

# 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

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 announced comprehensive inspection of this practice on 20 January 2015. Overall the practice was rated as requires improvement. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the effectiveness and leadership of the practice.

We undertook this focussed inspection to check that they had followed their improvement plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr Sampora Bapodra – Belgrave Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

- Risks to patients were assessed and well managed. Since our last inspection the practice had carried out various risk assessments including general health and safety, legionella and fire. Policies had been implemented for chaperone procedures, cold chain, infection control and medicines management.

- The practice had implemented a clear audit programme with full cycle audits to improve the quality of patient outcomes.
- The practice had implemented regular multi-disciplinary meetings to discuss the needs of complex patients, for example those with end of life care.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. Staff were invited to attend regular meetings such as practice, clinical, team and patient participation group (PPG) meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour.

**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 effective?

The practice is rated as good for providing effective services.

The inspection was conducted in order to review issues that were found at the comprehensive inspection carried out on 20 January 2015. At this previous inspection it was found that overall the practice was rated as requires improvement.

- At this inspection, we found that the practice had implemented a programme of clinical audits which demonstrated quality improvement.
- The practice had completed care plans for all patients aged 65 years and over including patients who had a chronic disease.
- The practice had implemented multi-disciplinary meetings which were recorded as were actions arising from them and subsequently reviewed.

Good



### Are services well-led?

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

The inspection was conducted in order to review issues that were found at the comprehensive inspection carried out on 20 January 2015. At this previous inspection it was found that overall the practice was rated as requires improvement.

- At this inspection, we found that the practice had updated policies and procedures and implemented other policies and procedures which were required.
- The practice had implemented procedures to identify and monitor risk.
- The practice proactively sought feedback from staff and patients, which it acted upon. The patient participation group was active and a patient survey and report including the findings of the survey had been made available to staff and patients on the practice website.
- The practice ensured that staff were invited to attend meetings which were recorded as were actions arising from them and subsequently reviewed.

Good



# Summary of findings

## What people who use the service say

We did not speak with patients during our follow up inspection.

# 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 practice manager specialist advisor and a second CQC Inspector.

## Background to Dr Sarman Bapodra

Dr Sampora Bapodra – Belgrave Surgery is located close to Leicester City centre. It provides primary medical services to approximately 2,600 patients. At the time of our inspection the practice had one GP, two associate GP's, one business manager, one assistant 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 authorities.

The practice benefits from access to a number of services such as health visitors, district nurses, a practice therapist and midwives.

The practice website provides patients with information about online services such as ordering repeat prescriptions, booking appointments and access to medical records. The website also provides patients with information on a range of clinics such as travel vaccinations, childhood immunisations, phlebotomy, health promotion (diabetes, coronary heart disease, asthma & respiratory conditions).

The practice is open from 8am until 6.30pm Monday to Friday and offers a walk-in service for appointments on a Monday, Tuesday and Wednesday from 10am until 11.30am. The practice does not offer extended hours appointments however they are part of a scheme within Leicester City which offers patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments are available between 6.30pm until 10pm Monday to Friday and between 9am until 10pm on weekends and bank holidays. Appointments are available by walk in, telephone booking or direct referral from NHS 111.

The practice 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.

## Why we carried out this inspection

We undertook an announced focussed inspection of Dr Sampora Bapodra – Belgrave Surgery on 8 October 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 20 January 2015 had been made. We inspected the practice against two of the five key questions we ask about services: is the service effective? Is the service well led?

# Detailed findings

## How we carried out this inspection

Before we visited Dr Sampora Bapodra – Belgrave Surgery, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 October 2015. During our visit we:

- Spoke with one GP, one business manager, one assistant manager and one reception/administration staff.
- Observed the way the service was delivered but did not observe any aspects of patient care or treatment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Management, monitoring and improving outcomes for people**

When we inspected the practice in January 2015 we found that the practice did not have a clear audit programme to improve the quality of patient outcomes including completed audit cycles.

At this inspection, we found that the practice had carried out three completed audit cycles. For example, we saw evidence of an audit of two week wait referrals for suspected cancer, antibiotic prescribing and patient deaths. We saw evidence where improvements were implemented and monitored. A template was completed for each audit to evidence the reason for the audit, audit findings, learning outcomes and changes made as a result of the audit.

Findings were used by the practice to improve services. For example, following an audit of all patients referred as a two week wait for suspected cancer, the practice had implemented a policy to ensure all GP's followed local pathways and guidance before referring a patient. Once a referral had been arranged the referring GP would create a task within the clinical system which would remind the GP to check the patient had received an appointment and had been seen within the two week rule.

### **Coordinating patient care and information sharing**

When we inspected the practice in January 2015 the practice was rated as requires improvement for the care of older people. 60% of older people did not have care plans where necessary.

During this inspection we were told that all patients over the age of 65 and those patients who had a chronic disease had a care plan in place. Patients were identified using a risk stratification tool. Patients could be referred to a care navigator who would arrange a treatment plan for the patient. Care plans were carried out face to face or by telephone consultation. The practice used a software system which measured outcomes of these patients which enabled the practice to benchmark themselves.

