

Dr Sarman Bapodra

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice **REQUIRES IMPROVEMENT**

We carried out an announced comprehensive inspection at Dr Sarman Bapodra – Belgrave Surgery on 20 January 2015. Overall the practice is rated as requires improvement.

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

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.

- Patients rated the overall experience of the practice as excellent. Urgent appointments were usually available on the day they were requested.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had effective communication and good teamwork.
- Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Information about services and how to complain was available and easy to understand.
- The practice had not proactively sought feedback from staff or patients.

The areas where the provider must make improvements are:

Summary of findings

- Put in place an effective system to regularly assess and monitor the quality of the service provided by the practice.
- Ensure risks to patients are assessed and well managed. For example, risk assessments for, general office environment, control of substances hazardous to health (COSHH), use of a chaperone and infection control.
- Ensure there are mechanisms in place to seek feedback from staff and patients and this feedback is responded to.
- Ensure there are formal governance arrangements in place and staff are aware how these operate.
- Ensure staff have appropriate policies and guidance in place to carry out their role in a safe and effective manner which are reflective of the requirements of the practice. For example, a cold chain policy for ensuring that medicines are kept at the required temperatures, and describes the action to take in the event of a potential failure. There was no policy for repeat prescribing or shared care protocols with secondary care.

- Ensure audits of practice are undertaken, including completed clinical audit cycles.

In addition the provider should:

- Have full practice meetings which include the long term locums. The meeting should be regular, structured and relevant to give all staff the opportunity to take part in order for performance, quality and risk to be discussed.
- Have in place a robust infection control policy to provide staff with guidance.
- Have a process in place for staff to receive infection control training and education identified in the 2014 infection control audit.
- Disseminate national safety patient alerts (NPSA) to all staff.
- Carry out regular water checks to reduce the risk of legionella as identified in the legionella risk assessment.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. There were enough staff to keep patients safe.

Good



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. Care and treatment was delivered in line with recognised national guidelines. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

We were shown evidence of medicine management audits carried out by the practice. However these were not completed audit cycles and did not identify improvements to patient's outcomes. We did not see any evidence of where these had been discussed within the practice.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. 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 appointments available the same day. The practice had a low patient attendance in accident and emergency due to the varied access to appointments.

Overall the practice had good facilities and was well equipped to treat patients and meet their needs. However during our inspection

Good



Summary of findings

we found the stairs to the first floor did not have stair rails. The management team assured us it would be dealt with immediately. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. However, there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

The practice is rated as requires improvement for being well-led. It had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management.

High standards were promoted and owned by all practice staff and teams worked together across all roles.

The practice had a number of policies and procedures to govern activity, but some of these were overdue a review for example, care and treatment of anaphylaxis. The practice did not have all policies required, for example a robust infection control policy which included supporting policies for COSHH, clinical waste, hand washing, disposal of sharps.

The practice did not have robust arrangements in place for identifying, recording and managing risks. The practice did not have a risk log. Some risk assessments had been carried out where risks were identified and action plans had been produced and implemented. For example, health and safety, fire and legionella.

The practice held governance meetings on a three monthly basis. Minutes were recorded but did not include discussions on NICE guidance or how the practice monitored and improved quality or identification of any risks.

The practice had an active patient participation group (PPG) which was in its infancy but had plans to carry out a patient survey.

Staff had received regular performance reviews and attended staff meetings.

Requires improvement



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. Care and treatment of older people did not always reflect current evidence-based practice, and 60% of older people did not have care plans where necessary.

All patients over 75 had a named GP. The practice has 229 patients registered over the age of 66.

They had a register of 'Better Care' patients who were patients who had accessed services such as A&E, Urgent care centre or walk in centre. Patients who were in the care of a consultant or seen more than four times by the GP in the last 12-18 months were also on the register. The practice offered an annual influenza vaccination programme. The shingles vaccine was offered to patients in line with national guidance for patients aged 70, 78 and 79. The practice also had a local agreement for patients aged 71 to have the vaccination.

The practice referred patients to the Clinical Response Team who visit patients over 75 who need a home visit, The team consisted of GP's working with East Midlands Ambulance Service who assessed and treat patients to avoid them being admitted to hospital.

Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

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

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. However, not all these patients had a personalised care plan or structured annual review to check that their health and care needs were being met.

