

# Westcotes GP Surgery

## Inspection report


2 Westcotes Drive  
Leicester  
Leicestershire  
LE3 0QR  
Tel: 01162 558 588  
<WWW.XXXXXXXXXXXXXXX>






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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 location

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

# Overall summary

We carried out an announced comprehensive inspection at Westcotes GP Surgery on 14 and 15 October 2019 as part of our inspection programme.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

## We have rated this practice as inadequate overall.

We rated the practice as **inadequate** for providing safe services because:

- Safeguarding systems and processes did not provide assurance that people were kept safe and safeguarded from potential abuse.
- The practice did not have appropriate systems in place for the safe management of medicines.
- Staff were working outside their level of competence.
- The practice had processes to enable learning and make improvements when things went wrong following significant events and complaints. However, senior clinicians explained they were not routinely informed of incidents and did not have access to the practice incident log.

We rated the practice as **inadequate** for providing effective services because:

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show staff had the skills, knowledge and experience to carry out the additional roles they performed
- Some performance data was below local and national averages and the practice did not have a coherent approach to managing Quality Outcomes Framework (QOF) performance.
- Clinicians were unable to demonstrate that test results carried out in secondary care were being viewed prior to generating repeat prescriptions, and we saw examples of missed diagnoses of long-term conditions.

We rated the practice as **inadequate** for providing well-led services because:

- The partnership was a two GP partnership; with one partner being a sleeping partner for business continuity. However, the partners could not demonstrate they had the capacity or established leadership structure to deliver high quality, sustainable care.
- Whilst there was a clear vision, there was a lack of coherent working within the practice to demonstrate that the vision, values and strategy had a powerful influence on the behaviour of staff at all levels.
- There were areas where governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing clinical risks, issues and performance.
- The practice did not always act on appropriate and accurate information.

These areas affected all population groups, so we rated all population groups as **inadequate**.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients who completed Care Quality Commission comment cards were positive and the practice carried out their own internal patient survey which also demonstrated positive patient satisfaction.
- The 2019 national GP patient survey showed patients felt they were able to access care and treatment in a timely way.
- During our inspection, patients we spoke with described staff as understanding.
- There was information in patient waiting areas to support people who wished to make a complaint. Complaints were responded to in a timely manner and actions taken in response

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

# Overall summary

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

- Gain assurance that staff are up to date with their routine immunisations.
- Take action in regards' to carrying out premises' security risk assessment.
- Take action to improve the uptake of childhood immunisation as well as national screening programmes such as cervical screening.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector, an inspection manager and a GP specialist advisor.

## Background to Westcotes GP Surgery

Westcotes GP Surgery is located at 2 Westcotes Drive, Leicester, Leicestershire, LE3 0QR. The practice is situated in a converted house; providing NHS services to the local community.

Dr Shafiq Shafi and Partners are the providers of Westcotes GP Surgery and another neighbouring practice both of which are separate locations for the purpose of registration with the Care Quality Commission (CQC). Westcotes GP Surgery has two separate patient lists and two clinical systems. All general medical services (GMS) contracts provided by Dr Shafiq Shafi and Partners are operated as one service with an overarching leadership and governance framework. GMS is a contract between general practices and NHS England for delivering services to the local community. As part of this inspection, we only visited Westcotes GP Surgery.

Westcotes GP Surgery registered with CQC since July 2017 to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury.

Westcotes GP Surgery is situated within Leicester City Clinical Commissioning Group (CCG). Westcotes GP Surgery two patient lists combined provides services to 3,020 under the terms of a GMS contract.

Practice staffing comprises a principle GP partner (male), two GP associates (both male) and a silent GP partner who was not directly involved in the day to day running of the service. In the event of the principle GP being unable to work then the silent partner would be appointed as clinical lead. The clinical team also includes a practice nurse and a health care assistant. The non-clinical team consists of a practice manager, a deputy practice manager and a team of receptionists.

Westcotes GP Surgery is a teaching practice providing placements for foundation year (FY) one and two doctors (a grade of medical practitioners undertaking a foundation programme which forms the bridge between medical school and general practice training). At the time of our inspection, there was one FY2.

Westcotes GP Surgery is in one of the more deprived area of Leicester. The practice scored two on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. National General Practice Profile describes the practice ethnicity as being 72% white British, 14% Asian, 7% black, 4% mixed and 2% other non-white ethnicities. The practice demographics show the average percentage of people in the 65+ to 75+ year age group were below

local and national percentages. The general practice profile shows that 34% of patients registered at the practice have a long-standing health condition, compared to 45% locally and 51% nationally.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	<b>Warning Notice</b>
Maternity and midwifery services	<b>Care and treatment must be provided in a safe way for service users</b>
Surgical procedures	<b>How the regulation was not being met:</b>
Treatment of disease, disorder or injury	<b>The provider had failed to ensure the proper and safe management of medicines. In particular:</b> <ul style="list-style-type: none"><li>• The provider did not have effective arrangements in place for the monitoring of prescription pads and computer prescription paper, when they were distributed through the practice.</li><li>• The provider did not follow good practice guidance or adopt control measures when managing and monitoring blood test results. For example, the provider did not ensure that when care was shared with other services appropriate arrangements to access relevant information to plan and deliver care had been established.</li><li>• The provider did not ensure systems were established to enable the practice to respond appropriately and in good time to peoples changing clinical needs.</li><li>• Relevant information such as diagnoses was not routinely included in patients records or care and treatment plans.</li></ul> <b>The provider did not do all that was reasonably practicable to mitigate risks. In particular:</b> <ul style="list-style-type: none"><li>• The provider did not establish effective processes to ensure patients were safeguarded from abuse. For example, control measures such as adding safeguarding alerts to patients' records was not routinely being added.</li></ul>

This section is primarily information for the provider

## Enforcement actions

The provider did not provide assurance that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely. In particular:

- The provider did not ensure staff worked within the scope of their qualifications, competence, skills and experience.
- The provider did not ensure only regulated professionals with the appropriate qualifications planned and prescribed care and treatment, including medicines.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### **Warning Notice:**

#### **How the regulation was not being met:**

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

#### **In particular we found:**

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively; in particular, in relation to medicines management as a whole and ensuring staff were competent to carry out their roles.
- The provider did not ensure information was up to date, accurate and properly analysed or reviewed by staff with the appropriate skills and competence to understand its significance.
- The provider did not gain assurance that staff were able to access policies for significant events and incident reporting to enable staff to report, record and learn from significant events and incidents effectively.

This section is primarily information for the provider

## Enforcement actions

- The provider did not ensure nationally recognised guidance were routinely implemented or demonstrate awareness that quality and safety standards change over time.
- The follow up system to improve quality outcomes for patients was ineffective, in particular for patients diagnosed with a long-term condition.
- The provider was unable to demonstrate a systematic approach which enabled the practice to identify where quality and safety were being compromised and respond appropriately without delay.
- The provider did not establish an effective system to manage clinical cover and staffing levels.

**This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**