

# East Park Medical Centre - R P Pandya

## Inspection report

264-266 East Park Road

Leicester

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[www.eastparkmedicalcentre.co.uk](http://www.eastparkmedicalcentre.co.uk)

Date of inspection visit: 31 March 2022

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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 well-led?

Inadequate



# Overall summary

We carried out an announced inspection at East Park Medical Centre - R P Pandya on 31 March 2022. Overall, the practice is rated as inadequate.

Set out the ratings for each key question

Safe - Inadequate

Effective – Inadequate

Well-led - Inadequate

Following our previous inspection on 19 January 2017, when we inspected the key question of safe the practice was rated Good overall and for the key question safe.

The full reports for previous inspections can be found by selecting the 'all reports' link for East Park Medical Centre - R P Pandya on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## **Why we carried out this inspection.**

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Leicestershire and Rutland. To understand the experience of GP providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

## **How we carried out the inspection**

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit
- Conducting remote interviews with service users

## **Our findings**

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

- what we found when we inspected.

# Overall summary

- 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.**

- The practice did not have clear systems and processes to keep patients safe.
- We found the practice did not appropriately maintain their safeguarding registers, the safeguarding policy was not comprehensive and staff had not completed training relevant to their role.
- Review of staff files showed gaps in recruitment practice and vaccination records were not in line with the current guidance when relevant to the roles undertaken.
- The practice had ineffective systems in place to ensure risks were mitigated in relation to the premises.
- The practice had ineffective systems and processes in place to manage and monitor infection control and cleanliness.
- On reviewing the staff training, we found some of the clinical and administration team had not completed the practice's required training in line with their roles. This included infection prevention, fire safety, sepsis, cardiopulmonary resuscitation, major incident and health and safety training.
- The provider did not have appropriate systems in place for the safe management, supply, storage, checking and prescription of medicines. Emergency medicines were not readily available.
- On reviewing a sample of patients' records we found systems and processes to manage the effective delivery of safe patient care were not robust. Patient reviews, assessments, medication reviews, management of high risk medications, unplanned admissions to hospital, patients with long term conditions and clinical coding was not always completed appropriately
- The provider was unable to show that staff had the skills, knowledge, competence and experience to carry out their roles. We found no evidence that staff had received regular reviews appraisals or audit of clinical practice.
- The leaders at the practice did not have full oversight of the challenges and risks to quality and patient care within the service.
- The practice was unable to provide evidence to show plans were in place to develop leadership capacity and skills, including planning for the future leadership of the practice.
- We found governance structures and systems were not robust to support safe and effective care. For example: processes to manage risks, staff training, patient health and medicines reviews were not effective.
- The practice had not developed a system to ensure service users had access to up to date information, the practice website did not contain current information.
- The provider was unable to demonstrate that clinical audit had a positive impact on quality of care and outcomes for patients. There was limited evidence of audits undertaken with no evidence of action provided to change practice to improve quality.

## **We found breaches of regulations. The areas where the provider must make improvements are:**

- Ensure care and treatment is provided in a safe way to patients.
- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

For further information see the requirement notice and enforcement section at the end of this report.

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

- Continue taking action to improve the uptake of national screening programmes such as cervical screening and monitor its impact.

# Overall summary

- Consider the requirement to develop a formal targeted improvement plan to demonstrate actions taken and monitoring processes.
- Develop a clear set of vision and values with a supporting strategy.
- Take action to ensure all elements of good governance are consistently covered in staff meetings.
- Develop a system to ensure staff files are well organised and contain consistent, up to date information.

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

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and an additional CQC inspector who undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to East Park Medical Centre - R P Pandya

East Park Medical Centre - R P Pandya Medical Centre is located in Leicester City at:

264-266 East Park Road,

Leicester,

Leicestershire

LE5 5FD.

The practice has a branch surgery at:

41-43 Doncaster Road,

Leicester,

Leicestershire,

LE4 6JL.

East Park Medical Centre - R P Pandya is a training practice for trainee GPs. During our inspection we visited the main site located on East Park Road.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease disorder or injury.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

There is a team of two GP partners and four GP associates who provide cover at both practices. The practice has a team of two nurses who provide nurse led clinics for long-term condition of use of both the main and the branch locations. The GPs are supported at the practice by a team of reception/administration staff. The practice manager is based at the main location and visits the branch location daily to provide managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

The practice is situated within the Leicester Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 10,400. This is part of a contract held with NHS England.

The practice is part of a wider network of five GP practices within Belgrave and Spinney Primary Care Network (PCN)

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 71.3% Asian 19.2% White, 4.5% Black, 2.2% White and 2.8% Others.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There were gaps in the systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <ul style="list-style-type: none"><li>• The provider had not followed their processes to ensure appropriate checks had been undertaken to ensure safe recruitment of staff.</li><li>• There were gaps in the management of risk across systems and processes including infection prevention and control, medicines, staff vaccination, risks and health and safety.</li><li>• The provider had not effectively used the system in place to monitor staff training to ensure staff were up to date with training appropriate to their role in line with their training schedule.</li><li>• The provider did not operate effective systems to ensure patients received appropriate follow up and care following erroneous blood test results.</li><li>• The process in place for medication reviews, management of patients on high risk medicines, patient reviews and unplanned admissions to hospital was not robust.</li><li>• The provider did not operate effective processes to ensure medicines were checked consistently, stored appropriately and emergency medicines were readily accessible in the event of a medical emergency.</li><li>• The process to authorise Patient Group Directions (PGDs) in line with legislation were not effective.</li><li>• There were gaps in systems and processes to ensure the requirements of The Mental Capacity Act 2005 were met.</li></ul> <p><b>This was in breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

## Enforcement actions

### Regulated activity

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

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

There were gaps in the systems and processes that enabled the registered person to be assured they adequately protected service users from abuse and improper treatment or and improve the quality and safety of the services being provided.

- The safeguarding policy was not comprehensive and did not cover all aspects of concerns included in current guidance.
- The system in place to ensure up to date maintenance of safeguarding registers were not effective and not all reviews were recorded.
- Registers were not in place for all patients who were at risk of harm.
- Staff had not received up to date training appropriate to their role.

**This was in breach of Regulation 13, (1) (2), Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

### Regulated activity

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

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that systems and processes had not been established and operated effective to ensure compliance with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found a lack of governance, leadership and oversight by managers to ensure safe care delivery.
- The provider did not have effective systems and processes to manage safeguarding, staff training, assurance of staff competence, medicines, risks, infection prevention and control, patient coding, recruitment, health and medication reviews.
- The provider did not have effective systems and processes to ensure the coding of medical conditions in patients records was accurate.

This section is primarily information for the provider

## Enforcement actions

- There were no plans to develop leadership capacity and skills, including planning for the future leadership of the practice.
- The provider did not have effective processes to ensure formal support to maintain staff wellbeing, up to date appraisals, formal one to one support or access to a freedom to speak up guardian.
- The provider had failed to ensure they had a system in place to ensure service users had access to up to date information.
- The provider failed to demonstrate they had processes in place to manage current and future performance. Audit of clinical staffs' consultations and prescribing decision had not been undertaken.