The practice had used the Human and Environmental (HERA) Tool to identify the patients 'at risk' of being admitted to hospital as a result of a chronic long term condition. 125 patients had been identified and 40.8% had personalised care plans which had been discussed

Requires improvement



Summary of findings

with the patient. The patients received routine assessments by care navigators to monitor their long term condition. The care navigators supported patients to maintain their independence. Deterioration in health can be picked up earlier to avoid a hospital admission. Care navigators were employed by Leicestershire County Council and support patients who are identified at risk. They support the patient to maintain their independence and stay in their own home when it is appropriate and safe to do so.

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

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates for the standard childhood immunisations were mixed. Appointments were available outside of school hours. We saw examples of joint working with the community midwives. The practice provided a room for parents who wished to breast feed.

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

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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended hours until 8pm and Saturday morning appointments to see the GP.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group, for example, NHS Health checks.

Requires improvement



Summary of findings

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

People whose circumstances may make them vulnerable

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability. Referrals from the practice to the care navigators could be made for patients who were vulnerable. Consent from the patient was obtained before the referral was made. Care navigators are employed by Leicestershire County Council and support patients who are identified at risk. They support the patient to maintain their independence and stay in their own home when it is appropriate and safe to do so.

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.

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

Requires improvement



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 practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice refers patients to services which included Community Mental Health teams, Improving Access to Psychological Therapies (IAPT) and Leicester Open Mind.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations which included MIND. MIND is a mental health charity in England and Wales. Mind offers information and advice to people with mental health problems.

Requires improvement



Summary of findings

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

Summary of findings

What people who use the service say

During the inspection we spoke with two patients and one carer. We also reviewed 33 comments cards that had been completed and left in a CQC comments box. The comment cards enabled patients to express their views on the care and treatment received.

Most of the comment cards reviewed were extremely positive. 32 described very good care given by staff who were friendly, efficient, respectful and very caring. One comment was less positive and related to waiting times and the manner of reception staff. We spoke with the management team who told us the practice would look into the issues raised and make improvements.

Patients said the practice was clean and a fresh environment. They told us that they received the right care and treatment and felt listened to. Staff respected their dignity.

In the July 2014 national GP patient survey 74% patients described the overall experience as good. 81% had confidence or trust in the last GP they spoke with 85% for the nurse. 70% said the nurse involved them in decisions about their care.

The practice had commenced the Family and Friends testing (FFT) on 1 December 2014. FFT will enable patients to provide feedback on the care and treatment provided by the practice.

Areas for improvement

Action the service **MUST** take to improve

- Put in place an effective system to regularly assess and monitor the quality of the service provided by the practice.
- Ensure risks to patients are assessed and well managed. For example, risk assessments for, general office environment, control of substances hazardous to health (COSHH), use of a chaperone and infection control.
- Ensure there are mechanisms in place to seek feedback from staff and patients and this feedback is responded to.
- Ensure there are formal governance arrangements in place and staff are aware how these operate.
- Ensure staff have appropriate policies and guidance in place to carry out their role in a safe and effective manner which are reflective of the requirements of the practice. For example, a cold chain policy for ensuring that medicines are kept at the required temperatures, and describes the action to take in the event of a potential failure. There was no policy for repeat prescribing or shared care protocols with secondary care

- Ensure audits of practice are undertaken, including completed clinical audit cycles.

Action the service **SHOULD** take to improve

- Have full practice meetings which include the long term locums. The meeting should be regular, structured and relevant to give all staff the opportunity to take part in order for performance, quality and risk to be discussed.
- Have in place a robust infection control policy to provide staff with guidance.
- Have a process in place for staff to receive infection control training and education identified in the 2014 infection control audit.
- Disseminate national safety patient alerts (NPSA) to all staff
- Carry out regular water checks to reduce the risk of legionella as identified in the legionella risk assessment.

Dr Sarman Bapodra

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, a second CQC Inspector and a GP practice manager.

Background to Dr Sarman Bapodra

Dr Sarman Bapodra - Belgrave Surgery is located close to Leicester City centre. It provides Primary Medical Services for 2,600 patients.

At the time of our inspection the practice had one GP partner (male), one business manager, one practice manager, one nurse, one health care assistant and two reception and administrative staff.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The CQC intelligent monitoring placed the practice in band five. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

The practice is located within the area covered by Leicester City Clinical Commissioning Group (CCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

Leicester City is one of the most diverse and disadvantaged urban areas in the country. Leicester have a young population. About six in 10 people living in Leicester are under the age of 40 and there are fewer people aged 65 and over compared to the national average. Approximately 50% of patients are from

ethnic minorities, with nearly a third of the population being South Asian. The city has the largest Indian population of any local authority area in England, while it also has thriving communities of people originating from Somali, Middle Eastern, African and Eastern European backgrounds.

