

# The Charnwood Practice

## 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

Good



Are services safe?

Good



Are services effective?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an unannounced focused inspection on 28 June 2016 to follow up concerns we found at The Charnwood Practice on 10 February 2016. Overall the practice is rated as good.

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

- The significant event policy had been reviewed to ensure the process to identify and investigate incidents and significant events was robust.
- A safety alert log recorded all safety and medicine alerts and whether it was applicable to the practice.
- The practice had devised a list of minimum content for a doctors' bag and ensured processes were in place to review the contents of a bag and equipment was calibrated.
- A defibrillator had been purchased by the practice following completion of a risk assessment.
- A risk assessment had been completed to review the appropriate emergency medicines required to stock on the premises.

- The practice had developed the training matrix to add the appraisal and revalidation dates for GPs and nurses.
- An audit plan had been developed to ensure the findings from clinical audits were reviewed and re-audited.
- The practice had signed up for NICE guidelines for primary care to be sent directly to all GPs and nurses and ensured they were discussed at the clinical meetings.
- The governance process had been strengthened to ensure all risks had been identified, reviewed and actions taken to mitigate risk.
- The complaints process had been strengthened to ensure themes and trends could be identified, including informal complaints.

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**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.

Good



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- A risk assessment had been completed to review the appropriate emergency medicines required to stock on the premises.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had developed the training matrix to add the appraisal and revalidation dates for GPs and nurses.
- An audit plan had been developed to ensure the findings from clinical audits were reviewed and re-audited.
- The practice had signed up for NICE guidelines for primary care to be sent directly to all GPs and nurses and ensured they were discussed at the clinical meetings.

### Are services well-led?

The practice is rated as good for being well-led.

Good



- The governance process had been strengthened to ensure all risks had been identified, reviewed and actions taken to mitigate risk.
- The complaints process had been strengthened to ensure themes and trends could be identified, including informal complaints.

# 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 good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for patients with enhanced needs.
- All patients over the age of 75 had a named GP.
- Those at high risk of hospital admission were identified and reviewed regularly, this included working with other health professionals to provide co-ordinated care.

Good



### People with long term conditions

The practice is rated as good 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.
- The practice offered an enhanced diabetes service.
- Longer appointments and home visits were available when needed.
- All patients identified with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. Personalised care plans were in place to ensure the patients' health and care needs were met.
- A phlebotomy service was provided with early appointments for patients that were required to fast before their blood test.
- 76% of patients diagnosed with asthma, on the practice register, had an asthma review in the last 12 months. This was comparable to the national average of 75%.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



# Summary of findings

- We saw positive examples of joint working with midwives.
- The practice offered a sexual health and contraception clinic to registered and non-registered patients.

## **Working age people (including those recently retired and students)**

The practice is rated as good 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. The practice offered extended hours on a Wednesday evening to ensure services were accessible, flexible and offered continuity of care.
- The practice offered online services to request a repeat prescription and book an appointment.
- A range of health promotion and screening that reflects the needs for this age group were also offered.
- An automated arrival machine was available to give patients the opportunity to arrive themselves for their appointment rather than speak to a receptionist.
- 81% of women aged 25 to 64 medical notes recorded they had a cervical screening test performed in the preceding five years. This was comparable to the national average of 82%.

**Good**



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Home visits were offered to patients living in vulnerable circumstances and could not access the practice.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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. There were alerts on patient care records to alert clinicians of specific needs of vulnerable families and children.
- All staff had received safeguarding children and adults training.

**Good**



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 84% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, which was comparable to the national average of 84%.
- 95% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, which was better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.
- The practice hosted Improving Access to Psychological Therapies (IAPT) clinics on a weekly basis.

Good



# The Charnwood Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector.

## Background to The Charnwood Practice

The Charnwood Practice is a GP practice providing primary medical services to around 6,900 patients within a residential area. The practice serves a diverse patient population. The practice's services are commissioned by Leicester City Clinical Commissioning Group (LCCCG).

The service is provided by a senior GP partner and three salaried GPs (two female GPs and two male GPs). There is a nursing team comprising of a part-time nurse practitioner, a paramedic practitioner, two practice nurses (one part-time) and a healthcare assistant. They are supported

by a business manager, practice manager and a team of reception and administration staff.