When we inspected the practice in January 2015 the practice did not hold regular multi-disciplinary meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register.

During this inspection we saw evidence that multi-disciplinary team meetings were in place. We saw minutes of a multi-disciplinary clinical meeting held on 16 July 2015. We saw that various clinical items were discussed such as patients receiving end of life care and a review of the process for booking smear tests for patients to reduce the risk of inadequate smear samples. We saw that medicines management processes had been agreed and implemented for the prescribing of controlled drugs. Processes were agreed for the dissemination of Medicines and Healthcare Products Regulatory Agency alerts (MHRA), National Institute for Health and Care Excellence guidelines updates (NICE) and National Patient Safety Agency alerts (NPSA) and all alerts updates were disseminated to staff in attendance at the meeting. Actions were agreed and recorded on the minutes. A member of staff was able to explain the process for NPSA alerts in the practice.

# Are services well-led?

Good 

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

## Our findings

### Governance arrangements

When we inspected this practice in January 2015 we found that the practice did not have an ongoing audit programme. Some policies and procedures required a review and some were out of date and not practice specific. There was no cold chain policy for ensuring that medicines are kept at a required temperature and describes the action to take in the event of a potential failure. There was no policy in place for repeat prescribing of medications and there were no shared care protocols in place with secondary care.

The practice had limited arrangements in place for identifying and managing risk for example in relation to general health and safety, fire and legionella.

At this inspection we found that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, in date and were available to all staff, we saw evidence of a patient data sharing protocol and shared carer protocol with secondary care date 2 May 2015.
- We saw a cold chain policy which was due for review on 26 September 2016. Staff were able to tell us what they would do in the event of a fridge failure. We saw evidence that minimum and maximum fridge temperatures were checked and recorded daily.
- We saw evidence of an infection control policy and a chaperone policy both dated 2 July 2015. A comprehensive repeat prescribing policy was seen which was due for review in February 2016. We spoke with two members of staff who were able to tell us where they could find all practice policies and procedures, we also saw evidence that staff had received a copy of reviewed policies.
- Since the last inspection, domestic staff had received infection control training. We saw evidence that infection control was regularly discussed in practice and clinical meetings with all practice staff.

- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements was in place. We saw evidence of three full cycle audits.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, we saw evidence of a general health and safety risk assessment carried out on 12 September 2015. We saw an audit of the environment, building and equipment which was carried out on 3 July 2015. Actions had been taken since our last inspection for example new safety hand railing for patients had been fitted on the staircase. We saw evidence of a fire risk assessment completed on 20 January 2015.
- We saw evidence of control of substances hazardous to health (COSHH) data sheets held on file and on display. At the time of our inspection the practice were in the process of carrying out risk assessments for COSHH.
- A process had been implemented for the use of chaperones in the practice. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). We saw evidence that all staff who were a chaperone had received the relevant training and we saw evidence of their certificates. They wore chaperone badges to identify themselves. There were chaperone posters in the practice which were available in different languages.
- We saw evidence that COSHH, infection control and chaperone procedures were discussed in team and clinical meetings.
- Since our last inspection clinical waste bins had been re-located to a secure, locked area outside at the rear of the premises.
- We saw evidence of a legionella policy dated 2 July 2015. A legionella risk assessment had been completed on 2 July 2015 which identified structural changes which had been made to the premises following risks identified from the risk assessment. A record of monthly water temperature checks was seen during inspection.

### Leadership, openness and transparency.



# Are services well-led?

Good 

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

When we inspected this practice in January 2015 we found that staff did not have the opportunity to attend regular team meetings.

During this inspection we saw evidence that staff were invited to attend regular meeting such as team meetings, practice meetings and clinical meetings. We saw evidence of meeting minutes dated 29 April 2015, various items were discussed for example, significant events, health and safety, complaints, infection control and prevention and clinical topics. Staff told us that they attended regular practice meetings and were also invited to attend patient participation group (PPG) meetings.

## **Seeking and acting on feedback from patients, the public and staff**

When we inspected this practice in January 2015 we found that the practice did not have a mechanism in place to seek feedback from patients or ensure it was responded to.

During this inspection we saw evidence of a patient survey which the practice had carried out in June 2015 based on its appointment system. We saw evidence that 59 patients participated in the survey, the results were displayed in a report available to patients and staff.

The practice held regular meetings with their patient participation group (PPG). The first PPG survey and report had been published and could be found on the practice website. The PPG had a section on the practice website. The PPG consisted of six members from varied age groups and backgrounds. Staff told us they were invited to attend the PPG meetings. PPG meeting minutes were made available to practice staff and on the practice website.

The practice participated in the friends and family test (FFT). We saw evidence of the practice results which were on display for staff and patients. We could see that during January, February and March 2015 a total of 103 responses had been received with 90% of responses stating they were extremely likely to recommend their GP practice to friends or relatives.