

Hina G Trivedi and Partners

Inspection report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Hina G Trivedi and Partners on 14 October 2019 to follow-up on warning notices that were issued after the previous inspection and other identified concerns identified during the previous inspection.

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.

At the previous inspection on 11 April 2019, we rated the practice as inadequate overall, in all population groups and in all key questions except for the effective key question that was rated as requires improvement and the caring key question that was rated as good. The practice was rated as inadequate in the safe, responsive and well-led key question because the practice did not have clear systems to keep patients safeguarded from abuse, patients were not always able to access care and treatment in a timely way and overall governance arrangements were ineffective, the practice had no clear systems for managing risks and leaders lacked the capacity to deliver services. The practice was rated as requires improvement in the caring key question because patient satisfaction had not been sufficiently used to make improvements, but patient satisfaction had begun to improve.

At this inspection on the 14 October 2019, we have rated this practice as requires improvement overall, in the safe, effective and well-led key questions and requires improvement for all population groups.

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

- We identified concerns relating to systems in place to ensure that medicine monitoring operated effectively, to ensure that antibiotics were prescribed within guidelines and for document management. We found that these were not always effective.
- The practice demonstrated improvements in relation to recruitment checks, safeguarding patients from abuse and in the use of significant events to learn and take action where necessary. The practice acknowledged that although actions had been taken in relation to

significant events, the documentation of these actions would benefit from strengthening. Following the inspection, the practice demonstrated that they had implemented these changes.

- The practice had systems in place to safeguard patients from abuse including safeguarding registers and all staff were trained to level three, including non-clinical staff.

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

- We found that the practice was unable to demonstrate that NICE guidance was always followed and that they had lower than target cancer screening uptake rates.
- The practice demonstrated pro-active actions to address lower than target cervical screening uptake rates but were as yet unable to demonstrate that this had been effective in improving uptake.

These areas affected all population groups, so we rated all population groups as requires improvement.

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

- The practice demonstrated significant improvements in relation to overall governance arrangements since the new management structure had been installed and embedded, particularly in relation to recruitment procedures. Leaders demonstrated the capacity and skills to deliver high quality and sustainable care. However, we found concerns in relation to clinical governance arrangements in relation to adherence to NICE guidelines.

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

- The practice demonstrated that although patient satisfaction remained low from the national GP patient survey, they had conducted their own in-house survey, whose unverified results indicated that patient satisfaction was improving in relation to being involved in their care and treatment and staff attitude. Feedback from patients that we received and reviewed on inspection indicated that there had been significant improvements in how they felt treated by staff at the practice.
- The practice demonstrated that although areas of the national GP patient survey were low in relation to access to care and treatment, they had conducted their own

Overall summary

in-house survey, whose unverified results indicated that patient satisfaction had begun to improve. The practice had also introduced Key Performance Indicators (KPIs) for staff to answer telephone calls within three rings and regular management baseline checks to ensure that this was happening. The practice had extended surgery hours by two hours each morning of the week. Patient feedback that we received and reviewed on inspection indicated that improvements had been made, in particular in relation to access to appointments and access to the practice by telephone. The practice also had a focus on ensuring that increasing numbers of patients were signed up for online services offered by the practice, including booking appointments.

The areas where the provider **MUST** make improvements are;

- 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).

The areas where the provider **SHOULD** make improvements are;

- Continue to ensure that actions taken as a result of significant events are formally documented to ensure a clear audit trail.
- Ensure that policy updates are documented to ensure a clear audit trail.
- Review patients who are receiving medicines from hospital to ensure that these medicines are documented on the clinical system in the appropriate area.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

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

Our inspection team

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

Background to Hina G Trivedi and Partners

Hina G Trivedi and Partners, also known as Evington Medical Centre is located at 2-6 Halsbury Street, Leicester, Leicestershire LE2 1QA with a branch surgery at 30-32 Loughborough Road, Leicester LE4 5LD. Primary medical services are provided to approximately 8,900 patients under a General Medical Service (GMS) contract with Leicester City Clinical Commissioning Group.

A GMS contract is a contract between general practices and NHS England for delivering services to the local community. The current provider took over the running of the services in October 2016 and registered with CQC in February 2018.

The provider is registered with CQC to provide the following regulated activities: Family planning, Maternity and midwifery services, Treatment of disease, disorder or injury, Surgical procedures and Diagnostics and screening procedures.

The senior partner is also the registered manager; there is one other partner, but they are not involved in the day to day running of the service. The provider also has one salaried GP, six long term locum GPs (called GP associates

by the practice). The nursing team consists of two long term locum practice nurses and three healthcare assistants. A business manager and practice manager are supported by the reception and administration team. The management structure has been recently established (2018), consisting of a new practice manager and a new business manager. This has been coupled with a new practice nurse and several new administrative staff.

The practice is open from 7am until 6.30pm Monday to Friday. When the practice is closed, out of hours cover for emergencies is provided by Leicester City Healthcare Hub.

Patient demographics are in line with the national figures. Information published by Public Health England, rates the level of deprivation within the practice population group as four, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The National General Practice Profile states that 73.5% of the practice population identify as Black Minority Ethnic (BME) groups.

This section is primarily information for the provider

Requirement notices

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 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>How the regulation was not being met.</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable to registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others whom may be at risk.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• Systems to ensure that all risks to patients were highlighted and formally considered were not always effective.• There was no effective oversight to ensure that appropriate consideration of clinical guidelines.• The system for documenting clinical correspondence was not always effective. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>