

Dr Umesh Kumar Roy

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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 Dr UK Roy on 19 January 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe and effective services. It also required improvement for providing services for all the population groups. It was good for providing a caring, responsive and well led service.

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

- Not all staff understood their responsibilities to raise concerns, and to report incidents and near misses and the system in place for reporting incidents was not clear. Information about safety was not consistently recorded, monitored, appropriately reviewed and addressed.
- The practice did not have robust systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice.

- Data showed patient outcomes were average for the locality. Although some audits had been started, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but there were some policies not in place.
- The areas where the provider must make improvements are:
 - Ensure there is a robust system to manage and learn from significant events.
 - Ensure audits of practice are undertaken, including completed clinical audit cycles.

Summary of findings

- Ensure all staff have appropriate policies, procedures and guidance to carry out their role.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service.
- Address identified concerns with infection prevention and control..
- Ensure confidential patient records are stored securely.

In addition the provider should:

- Review recruitment arrangements to include all necessary employment checks for all staff.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Not all staff understood their responsibilities to raise concerns, and to report incidents and near misses and the system in place for reporting incidents was not clear. When things went wrong, reviews and investigations were not always thorough enough and lessons learned were not communicated widely enough to support improvement. Not all risks to patients who used services were assessed, and the systems and processes in place to address risks were not implemented well enough to ensure patients were kept safe. For example we found concerns in relation to infection control and recruitment processes.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were at or below average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence. There were no completed audits of patient outcomes. We saw no evidence that audit was driving improvement in performance to improve patient outcomes. There was evidence of appraisals and personal development plans for all staff. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Feedback from patients about their care and treatment was consistent and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent

Good



Summary of findings

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.

Are services well-led?

The practice is rated as good for being well-led. Staff were clear about the practice vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity but there were some policies not in place and the practice did not hold regular governance meetings. There were limited systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings.

Good



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 requires improvement for the care of older people. The provider was rated as good for caring, responsive and well led overall and this includes for this population group. The provider was rated as requiring improvement for providing safe and effective care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and avoiding unplanned admissions. It was responsive to the needs of older people, and offered home visits and longer appointments for those with enhanced needs. Where appropriate the practice were able to make a referral to a care navigator. Care navigators were employed by Leicester City Council and funded by Leicester City Clinical Commissioning Group in a joint commitment to improve and retain good general health and wellbeing in older patients over 75.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The provider was rated as good for caring, responsive and well led overall and this includes for this population group. The provider was rated as requiring improvement for providing safe and effective care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice nurse held regular clinics and reviewed patients with long term conditions such as asthma, diabetes and hypertension. Patients were seen regularly by the GP to review their medication. Care plans were in place for patients with long term conditions as part of the unplanned admissions enhanced service. Longer appointments and home visits were available when needed.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as good for caring, responsive and well led overall and this includes for this population group. The provider was rated as requiring improvement for providing safe and effective care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

The practice worked with the health visitor and community nurses and shared information about vulnerable children, children with protection plans or looked after children.

The practice offered flexible appointments for children and young people outside of school and college hours.

Neonatal checks, postnatal checks and six week baby checks were undertaken at the practice by the GP.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as good for caring, responsive and well led overall and this includes for this population group. The provider was rated as requiring improvement for providing safe and effective care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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 flexible. Appointments were available on Saturday mornings. The practice was proactive in offering online services as well as a range of health advice and information. Patients who were unable to attend the phlebotomy clinic on weekdays were offered an appointment with the GP for blood tests.

Patients between the age of 40 and 74 are offered NHS health checks for the early detection of conditions such as diabetes, hypertension and high cholesterol.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as good for caring, responsive and well led overall and this includes for this population group. The provider was rated as requiring improvement for providing safe and effective care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances such as those with a learning disability. It had carried out annual health checks for people with a learning disability and offered longer appointments for people with a learning disability.

Requires improvement



Summary of findings

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as good for caring, responsive and well led overall and this includes for this population group. The provider was rated as requiring improvement for providing safe and effective care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had identified a list of patients who were at risk of dementia and needed an assessment. A patient status alert has been added to all the patient records. An assessment was carried out with the patients who were at risk to identify those who needed referral to a dementia screening clinic.

Patients experiencing poor mental health were referred to appropriate services such as the mental health team or the open mind service.