We inspected the following location where regulated activities are provided:-

Belgrave Surgery, 13 Loughborough Rd, Leicester. LE4 5LJ.

The practice was open from 8 am until 6.30 pm daily. It offered extended opening hours on Monday and Wednesday evening until 8 pm and Saturday morning 8am to 11am.

Dr Sarman Bapodra – Belgrave Surgery has opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided to Leicester City, Leicestershire and Rutland by Central Nottinghamshire Clinical Services.

Detailed findings

Why we carried out this inspection

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.

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. These groups are:

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

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 20 January 2015. During our inspection we spoke with two patients who used the service, one carer and two members 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 33 comment cards where patients had shared their views and experiences of the service.

We spoke with six members of staff which included a GP, a business manager, a practice manager, one nurse and two 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 as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses, for example, an incident with an aggressive patient.

We reviewed safety records and incident reports for the last two years. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term. Minutes of meetings we saw discussed significant events, actions arising from them and lessons learnt.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last two years and we were able to review these. Significant events was a standing item on the practice meeting agenda and a dedicated meeting was held three monthly to review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. They showed us the system used to manage and monitor incidents. We tracked five incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

National patient safety alerts were received by the practice manager and discussed with the lead GP.

Staff we spoke with were not able to give examples of recent alerts that were relevant to the care they were

responsible for. Medicine alerts were circulated monthly at the locality meeting and discussed by the lead GP. We did not see any evidence that alerts were disseminated to staff or discussed at practice meetings.

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 knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed a 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 these leads were and who to speak with in the practice if they had a safeguarding concern.

The practice had a chaperone policy in place and a poster was visible in the waiting room and consulting and treatment rooms, advising patients of the availability of chaperones. The posters were in English and Asian languages spoken by the majority of the patient population. The practice nurse had received training in chaperone duties. Both receptionists acted as a chaperone if the nurse was not available. One of them had undertaken formal training for this and the other had been trained by the practice nurse but was due to undertake formal training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

The GP was appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely

Are services safe?

and were only accessible to authorised staff. There was no cold chain policy for ensuring that medicines were kept at the required temperatures, or 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 nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of directions and evidence that the nurse had received appropriate training to administer vaccines, for example, immunisations and vaccines for shingles and influenza.

The practice did not prescribe high risk medicines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these had been tracked through the practice and kept securely at all times.

Cleanliness and infection control

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

The GP was the lead for infection control. The practice nurse had undertaken further training to enable them to provide advice on infection control.

The lead had carried out an audit in November 2014. Improvements had been identified for action but there was no action plan to determine when the actions would be completed by and by whom, for example, staff training and education. Infection prevention and control was not an agenda item on any of the minutes we looked at.

We were shown a draft infection control policy which was in progress on the day of the inspection. It was not robust and did not have all the supporting procedures available for staff to refer to, for example, control of substances hazardous to health (COSHH). The staff were not able to plan and implement measures to control infection.

Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy.

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

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal).

We saw records that confirmed the practice had undertaken a legionella risk assessment but had not carried out regular temperature checks of the water in line with the policy 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, spirometers, blood pressure measuring devices.

Staffing and recruitment

We looked at seven staff files and saw that the majority contained evidence that recruitment checks had been undertaken prior to employment. These included photographic 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 that set out the standards it followed when recruiting staff. However we were unable to see a DBS check, photographic identification or proof of registration with the Nursing and Midwifery Council for the practice nurse.

The practice employed two long term locums and on the day of our inspection the business manager was unable to show us recruitment documentation relating to them. However following the inspection we were provided with the correct documentation.

Are services safe?

The business manager told us about the arrangements for planning the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place which ensured there were sufficient staff on duty. There was also an arrangement in place for members of staff to cover each other's annual leave.

Staff told us there were always enough staff to maintain the smooth running of the practice and to keep patients safe.

Monitoring safety and responding to risk

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. For example, general office environment, control of substances hazardous to health (COSHH), use of a chaperone and infection control.

We were shown a draft copy of the health and safety policy. We were told by the business manager that it would be completed and distributed to all staff for guidance. There was an identified health and safety representative.

