

Dr Vipul Masharani

Quality Report

The Masharani Practice
Lutterworth Medical Centre
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Date of inspection visit: 22 November 2016

Date of publication: 19/12/2016

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 well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Dr Vipul Masharani on 22 November 2016. Overall the practice is rated as good.

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

- Various audits had been implemented to ensure the practice met all aspects of the the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections.

- Relevant fire safety training had been undertaken as well as a fire risk assessment.
- Appropriate recruitment checks were carried out before staff were employed.
- Policies and protocols had been reviewed to ensure adequate systems and processes were in place to assess, monitor and mitigate against risk.

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.

- Various audits had been implemented to ensure the practice met all aspects of the the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections.
- Relevant fire safety training had been undertaken as well as a fire risk assessment.
- Appropriate recruitment checks were carried out before staff were employed.

Good



Are services well-led?

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

- Policies and protocols had been reviewed to ensure adequate systems and processes were in place to assess, monitor and mitigate against risk.

Good



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.

Good



- 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 those with enhanced needs.
- The practice had increased the numbers of health checks offered to older patients by actively searching for patients not being seen and accordingly increased the number of appointments available for health checks.
- The lead GP had particularly focused on cardiovascular outcomes and primary prevention so those patients identified at a high risk of cardiovascular disease were sent information outlining suggested lifestyle changes and invited back three months later for a review.
- Around 3% of patients had care plans in place. For patient who were too frail to come to the practice, a practice nurse visited the patient at home to discuss their care plan. They would also review long term conditions at the same time.
- The practice held regular multi-disciplinary palliative care meetings to discuss co-ordinated patient care.
- The practice participated in the local integrated care scheme and one of the GPs was the clinical lead. The service provided a multi-disciplinary co-ordinated approach to health and social care. This meant that patients' needs were addressed holistically to include support for emotional issues such as provision of mobility items, assessment of risks, falls and the strain of being a carer.
- Local services were provided wherever possible in order to reduce the need for patients to travel further afield.
- The practice offered in house hearing screening tests.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff were well qualified and 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.

Summary of findings

- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had equipment enabling them to carry out ambulatory ECG and blood pressure monitoring.
- The practice had access to a visiting cardiologist at the adjacent cottage hospital. This considerably reduced travel distance and time for patients.
- The practice used a direct access service to talk to a consultant on their mobile phone regarding the conditions; diabetes, endocrinology and haematology (general and malignant).

Families, children and young people

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

Good



- 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. Children's immunisation rates were lower than average in some areas and the practice told us this was due to difficulties in getting travellers on their register to attend immunisation appointments. They liaised with a support worker to address this.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- There was a daily minor illness clinic led by the nurse practitioner who was able to prescribe medicines for specific conditions. Children could access fast track appointments if necessary.
- The practice offered chlamydia testing.
- The practice had access to a community paediatrician who attended the local cottage hospital which ensured that parents could access specialist opinions closer to home.
- The practice were in the process of developing a scheme whereby parents of under-fives could attend a training course to learn about resuscitation and management of emergencies in the home at a subsidised cost.

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).

Good



Summary of findings

- 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.
- The practice provided an open access consulting scheme each weekday morning which starts at 8.30am to enable working people to attend the surgery before going to work. They also encouraged telephone consultations if patients were unable to attend the early morning surgery.
- 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.

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 travellers. Within the practice catchment area were two approved residential/parking sites for travellers. The practice held a learning event for some staff and PPG members to increase understanding regarding specific issues travellers faces and how this impacted on their ability to access medical care.
- The practice held a register of patients with a learning disability and offered longer appointments and annual health checks for these patients. They liaised with the CCG learning disability support worker.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.
- Patients were encouraged to attend the morning open surgery without notice or having to make an appointment if they felt the need to talk to a clinician.

Good



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).

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- Onsite counselling was available and there was weekly clinics provided by the community psychiatric nurse.
- 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 dementia.
- The practice has developed a self assessment questionnaire based on the General Practitioner Assessment of Cognition dementia screening tool to enable patients and relatives to self assess whether they may be developing memory problems. Patients were encouraged to attend the morning open surgery without notice if they felt the need to talk to a clinician.

Dr Vipul Masharani

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr Vipul Masharani

The Lutterworth Medical Centre comprises of two GP surgeries - Dr Vipul Masharani (The Masharani Practice) and The Wycliffe Medical Practice. The building also houses the local ambulance station and a private pharmacy.

At Dr Vipul Masharani (The Masharani Practice) the service is provided by the senior GP and a combination of five salaried or regular locum GPs, providing a total of 26 sessions per week. They are supported by one practice manager, an associate manager, one advanced nurse practitioner/prescriber, one practice nurse, two health care assistants and a team of administration and reception staff.

The practice has 5700 patients and the practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (CCG). The practice has a General Medical Services Contract (GMS). The HMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice had a website which was easy to navigate and provided information about the healthcare services provided by the practice.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments were from 08.30am to 11.30am

every morning and in the afternoon from 3.00pm to 6.00pm daily. The practice offered an open surgery every day between 08.30am and 11.30am. Telephone consultations and home visits are also available on the day. There was also a nurse practitioner led minor illness clinic available on a daily basis.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided to Leicester City, Leicestershire and Rutland by Derbyshire Health United. There were arrangements in place for services to be provided when the practice is closed and these are displayed on their practice website.

Why we carried out this inspection

We carried out a 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. We carried out an announced visit on 22 November 2016. During our visit we:

- Spoke with the practice manager.

Detailed findings

- Reviewed the practice action plan which was submitted following a comprehensive inspection on 16 March 2016.
- Reviewed evidence in line with the action plan.

Are services safe?

Our findings

Following an announced inspection on 16 March 2016, the practice was rated as 'requires improvement' for safety.

We found some risks to patients who used the services were assessed, however the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe, for example in the areas of fire safety, recruitment and infection control.

During our focused inspection on 22 November 2016, we found the practice had implemented systems and processes to address all risks to ensure patients were kept safe.

Additional staff members had been trained to lead on infection prevention and control. Cleaning protocols specific to the cleaning of treatment rooms before and after minor surgery had been implemented. A cleaning log was maintained to ensure the cleaning had been completed. Various audits had been implemented, including spot checks to ensure cleaning of medical equipment was

carried out as appropriate, as well as regular hand hygiene audits and a monthly infection control audit covering all aspects of the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections.

Two staff members had been trained to be fire wardens within the practice and all staff members had completed e-learning in relation to fire safety. A fire risk assessment had been completed and the fire safety policy had been reviewed. Regular fire safety checks had been implemented to ensure emergency exits were clear and emergency lighting and equipment was fit for use. Fire evacuation drills were carried out every six months and an evaluation of the drill was completed to reflect any improvements required.

We reviewed recruitment files for two staff members that had been employed since our last inspection visit. We found that all appropriate checks had been carried out before they were employed. This included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 inspection on 16 March 2016, the practice was rated as 'requires improvement' for the domain of well-led.

Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Recruitment arrangements did not include all necessary employment checks for staff.

During our focused inspection on 22 November 2016, we found the practice had implemented systems and processes to address risks that had been assessed to keep patients safe.

Policies and protocols had been reviewed to ensure adequate systems and processes were in place to assess, monitor and mitigate against risk. This included areas such as infection prevention and control, fire safety and recruitment arrangements.