The practice maintained a register of patients experiencing mental health issues.

Requires improvement



Summary of findings

What people who use the service say

The practice had carried out a patient survey of 18 patients during January 2014. This showed that 94% of patients who responded said they were satisfied with how good the GP was at listening to them. This was comparable to the most recent results from the national GP NHS patient survey regarding the practice, which showed that 86% of respondents said the last GP they saw or spoke to was good at listening to them. The national survey also reflected that 88% of patients would describe their overall experience of the surgery as good. We spoke with four patients on the day of our visit who on the whole were all very positive about the care and

support they received at the practice. One patient expressed dissatisfaction as they considered it had taken too long to be referred to a specialist. We received 37 comment cards on the day of our inspection. All of the comments were positive. Patients felt well looked after and described staff as being friendly, caring and had time to listen. We met with a member of the patient participation group (PPG). The PPG is a group of patients who highlight patient concerns and needs and work with the practice to drive improvement within the service. The PPG member told us they had worked with the practice to address patients issues.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there is a robust system to manage and learn from significant events.
- Ensure audits of practice are undertaken, including completed clinical audit cycles.
- Ensure all staff have appropriate policies, procedures and guidance to carry out their role.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service.

- Address identified concerns with infection prevention and control.
- Ensure confidential patient records are stored securely.

Action the service **SHOULD** take to improve

- Review recruitment arrangements to include all necessary employment checks for all staff.

Dr Umesh Kumar Roy

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and the team included a GP, a GP practice manager and another CQC inspector.

Background to Dr Umesh Kumar Roy

Dr UK Roy is a GP practice which provides a range of primary medical services under a GMS contract to around 1900 patients from a surgery in the centre of Leicester city. The practice's services are commissioned by Leicester City Clinical Commissioning Group (CCG). The service is provided by one part time male GP, two part time male locum GPs, a part time practice nurse and a part time healthcare assistant. They are supported by a practice manager and reception and administration staff.

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice has one location registered with the Care Quality Commission (CQC) which is at Fosse Family Practice, 16, Fosse Road South, Leicester, LE3 0QD.

We reviewed information from Leicester City clinical commissioning group (CCG), and Public Health England which showed that the practice population had similar deprivation levels compared to other practices within the CCG but higher than the average for practices in England.

When the surgery is closed the out of hours service is provided to Leicester City, Leicestershire and Rutland by Central Nottinghamshire Clinical Services.

Why we carried out this inspection

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

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

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

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

How we carried out this inspection

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

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

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

Detailed findings

- Older people
- People with long-term conditions
- Families, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed information from NHS Leicester City Clinical Commissioning Group (CCG), NHS England (NHSE), Public Health England (PHE), Healthwatch Leicestershire and NHS Choices.

We carried out an announced inspection on 19 January 2015. During our inspection we spoke with four patients

who used the service and a member of the patient participation group (PPG). The PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

We reviewed 37 comment cards where patients had shared their views and experiences of the service.

We spoke with six members of staff which included GPs, the practice manager, the practice nurse as well as reception and administration staff.

We observed the way the service was delivered but did not observe any aspects of patient care or treatment.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, but not all were clear on the process for reporting incidents or what would be considered an incident.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last year. These had not always been managed consistently.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of significant events that had occurred during the last year. There were seven recorded significant events but we found that only one had been discussed at a practice meeting. There was no system in place to review actions from past significant events. There was limited evidence that the findings from incidents were shared with relevant staff.

The practice manager showed us the system used to manage and monitor incidents. Incident forms on the practice intranet were completed and then given to the practice manager. Some staff we spoke with were unclear as to what a significant event was. We saw that there were three different policies relating to the reporting of incidents and two different forms in circulation. We raised this with the practice manager who told us they would review this and ensure there was only one system in place for staff to refer to.

We tracked six incidents. Some incidents were well documented but others were less consistent. One gave no details of the staff involved in the incident. We saw some evidence of action taken as a result. For example, one incident related to an error with an immunisation vaccination and as a result a computer check was done to ensure no other patients were affected. Required learning was documented as regular vaccination updates to be attended.

