 6.30pm each day and Thursday afternoon from 12pm, patients were directed to call Primecare to access care and treatment.

A system called Doctor First was in place which enabled the practice to manage patient demand by a GP talking to all patients as a first point of contact and patients were seen the same day if required.

Appointments were available from 10:30 am to 12 midday each weekday morning and 4pm to 6-pm. Monday, Tuesday, Wednesday and Friday. Appointments could be booked one to two weeks in advance. The practice did not offer extended hours.

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

- 89% 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%.
- 99% of patients described their experience of making an appointment as good compared to the CCG average of 73% and the national average of 73%.
- 80% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 55% and the national average of 56%.

The practice had a system called Doctor First in place to assess:

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

The GP spoke to each patient who contacted the practice and made a clinical decision on those who required an appointment on the day. Patients could always be seen if they wanted an appointment.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

## Are services responsive to people's needs? (for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice leaflet.

At our inspection in December 2016 we found there were no documented actions relating to verbal complaints and no evidence of learning from complaints. At this inspection we looked at the three complaints received in the last 12 months. These were satisfactorily handled in a timely way.

We saw that complaints had been discussed at practice meetings and lessons were learned from individual concerns and complaints. Action was taken as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 2 December 2016, we rated the practice as requires improvement for providing well-led services as the leadership arrangements in the practice had not ensured that effective systems and governance were in place to deliver safe and effective care.

We issued a warning notice in respect of these issues and found that the warning notice had been met and arrangements had significantly improved when we undertook a follow up inspection of the service on 5 October 2017. The practice is now rated as good for being well-led.

### Vision and strategy

The practice had a vision to provide a high quality service in a timely manner. Their stated aims and objectives were “to provide a high standard of primary care services to the registered population, whilst always looking for ways to innovate and improve productivity and efficiency”.

This vision had been primarily delivered via the Doctor First improved access appointment system which enabled patients who needed care or treatment to be seen on the day they needed it rather than deferring appointments to another day.

The practice had a strategy and supporting business plans which reflected the vision and values.

### Governance arrangements

At our inspection in December 2016 we found that not all systems and processes were working effectively. Following that inspection the provider assured us that they would address the issues and put immediate procedures in place to manage the risks. We were sent evidence to show that the practice had taken action and made some improvements to the governance arrangements relating to the problems identified at the inspection. At this inspection we saw that these actions had been implemented and were becoming embedded.

We now found that:-

- There was a clear system in place for the management of patient safety alerts, infection control and emergency medicines and there was regular temperature monitoring of the refrigerator which contained vaccines. Some of these systems required further embedding to ensure they were consistent.

- Risks to patients were assessed and the systems and processes to address these risks were implemented to ensure patients were kept safe.
- The system in place for reporting and recording significant events had been improved.
- The system in place for monitoring adults and children on the at risk register and identifying looked after children was effective as there was a consistent process in place to identify those at risk.
- There was a system in place to ensure appropriate training had been undertaken by all staff groups.
- There was evidence that audits were driving quality improvement in performance to improve patient outcomes.
- The system in place for palliative care monitoring and review had been strengthened and could be seen to be effective.
- Policies were in place and had been reviewed to ensure they were up to date and relevant.

### Leadership and culture

The practice was led by a principal GP with the support of a managing partner and assistant practice manager. They told us they prioritised safe, high quality and compassionate care.

Staff told us and comments cards we reviewed told us the principal GP and the assistant practice manager were approachable and always took the time to listen to patients and members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents.

There was a clear leadership structure and staff told us they felt supported by management.

- The practice held multi-disciplinary meetings to monitor vulnerable patients. GPs, where required, liaised with health visitors to monitor vulnerable families and safeguarding concerns.

# Are services well-led?

Good 

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

- Staff told us the practice now held regular team meetings as well as monthly clinical meetings. Learning from incidents, complaints or feedback was discussed at meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings or informally.
- Staff said they felt respected, valued and supported by each other and the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received.
- The PRG had carried out a patient survey in 2016 and worked with the practice and put forward proposals for improvements to the management team. For example, in regard to the triage system and first aid training. The PRG had been instrumental in setting up a village good neighbour scheme which provided transport and other support for adults locally.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice were part of the local federation which consisted of 13 GP practices.

The practice had invested in their staff and supported them to develop their roles. For example one of the nurses had been sponsored by the practice and successfully completed a BSc/PG Certificate in General Practice Nursing. Receptionists had been supported to develop as healthcare assistants and the assistant practice manager was undertaking a practice management qualification.

The practice were trialling an e-consult system whereby patients could access an online consultation tool which meant patients could contact their own GP at their convenience, advise the GP of their condition and expect a response before the end of the next working day.

The practice were members of the Primary Care Research Network and had been recruiting patients for research for a number of years.