

Brandon Surgery Dr R Kapur

Inspection report

52 Brandon Street
Leicester
Leicestershire
LE4 6AW

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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?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Brandon Surgery Dr R Kapur, on 18 June 2019 as part of our inspection programme.

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

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

We have rated this practice as requires improvement overall and for safe and well-led.

- Nursing staff did not receive adequate non-patient facing time to complete training and development.
- The significant events process was not understood by all staff. Not all staff were included in the process which limited the opportunities for learning and prevention of future incidents.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm. Staff worked together and with other agencies.
- Staff we spoke with confirmed there was an open culture, and senior staff were very approachable.
- Recruitment checks were not carried out in accordance with regulations as a full employment history and DBS checks prior to employment were not requested.

We have rated this practice as good for effective, caring and responsive and for all population groups.

We found that:

- Patients we spoke with and comment cards we reviewed told us staff treated patients with kindness and respect and involved them in decisions about their care. Patients were complimentary about the practice staff and especially the reception team.

- There was an effective process for monitoring patients' health in relation to the use of medicines including high risk medicines, with appropriate monitoring and clinical review prior to prescribing.
- Patients' treatment was regularly reviewed and updated. Patients with long term conditions received an annual review and patients were visited at home when necessary.
- Patients who did not speak English or for whom English was not their first language, were called by members of the practice team who spoke the same language, to ensure appointments were not missed or they understood what was required of them.
- The practice organised interpreters to be present at nurse clinics and nurses provided diagrams so patients better understood the procedure and treatment.

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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Review carer numbers to ensure all carers are identified

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

Our inspection team

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

Background to Brandon Surgery Dr R Kapur

Brandon Surgery Dr R Kapur is located at 52 Brandon Street, Leicester LE4 6AW. The surgery shares a building with another GP practice as well as a pharmacy. When the practice is closed, patients can visit one of the four Leicester City Healthcare Hubs, including one in the same building. Patients are also directed to call NHS 111.

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

Brandon Surgery Dr R Kapur sits within the Leicester City Clinical Commissioning Group (CCG) and provides services to 5,172 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a partnership of two GPs, who registered with CQC in May 2018. The practice employs salaried GPs, a practice nurse, health care assistant, practice manager, floor manager and several administration and support staff.

There are lower than average number of patients aged 65 or over and patients with a long term health condition than the local and national average. There are higher than average numbers of patients in full time employment or education.

The National General Practice Profile states that 76.4% of the practice population is from an Asian background with 15.7% of White ethnicity. Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. [Summary here](#)

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met. There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found: • There was insufficient oversight of the nursing team, and clinical supervision was not provided. • There was insufficient non-patient facing time for members of the nursing team to complete training, attend PLT and stay up to date with new practice information including safety information. There was no cover for nurses when absent. • The system for completing and reviewing patient specific directions (PSDs) and patient group directions (PGDs) was not effective. • The cytology failsafe system was not effective. • The provider did not have a policy for significant events and incident reporting to enable staff to report, record and learn from significant events and incidents effectively. • The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively. In particular, in relation to the management of emergency medicines, staff training for long term conditions and the cold chain. • The system for reviewing and follow up of patient feedback was not effective. In particular, there was no action plan resulting from patient feedback from the practice patient survey 2019.

This section is primarily information for the provider

Requirement notices

- The provider did not have an effective system or process in place for working collaboratively with staff to develop practice strategy, vision and values and implement the five year plan.

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

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met.

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

In particular we found:

- The provider did not request a DBS check for all staff before employment commenced.
- The provider's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work.

In particular, a full employment history was not requested for all staff.

This was in breach of Regulation 19(1)&(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.