We discussed national patient safety alerts with the practice manager who told us they were received by email and were checked twice daily by the practice manager or

the lead GP. They told us that a paper copy of relevant alerts were kept as well as an electronic copy on the practice intranet. Following any actions alerts were discussed at the next clinical meeting and actions minuted.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff we spoke with knew how to recognise signs of abuse in older people, vulnerable adults and children. They were aware of their responsibilities regarding sharing information but some staff were not aware of the procedures for contacting the relevant agencies and were unsure where to locate policies relating to safeguarding. However we saw that contact details for relevant agencies were clear in the practice safeguarding policies.

The practice had an appointed dedicated GP as lead in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. The practice manager told us that the GP would send a report to child protection case conferences if they were unable to attend.

The practice had procedures in place for providing a chaperone. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). On the day of our visit we saw two different policies which related to chaperoning available to staff which contained conflicting information. Two members of staff were trained as a chaperone.

Are services safe?

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. The practice did not have a policy to provide staff with guidance on the management of medicines.

The practice did not have a cold chain policy to ensure that medicines were kept at the required temperatures or describe the action to be taken in the event of a potential failure. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The practice had an action plan in place relating to prescribing and medicines management. This had been drawn up with the clinical commissioning group (CCG) following the practice's annual Quality, Engagement and Delivery visit by the CCG which took place in September 2014. We saw records that noted the actions taken in response to a review of prescribing data. For example, a review of patients who had been prescribed diclofenac had been carried out and the medication was discontinued due to the risk of cardio-vascular disease. Diclofenac is a non-steroidal anti-inflammatory drug used to treat pain and inflammation associated with arthritis.

The nurse administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that the nurse had received appropriate training to administer vaccines.

We discussed concerns raised by the CCG with the lead GP regarding benzodiazepine prescribing. Benzodiazepines are a type of medication that are used to treat anxiety. We were told that these were not initiated by the practice but by mental health teams and patients often joined the practice with established dependency at which point the GP would review their current medicines.

We spoke with the receptionist who showed us the process they followed for dealing with repeat prescriptions which included that all prescriptions were reviewed and signed by the GP before they were given to the patient.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw daily cleaning schedules and cleaning records were in

place. The practice did not carry out spot checks to ensure that the practice was kept clean and tidy. We were told by the practice manager that spot checks were carried out but they did not complete any records. We spoke with the practice manager who told us they would record these checks going forward.

Patients we spoke with or who had completed comments cards told us they found the practice clean and had no concerns about cleanliness.

The practice had a lead for infection control who had undertaken training to enable them to provide advice on the practice infection control policy and carry out staff training.

All staff received induction training about infection control specific to their role.

We saw evidence that the lead had carried out an audit for the last year. No improvements had been identified. Practice minutes we looked at did not show that the findings of the audits were discussed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. A member of staff we spoke with told us how they would use these to comply with the practice's infection control policy.

There was also a policy for needle stick injury and management of blood and bodily fluid spillage.

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

We looked round the practice and found that there were inappropriate storage arrangements for cleaning materials and chemicals. They were not stored securely within a locked cupboard. This demonstrated that the practice was not compliant with the management and control of substances hazardous to health. (COSHH). COSHH information was available to ensure their safe use. We saw that the external company who carried out the cleaning of the premises had done a full risk assessment on the use of

Are services safe?

chemicals in April 2014. We found the COSHH policy was not comprehensive enough. It did not give staff guidance on what to do in the event of a problem. The policy also stated staff would receive yearly training.

We found that mops used by the cleaner were not stored appropriately. National Guidance states that cleaning equipment should be laundered and stored appropriately to minimise the risk of cross infection.

In the doctors room we found two sharps bins which had not been labelled correctly as there was no date or signature of the person who assembled the bins.

We looked at a room used by the health care assistant. The room did not have appropriate clinical waste bins. We found a sharps bin dated June 2014. National guidance states that sharps bins should be disposed of every three months even if not full.

There were arrangements in place for the disposal of clinical waste and sharps such as needles and blades. We saw evidence that their disposal was arranged by a suitable external company. We found that the external clinical waste bin was locked but was not in a secure area as it was accessible from the back entrance to the surgery. Department of Health guidance states that 'The practice is solely responsible for ensuring that waste is stored safely and in a secure place away from areas of public access within the premises.

The practice did not have a policy for the management, testing and investigation of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. The practice had a certificate for legionella testing dated January 2014 but did not have a legionella risk assessment in place. This is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place. There were no records to confirm that the practice had carried out regular checks to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and

displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, auroscopes, nebulisers and the fridge thermometer.