The practice did not have identified risks on a risk log. We saw that risks were not discussed at practice team meetings.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. 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). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. The oxygen was

stored in the GP consulting room. We observed that the door did not display a sign to indicate that oxygen was stored within the room. We spoke with the management team who immediately put a sign on the door.

Emergency medicines were available in the practice and all staff knew of their location. On the day of the inspection they were not in a secure area. We spoke with the registered manager who immediately moved them to a secure area. These medicines included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Anaphylaxis is an acute allergic reaction to an antigen (e.g. a bee sting) to which the body has become hypersensitive. Hypoglycaemia is low blood sugar. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

All staff had access to an emergency call icon on the electronic computer system. If pressed this would alert staff in all rooms of the practice in the event of an emergency.

On the day of the inspection the practice service continuity plan was not up to date. We spoke with the management team who sent us a new service continuity plan. The plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions 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 carried out a fire risk assessment that included actions required to maintain fire safety.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nurse we spoke with could outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We found from our discussions with the GP and nurse that staff completed assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GP told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurse supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. The GP told us he supported staff to review and discuss new best practice guidelines. Our review of the clinical meeting minutes did not confirm that this happened.

The nurse saw all the newly diagnosed COPD and diabetic patients. COPD is a general term which includes the conditions chronic bronchitis and emphysema. We were told and we saw evidence that annual reviews were set up for blood pressure monitoring and diabetic reviews.

The senior GP partner showed us data from the local CCG of the practice's performance for antibiotic prescribing, which was comparable to similar practices.

National data showed that the practice was in line with referral rates to secondary and other community care services. The GP we spoke with used national standards for the referral of patients and those with suspected cancers were referred and seen within two weeks.

Data showed that the practice had low referral rates to out-patient services. The GP told us that this was due to the good management of conditions within the practice setting and partly attributable to low disease prevalence.

Management, monitoring and improving outcomes for people

Staff across 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 practice did not have an audit programme. We were shown evidence of medicine management audits carried out by the practice. The GP had also completed an audit on 2 week referral rates. However these were not completed audit cycles and did not identify actions, recommendations or improvements to patient's outcomes. We did not see any evidence of widespread learning or where these had been discussed within the practice.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. For example, 93% of patients with diabetes had an annual medication review.

The practice was part of the Leicestershire Medicines Strategy Group (LMSG). This involved joint working with three clinical commissioning groups (CCG's), and two secondary care trusts. The group undertook medicine audits which looked at quality in line with local and national standards. The LMSG also distributed MHRA drug safety updates. Recent updates included Vitamin D deficiency and the constipation treatment pathway. We saw minutes from recent LMSG meetings but no evidence that the minutes had been distributed to the practice staff or discussed at practice meetings.

In line with this, staff regularly checked that patients who received repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used.

The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it, outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GP had oversight and a good understanding of best treatment for each patient's needs.

The practice also 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. This benchmarking data showed the practice had outcomes that were comparable to other services in the area.

Are services effective?

(for example, treatment is effective)

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 mandatory courses such as annual basic life support, fire safety, safeguarding adults and children and infection control. The business manager had compiled a very detailed and comprehensive locum pack to support locum GPs when they were employed by the practice.

The GP was up to date with his yearly continuing professional development requirements and was up to date with 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).

All staff undertook annual appraisals that identified learning needs from which development plans were documented. Our interviews with staff confirmed that the practice was proactive and supportive in providing training and funding for relevant courses, for example one of the receptionists had expressed an interest in spirometry and the practice had booked training for them to pursue this.

The practice nurse was expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines and cervical cytology. Those with extended roles, for example, seeing patients with long-term conditions such as asthma, COPD, diabetes and coronary heart disease were also able to demonstrate that they had 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 of 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.

The practice had a test result policy which outlined the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received.

The GP who saw these documents and results was responsible for the action required. All staff we spoke with

understood their roles and felt the system in place worked well. The receptionists checked at the end of each day to ensure that all mail had been dealt with. There were no instances identified within the last year of any results or discharge summaries that were not followed up appropriately.

The practice was commissioned for the new enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice did not hold multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. The management team we spoke with told us they contacted the relevant team member to discuss a patient when the need arose. Staff felt this system worked well.

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 referrals 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). Staff reported that this system was easy to use. Staff gave information to the patient but if the patient was unsure of how to book a choose and book appointment the receptionist would support the patient to complete the booking. Patients were advised to ring the practice if they had not received an appointment within two weeks.

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

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

The clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. Clinical staff 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).