The practice is located within a purpose built health and social care centre and is situated on the ground floor.

The practice is open between 8am and 6.30pm Monday to Friday. Extended surgery hours are offered on a Wednesday between 6.30pm and 8pm. Patients can access out of hours

support from the national advice service NHS 111. The practice also provides details for the nearest walk-in centre to treat minor illnesses and injuries, as well as accident and emergency departments.

## Why we carried out this inspection

We carried out an unannounced focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an unannounced visit on 28 June 2016. During our visit we reviewed a range of documents and information to demonstrate the actions the practice had taken as a result of our inspection in February 2016.



# Are services safe?

## Our findings

Following an announced comprehensive inspection on 10 February 2016, the practice was rated as 'inadequate' for safety. The practice told us about an incident which we highlighted as a significant event and had not been reported as such. There was no system in place to demonstrate safety alerts had been actioned. We found out of date swabs, blood bottles and urine sticks in one doctors bag, as well as a piece of equipment that had not been calibrated since 2008. The practice had not carried out a risk assessment for the need of a defibrillator on site, or assessed what emergency medicines were appropriate and required to stock on site.

Following our unannounced inspection, we saw the practice had taken several steps to address these concerns.

The practice had reviewed its significant event policy and the list of incidents that may happen which could be identified as a significant event. All significant events were discussed in detail at clinical meetings raised at practice meetings, as appropriate. Additional forms had been implemented to assist in the process of investigation, this included clinical reflection and statement forms. The policy had been reviewed and agreed at the practice meeting.

A safety alert log had been implemented to record all safety and medicine alerts. The log recorded whether it was applicable to the practice, which staff group it was relevant to and which meeting it was discussed at.

The practice had devised a list of minimum content for a doctors' bag. Each GP was required to sign a form to declare they had responsibility for the contents and that they would ensure bags would be available when all equipment was calibrated. We saw evidence that all equipment had been calibrated and there was a process in place to inform staff responsible for stock if any of the home visit stock had been used and required replacing.

A defibrillator had been purchased by the practice following completion of a risk assessment. We saw the defibrillator in an accessible place and weekly checks to ensure the defibrillator was working. Training records confirmed all staff had received training to use the defibrillator.

A risk assessment had been completed to review the appropriate emergency medicines required to stock on the premises. The assessment included a clear explanation as to why certain medicines were not stocked. A list of emergency medicines was kept in the emergency medicines box to ensure accurate checks could be carried out on a weekly basis. A process was in place to inform responsible staff members if any of the emergency medicines needed to be replaced.

# Are services effective?

(for example, treatment is effective)

## Our findings

Following an announced comprehensive inspection on 10 February 2016, the practice was rated as 'requires improvement' for effectiveness. We found the practice management team did not record when a GPs' appraisal or revalidation was due. There was limited clinical audits undertaken and no system in place to demonstrate National Institute for Health and Care Excellence (NICE) guidelines had been discussed and disseminated.

Following our unannounced inspection, the practice had developed the training matrix to add the appraisal and revalidation dates for GPs and nurses.

An audit plan had been developed to ensure the findings from clinical audits were reviewed and re-audited. The audit plan also captured all clinical audits completed by GPs as part of their appraisal process. The findings of the audits were shared at in-house protected learning time events.

NICE Guidelines were discussed at the clinical meeting as they were published. Clinicians discussed if the guidelines were relevant and what action, if any, needed to be taken. The practice also signed up for NICE guidelines for primary care to be sent directly to all GPs and nurses.

# Are services well-led?

Good 

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

## Our findings

Following an announced comprehensive inspection on 10 February 2016, the practice was rated as 'requires improvement' for well-led. We found the systems in place to enable good governance needed to be strengthened, this included the process to carry out risk assessments and identify trends from complaints.

The practice had taken several steps to ensure systems in place to enable good governance were robust. Risks had

been identified, reviewed and actions taken to mitigate risk. This included a review of the need for a defibrillator on the premises and the appropriate emergency medicines to keep.

The complaints process had been strengthened to ensure themes and trends could be identified, including informal complaints. Following the resolution of each complaint, the outcome was recorded and discussed at practice meetings. The practice also identified if the complaint related to a different health or social care provider and the action they had taken to help the patient resolve their concerns.