Staffing and recruitment

Records we looked at contained evidence that some of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy and a locum policy that set out the standards it followed when recruiting clinical and non-clinical staff. Information which the practice had received regarding one of the locum GPs and required in their own policy was not in date. For example, the basic life support training certification had expired and there was no evidence of indemnity cover. Similarly one of the permanent staff files we looked at did not contain evidence of a DBS check or photographic ID.

The practice manager told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place. There was also an arrangement in place for members of administrative staff, to cover each other's annual leave. There was no cover arrangement for when the nurse was on leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice. However the rotas showed that on a Tuesday and Thursday there were no scheduled GP appointments available until at least 3:00pm. The practice nurse was available on Tuesdays but on Thursdays there was no scheduled clinical presence in the practice before 3:00pm.

Monitoring safety and responding to risk

The practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, dealing with emergencies and equipment. The practice also had a health and safety policy. A health and safety audit proforma had been completed but there was no date to identify when it had been carried out and actions had not been identified.

Are services safe?

Identified risks were not included on a risk log. Risks were not assessed and rated and mitigating actions recorded to reduce and manage the risk. We saw no evidence that any risks were discussed at practice meetings. For example, an infection control audit had been carried out but the findings had not been shared with the team. The practice had specific reports which covered the management of maintenance of the premises. We saw evidence that the fire equipment which included the fire alarm and extinguishers were inspected in February 2014. An external provider had inspected the premises for gas safety, actions had been identified and completed in September 2014

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to manage emergencies.

We saw evidence either during our inspection or subsequently that all staff had either received or were up to date with training in basic life support.

A resuscitation trolley was located in the GP room. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Records of monthly checks of the defibrillator and oxygen were up to date. When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. However we found that the practice did not have signage to identify which room the equipment was in case of an emergency or fire. We spoke with the registered manager who told us they would ensure this was dealt with immediately.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. We checked the medicines required for the treatment of anaphylaxis and found that one medicine was missing. Anaphylaxis is an acute allergic reaction to an antigen (e.g. a bee sting) to which the body has become hypersensitive.

We spoke with the GP who dealt with it straight away. The practice did not routinely hold stocks of medicines for the treatment of hypoglycaemia. Hypoglycaemia is a low blood sugar. We did not see a risk assessment or related protocol to address this.

Processes were also in place to check monthly whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

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

The practice had not carried out a fire risk assessment which would include the actions required to maintain fire safety. Staff practised regular fire drills. We found that there was not a ramp to the back of the premises to allow for evacuation of patients with reduced mobility.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs we spoke with could outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and told us they accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. They told us that any new guidelines were discussed at locality meetings with other practices. There was a protected learning half day education session each month. We found from our discussions with the lead GP that they completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The lead GP told us they were supported in specialist clinical areas such as diabetes, chronic obstructive pulmonary disease (COPD) and asthma by the practice nurse, which allowed the practice to focus on specific conditions.

We looked at data from the local CCG of the practice's performance for antibiotic prescribing, most of which was comparable to similar practices in most areas. There was one area which was not in line with CCG values. This was addressed in the CCG action plan by means of a planned mandatory audit. The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes.

National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. We discussed referral management with the lead GP who told us that there was a system in place for him to review referrals made by locum GPs and a local peer review system for referrals. We did not see any evidence of this group activity or a system for reviewing locum GP referrals when the lead GP was absent for an extended period as he had been in November 2014.

We reviewed data from the CCG which showed that the practice had a higher than average number of patients who attended A & E. We discussed with the lead GP whether this had any correlation to when there was no GP or nurse available at the practice and he told us he would review this.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff at the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice manager to support the practice to carry out clinical audits.

The practice did not have a robust system in place for completing clinical audit cycles. The lead GP showed us a clinical audit that had been undertaken in the last year which related to antibiotic prescribing and was a mandatory audit required by the CCG. There were no completed audits available to enable the practice to demonstrate the changes which resulted from these audits. The lead GP told us they planned to complete an audit of drugs black listed by the Leicestershire Medicines Strategy Group. Black listed drugs are medicines which are not recommended for use in the Leicester Health Community because of lack of clinical effectiveness, cost prioritisation or concerns over safety. At the time of our inspection this had not been started.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. For example, 86% of patients with diabetes had a record of a foot examination in the last 12 months which was comparable to the national average. The practice met all the minimum standards for QOF in diabetes, asthma and chronic obstructive pulmonary disease (lung disease). This practice was not an outlier for any QOF (or other national) clinical targets.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients received repeat prescriptions which had been reviewed by the GP. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. The discussions we had confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

Are services effective?