The practice had a consent policy in place. This described how patients should be supported to make their own decisions, having been made aware of risks and also outlined how their consent should be documented. However it had not been reviewed since October 2013 and made no reference to mental capacity or best interest decisions. The policy did refer to Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

Health promotion and prevention

It was practice policy to offer a health check with the practice nurse to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. Practice data showed that 97.3% of patients in this age group took up the offer of the health check.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and all patients on the register had been offered an annual physical health check. Practice records showed 100% had received a check up in the last 12 months.

The practice had identified the smoking status of 20% of patients over the age of 15 and actively offered support and treatment to these patients.

The practice's performance for cervical smear uptake was better than others in the CCG area. There was a policy to offer telephone reminders for patients who did not attend for cervical smears and the practice audited patients who do not attend.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. The practice provided us with current QOF data which demonstrated that the practice had achieved 100%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This information was taken from the July 2014 national GP patient survey. The evidence from this survey 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 74% of patients rated the overall experience as good. The practice was above average for the CCG area for its satisfaction scores on consultations with doctors and nurses with 73% of practice respondents saying the GP was good at listening to them and 69% saying the GP gave them enough time.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 33 completed cards and the majority 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. One comment was less positive but there were no common themes to these. We also spoke with two 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. Privacy screens 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 and treatment 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.

50% of patients who completed the July 2014 national GP survey were satisfied with the level of privacy when speaking at reception.

Care planning and involvement in decisions about care and treatment

The national GP 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 July 2014 showed 60% of practice respondents said the GP involved them in care decisions. 62% felt the GP was good at explaining treatment and results. Both these results were average compared to CCG area.

At the time of the inspection the practice had not undertaken their own satisfaction survey to demonstrate that patients were sufficiently involved in making decisions about their care.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them. 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. We saw notices in the reception areas informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

The July 2014 national GP patient survey identified that 85% of patients seen had confidence in the nurse. 81% of patients felt the nurse gave them enough time.

Belgrave Surgery started its Patient Participation Group (PPG) in May 2014 in an effort to gain valuable feedback from a representative sample of our patients. They aim to hold a PPG meeting once every quarter to get patient views on how they are doing and what improvements they think would benefit patients.

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

The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered a bereavement, the GP contacted them. The practice sent a condolence card and the GP visited the family if deemed appropriate.

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 patient's 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.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services, for example, patients whose first spoken language was not English.

Staff we spoke with told us they respected a patient's religious beliefs and where possible made every effort to support them, for example, if a particular medicine contained animal products such as gelatine, the GP would prescribe an alternative.

The practice had access to online and telephone translation services, for example, Google translator and the GP and nurse spoke several languages. We saw several notices in the waiting room in different languages, for example, for a chaperone.

The practice was situated on the ground and first floor of the building with most services for patients on the first floor. On the day of the inspection we observed an older person with a walking stick going down the stairs. There were no handrails to ensure patient safety. We spoke with the management team who told us they would install handrails on the staircase as soon as possible and they would also review patient appointments to ensure where possible patients with reduced mobility were seen in the consulting room on the ground floor.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

We reviewed information from the July 2014 national patient survey where 75% of patients were satisfied with the surgery opening hours. Appointments were available from 08:30 am to 6pm on weekdays.

The practice had just updated their website. Comprehensive information was available to patients about appointments. 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. We reviewed information from the July 2014 national patient survey where 75% of patients said it was easy to get through to the practice by telephone. This was above the local CCG average. 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. This also included appointments with a named GP or nurse. Home visits were made to a local care homes and to those patients who needed one.

Patients were generally satisfied with the appointments system. They confirmed that they could 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 doctor of their choice. 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 had extended opening hours on Monday and Wednesday evening. The practice also opened on a Saturday morning for booked appointments. This was particularly useful to patients with work commitments.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The business manager showed us the complaints policy and procedure which had just been revised. The policy and procedures were in line with the

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

NHS complaints procedure and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

Information available to help patients understand the complaints system included a poster in the waiting room and information on the practice website.

The practice had received one complaint in the last 12 months and we found this had been responded to within

the required timescales. There was good communication with the complainant and the issue had been resolved during a meeting with the patient. The practice manager had an efficient system in place to ensure that complaints were dealt with appropriately and that any learning outcomes were identified and acted upon. There was no evidence to demonstrate that complaints had been shared with staff.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The management team told us they had a clear vision of how they planned to take the practice forward in the future to deliver high quality care and promote good outcomes for patients. Discussions had taken place with regard to succession planning and the introduction of new GP partners.