(for example, treatment is effective)

The practice had a palliative care register. We saw records which showed the last palliative care meeting had been held in December 2013. The lead GP told us that as they had small numbers on the register and were a small practice, meetings only occurred as and when required.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending most mandatory courses apart from basic life support. The lead GP was able to carry out basic ultrasound at the practice and one of the long term GP locums had expertise in musculoskeletal conditions. The lead GP was up to date with their yearly continuing professional development requirements and revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

We saw records of staff annual appraisals that identified learning needs from which action plans were documented and we were told that the practice was supportive in providing training and funding for relevant courses. A nurse we spoke with told us they had recently had an appraisal. They found it was a formalised approach and felt it was a good opportunity to discuss future training needs. Further training relating to diabetes had been requested and we saw evidence that this had taken place.

The practice nurse was expected to perform defined duties and she was able to demonstrate that she had been trained to fulfil these duties. For example, on administration of vaccines, cervical smear tests and childhood immunisations. She had extended roles, for example, diabetes, asthma, COPD and hypertension and was able to demonstrate that she had received appropriate training to fulfil these roles.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage those patients with complex needs. It received blood test results, X ray results, and

letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. There was a system in place for staff to pass on, read and act on any issues arising from communications with other care providers on the day they were received. The lead GP was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances identified within the last year of any results or discharge summaries that were not followed up appropriately.

The practice told us that multidisciplinary team meetings were held when necessary to discuss the needs of complex patients, for example, those with end of life care needs. However these were infrequent as the number of patients in this group was small and the practice manager told us they had experienced difficulty in securing the attendance of district nurses at such meetings.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made the majority of referrals last year through the Choose and Book system. (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).

The practice had systems in place to provide staff with the information they needed. Staff used an electronic patient record SystmOne to coordinate, document and manage patients' care. All staff were fully trained on the system, and found the system effective and easy to use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

However there was not a robust system in place for the management and security of patient medical records. We found an unlocked cabinet on the first floor which contained patients' paper medical records. The room the cabinet was in was unlocked which meant that any person who accessed the first floor could potentially obtain personal information about a patient. There was another room on the first floor which was unlocked and unattended. It contained one of the practice computers

Are services effective?

(for example, treatment is effective)

and the 'smart card' which was required to access patient information had been left in the computer which again meant that confidential patient information was not held securely.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. A nurse we spoke with told us she understood key parts of the legislation and was able to describe how they used it in relation to the work they carried out. For example, when giving contraceptive advice.

The practice had a consent policy in place which included guidance for staff in certain situations where capacity to make decisions may be an issue for patients. This highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes.

Patients with a learning disability were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and stated the patient's preferences for treatment and decisions. The practice showed us records that eight out of nine patients on the register had been reviewed in the last year. Clinical staff we spoke with demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

The practice also offered NHS Health Checks to all its eligible patients aged 40 to 74 years. CCG data showed that 16% of patients in this age group had taken up the offer of the health check between April and October 2014. We were told that patients were followed up if they had risk factors for disease identified at the health check and further investigations would be scheduled. We noted that contact with patients was used opportunistically, for example, by offering chlamydia screening to patients aged 18 to 25 years and offering smoking cessation advice to smokers in order to improve mental, physical health and wellbeing.

The practice had numerous ways of identifying patients who needed additional support, often opportunistically, and it was pro-active in offering additional help. The practice had identified the smoking status of 90% of

patients over the age of 15 and for 74% of eligible patients identified had either given smoking advice or referred them to smoking cessation clinics in the year to date. Similar mechanisms of identifying 'at risk' groups were used for other patient groups who were offered further support in line with their needs.

The practice's performance for cervical smear uptake was 82%, which was better than others in the CCG area and also an improvement on the previous year. The practice nurse told us they had a system in place to audit and follow up patients who did not attend screening. However performance for national chlamydia screening in the practice was below other local practices and significantly below the average for the CCG. The lead GP acknowledged this was an area where they could make improvements.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. We saw up-to-date copies of the directions and evidence that the nurse had received appropriate training to administer vaccines.

There was a range of information on display in the patient waiting room. This included a wide range of health promotion and prevention leaflets, for example, alzheimer's support, memory clinics, ovarian and prostate cancer.

Last year's performance for all immunisations was below average for the CCG, but in the first quarter of the current year the practice performance relating to immunisations for children had improved and was above the CCG average.

The practice participated in the Better Care Fund CCG initiative to reduce unplanned admissions for those identified as being at high risk of admission. We saw that 37 better care fund templates for patients had been completed and reviewed one of the related care plans. However there was no information on outcomes.

The practice manager told us that in the last 12 months 48 patients had been screened for dementia and three patients had been diagnosed as having dementia.

The practice held a register of patients who had a learning disability and the nurse told us that there were nine patients on the register and eight of these had received an annual health check. The ninth was not living at home at that point so was not able to attend for a health check.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey published in January 2015, as well as a survey of 18 patients undertaken in conjunction with the practice's patient participation group (PPG) in January 2014 and feedback from the Friends and Family test. The practice had introduced the NHS Friends and Family test (FFT) which came into effect on 1 December 2014. The FFT is an opportunity for patients to provide feedback on the care and treatment they receive with a view to improving services. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed that 92% of patients who responded had confidence and trust in the last GP they saw or spoke to. The practice was also above average for its satisfaction scores on consultations with doctors and with 86% of practice respondents saying the GP was good at listening to them and 91% saying the GP gave them enough time.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 37 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with four patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk and was shielded by glass partitions which helped keep patient information private. In response to the patient

survey in January 2014 the practice had promoted the option to speak privately with a receptionist if required and used the television in the waiting room to reduce the possibility of conversations being overheard.

A nurse told us that if they had any concerns or observed any where patients' privacy and dignity was not being respected, they would raise these with the practice manager.

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

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 88% of practice respondents said the GP involved them in care decisions and 84% felt the GP was good at explaining treatment and results. Both these results were above average compared to the CCG area.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. Some staff were multilingual and could speak several languages, which included Punjabi, Gujarati and Hindi. We saw notices in the reception areas informing patients this service was available.

There were signs which informed patients that a chaperone was available if required.

Patient/carer support to cope emotionally with care and treatment

Patients were positive about the emotional support provided by the practice. Patients said they had received

Are services caring?

help to access support services to help them manage their treatment and care when it had been needed. The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately and with empathy when they needed help and provided support when required.

Notices in the patient waiting room and patient website also told people how to access a number of support groups and organisations.

The GP told us that patients who had suffered a bereavement were offered a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example with regard to improving confidentiality in the reception and waiting room area. We were told there were also plans to hold a health event to increase patients awareness of the importance of various health checks and immunisations.

Tackling inequity and promoting equality

In reception there was a self-check in screen available in eight languages for patients to book in on their arrival. There was an electronic display board to improve communication between the practice and patients in the waiting room. It displayed a series of scrolling messages which patients could read whilst waiting to be seen. For example, information on Saturday appointments and home visits.

The practice had access to online and telephone translation services. The GP and practice manager spoke four different languages which catered for the needs of a large proportion of the practice population.

The practice was situated on the ground and first floors of the building with most services for patients on the ground floor. There was no lift access to the first floor. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms on the ground floor. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

The practice was open from 8:00am to 6:30pm on weekdays and between 9:00am and 1:00pm on Saturdays. However there were no GP appointments available on Tuesday or Thursday mornings.

Information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for patients who needed them and those with long-term conditions. Home visits were made to local care homes as required and to other patients who needed one.

Patients were generally satisfied with the appointments system. They confirmed that they could usually see a doctor on the same day if they needed to. They also said they could see another doctor if there was a wait to see the lead GP. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

The practice's extended opening hours on Saturday mornings was particularly useful to patients with work commitments. This was confirmed by feedback from completed comments cards.

The practice offered telephone consultations where appropriate and used text message reminders for some appointments.

Listening and learning from concerns and complaints

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

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

We saw that information was available to help patients understand the complaints system was in place. There was a poster and information about who to contact regarding complaints was displayed on a noticeboard in the waiting room. There was also a complaints and comments box .