We spoke with members of staff and they all knew and understood the vision and values and knew 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 on computers within the practice. At the time of our inspection many of these policies were in the process of being reviewed and updated. We looked at 17 of these policies and procedures. Some policies were not specific to the practice. We raised this with the business manager who told us they were in the process of reviewing all practice policies to make them more relevant to the practice.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding. We spoke with six members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well 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. We saw that QOF data was discussed at the clinical governance meetings held every three months but we did not see evidence that action plans were produced to maintain or improve outcomes.

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

The practice had limited arrangements in place for identifying, recording and managing risks. We saw that a health and safety, fire and legionella risk assessments had been completed. There was a business continuity plan

which was in the course of being updated. It assessed the risk of issues such as loss of domestic services. There was no risk log to address issues such as COSHH, general environment, manual handling, slips, trips and falls.

The practice had did not have robust arrangements in place for identifying, recording and managing risks. The practice did not have risk log. Some risk assessments had been carried out where risks were identified and action plans had been produced and implemented. For example, relating to health and safety, fire and legionella.

The practice did not have a system in place for the management of high risk medicines which includes regular monitoring in line with national guidance.

The practice did not have an effective system in place to regularly assess and monitor the quality of the service provided by the practice.

Leadership, openness and transparency

We saw from minutes that team meetings were only held every three months. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The business manager was responsible for human resource policies and procedures. We reviewed a number of policies, including an induction policy and appraisal policy which were in place to support staff. We were shown the staff handbook that was available to all staff, which included sections on equality, welfare and harassment.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through complaints received, suggestions via a suggestion box in the waiting room, from members of the patient participation group and through national surveys. The business manager told us they had plans to carry out their own patient survey in the near future and had recently introduced the NHS Friends and Family Test (FFT) which asks patients if they would recommend the practice they have used. FFT provides a mechanism to highlight both good and poor patient experience.

The practice had a relatively new patient participation group (PPG) which was formed in May 2014. The PPG included representatives from various population groups; including younger and older people. The PPG met every two months and the chairperson told us they were

Are services well-led?

Requires improvement 

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

planning a survey to gather patient feedback. They told us that they had made suggestions relating to improving the uptake of the electronic prescription service which had been implemented by the practice. The minutes of the PPG meetings were available on the practice website and in the waiting room.

The practice gathered feedback from staff through staff meetings, appraisals and informal day to day discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff members told us that when they asked for training it was never a problem. Staff told us that because it was a small practice they knew patients well and felt involved and engaged in the practice to improve outcomes for patients.

The business manager told us they were in the process of implementing a whistleblowing policy as there was not one currently in place although staff had received training and were aware of the process for raising concerns.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their professional development through training and mentoring. We looked at seven staff files and saw that appraisals had either been completed or were in progress and these included a development plan. Staff told us that the practice was very supportive of training and the business manager told us that staff were able to access a CCG training website, identify and book training courses which they felt would support or develop their role. The business manager would then approve the training if it was appropriate.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Good Governance.</p> <p>We found that the registered person had not protected people, or others who may be at risk against the risks of inappropriate or unsafe care and treatment because they did not assess, monitor and mitigate the risks relating to the health, safety and welfare people and others, who may be at risk which arise from the carrying on of the regulated activity. For example, risk assessments for general office environment, control of substances hazardous to health (COSHH), use of a chaperone and infection control.</p> <p>The registered person did not have a clear audit programme to improve the quality of patient outcomes including completed clinical audit cycles.</p> <p>The registered person did not have a robust system in place to ensure there are mechanisms in place to seek feedback from staff and patients.</p> <p>The registered person needs to ensure that there are formal governance arrangements in place and staff are aware of how these operate.</p> <p>The registered person should put in place an effective system to regularly assess and monitor the quality of the service provided by the practice.</p> <p>This was in breach of Regulation 10(1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

Regulation 20 Health and Social Care Act 2008
(Regulated Activities) Regulations 2014.

Duty of Candour

We found that the registered person had not ensured that all staff had appropriate policies, procedures and guidance, which were robust, reviewed and updated to enable them to carry out their role. For example, a cold chain policy for ensuring that medicines are kept at the required temperature and describes the action to take in the event of a potential failure. There was not policy for repeat prescribing or shared care protocols with secondary care.

This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 20 (1) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).