None of the patients we spoke with had ever needed to make a complaint about the practice.

There were no recorded complaints received in the last 12 months.

The practice manager told us that if they had any complaints they would review them annually to detect themes or trends. They told us they generally never received more than two complaints in a year so there had not been a need to review them for themes.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear ethos to deliver high quality care and promote good outcomes for patient and the lead GP led strongly at practice level but had considerable involvement at CCG level which resulted in less clinical sessions at the practice being available. We found details of the practice values were part of the practice's statement of purpose and included to proactively manage long term conditions and treat all patients and practice users with dignity and respect.

We spoke with four members of staff and they all demonstrated or understood the values and what their responsibilities were in relation to these.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff within the practice. We looked at 17 of these policies and procedures and all had been reviewed annually and were up to date. However in some cases, for example, the chaperone policy there were two policies available with different guidance. We spoke to the practice manager who told us they were in the process of reviewing the policies to ensure there was only one set of policies for staff to refer to. There were also areas where there was no policy in place such as medicines management.

There was a leadership structure with named members of staff in lead roles. For example, the practice manager was lead for infection control with support from the practice nurse and the lead GP was the lead for safeguarding. We spoke with all members of staff on duty on the day of our visit and they were clear about their own roles and responsibilities. They all told us they felt supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was discussed at monthly team meetings however there was no evidence of resulting action plans to maintain or improve outcomes.

The practice did not have in place an ongoing programme of clinical audits to monitor quality and systems and identify where action should be taken.

The practice did not have robust arrangements for identifying, recording and managing risks. The practice manager was unable to show us a risk log, which would be kept to address a range of potential issues, such as fire, legionella or control of substances hazardous to health (COSHH).

Leadership, openness and transparency

We saw from minutes that team meetings were held regularly, usually monthly. Staff told us that there was an open culture within the practice and it was easy to raise issues informally as the practice was small and staff worked closely together. However the meetings were not attended by the long term locum GPs and the practice nurse had not always been in attendance. We were told that there was no formal cascade of information resulting from these meetings, only a verbal update.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example the age discrimination policy, equal opportunities policy and the staff appraisal policy which were in place to support staff.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through patient surveys, comment cards and suggestions. We looked at the results of the annual patient survey and some patients agreed greater privacy at reception would be helpful. We saw as a result of this the practice had taken steps to improve privacy by means of having a TV in the waiting room to increase confidentiality. There was also a notice advertising the availability of a separate room for private conversations.

The practice had a patient participation group (PPG) which consisted of six members. We met with a member of the PPG who told us the group usually met every three months but their last meeting had been in March 2014 due to commitments of members of the group. They told us they had been involved in the last patient survey which the practice had carried out and the results had been discussed with them and actions agreed. The results and actions agreed from the survey were available on the practice website.

There were noticeboards in the patient waiting area but they did not contain any information about the patient participation group (PPG).

Are services well-led?

Good 

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

The practice gathered feedback from staff through appraisals and informal discussions. Staff told us they were happy to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for patients.

The practice did not have a whistleblowing policy in place. We discussed this with the practice manager who was able to explain the process of whistleblowing and told us they would implement a practice policy.

Management lead through learning and improvement

We spoke with the practice nurse who told us that they were supported to maintain their clinical professional

development through training. We looked at staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was supportive of relevant training.

The practice had not always completed reviews of significant events or shared learning appropriately with staff to ensure the practice improved outcomes for patients. For example, one significant event related to a non English speaking patient not attending for an x-ray as they were not aware that the form they were given was for an x-ray. The recorded learning focused on the patient's lack of English language rather than the communication problem by the practice and it was not clear whether staff had been informed of this.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person had not protected people, or others who may be at risk of inappropriate or unsafe care and treatment because they did not:</p> <p>assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others, who may be at risk which arise from the carrying on of the regulated activity, or</p> <p>have a system in place to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>This was in breach of Regulation 10(1)(b) and 20(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person had not taken steps to ensure that care and treatment was provided in a safe way as they did not have in place systems to:</p> <p>do all that was reasonably practicable to mitigate risks or;</p> <p>assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 10 (2)(b) and 12 (1) (a) (b) (c). (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (1)(2)(b)(h) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).