Dr Khalid Choudhry

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.

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Overall summary

Al – Waqas Medical Practice, also known as St Peters Medical Practice, is based close to the city centre of Leicester. The practice has population of around 3600 patients of whom 3400 are under the age of 65.

We visited the practice at 91 St Peters Road, Leicester, Leicestershire, LE2 1DJ on 9 June 2014. During the inspection we spoke with the doctors and other staff and also looked at the procedures and systems used. We spoke with patients their relatives and carers, the Local Medical Council (LMC), Local HealthWatch (HW), the NHS Local Area Team (LAT) and the Clinical Commissioning Group (CCG). We also reviewed comments cards which helped us consider whether the practice was safe, effective, caring, responsive to people's needs and well-led.

At each inspection we look to see how practices meet the needs of six specific population groups; Older people, People with long term conditions, Mothers, babies, children and young people, The working-age population and those recently retired , People in vulnerable circumstances who may have poor access to primary care and People experiencing poor mental health.

We found evidence to show Al- Waqas Medical Practice had procedures in place to meet the needs of all these groups.

The practice was safe. Appropriate procedures were in place to deal with emergencies. We saw evidence that the practice learnt from events and responded to complaints and suggestions. There was a robust procedure for safeguarding children and vulnerable adults.

The practice was effective and had procedures in place that ensured care and treatment was delivered in line with essential standards. We found evidence of robust clinical audits taking place to ensure positive outcomes for patients.

The practice was caring. Patients were happy with the care and treatment they received and were treated with dignity and respect by all staff and their confidentiality was maintained.

The practice was responsive to the needs of its population and specific patient groups. The practice listened to and acted on the concerns of patients, their relatives and other health care staff.

The practice was well led by a dedicated and skilled management team. Staff felt supported and were fully engaged in the running of the practice. Staff demonstrated the caring, responsive philosophy of the management team.

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.

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 was safe. Robust procedures were in place to safeguard children and vulnerable adults from harm. Arrangements were in place to report and investigate any safety incidents. There was an open culture amongst staff which encouraged good communication and learning from these events.

Robust recruitment procedures were in place ensuring all staff had the required checks prior to employment. Arrangements were in place to deal with medical emergencies. Staff had undertaken appropriate training to deal with medical emergencies and emergency medicines and equipment were available and stored securely.

The practice was clean and well maintained. Effective infection prevention and control procedures were in place. Assessments had been carried out to identify and minimise risk of harm to patients and staff using the practice.

Are services effective?

The practice was effective. We saw that staff had completed an induction programme and had access to continuing training and development.

Patients were referred to specialists when required and GPs had carried out regular audit cycles to monitor the effectiveness of the service.

There were effective systems in place to monitor the health of people with long term conditions and patients who were unable to attend the practice. Links were established with other healthcare providers to ensure the best outcome for patients, including for people with diabetes, poor mental health and patients receiving end of life care.

Are services caring?

The practice was caring. We saw that patients were treated with dignity, respect and compassion and that staff protected patients confidentiality at all times.

We saw that the GP provided a service beyond expectation to ensure patients; their relatives and carers received a high standard of care. Particularly for patients receiving end of life care and those experiencing poor mental health.

Summary of findings

Patients told us, and comments cards we reviewed showed that patients were very happy with the care and treatment provided by Al – Waqas Medical Practice.

Are services responsive to people's needs?

The practice was responsive to people's needs. Information was available in at least ten languages for patients for whom English was not their first language. The building was accessible for patients with reduced mobility and mothers with pushchairs.

Comments cards received and patients we spoke with showed that people felt the practice met their needs. The practice had taken steps to ensure it met the needs of its population and specific patient groups.

Complaints had been received and responded to appropriately by the practice and regular patient surveys were carried out. We saw evidence that the practice had acted on concerns or suggestions raised in the surveys.

Patients had the choice of male or female GP and the practice offered a chaperone service which was well publicised.

Are services well-led?

The practice was well led by a skilled and dedicated management team. Staff felt valued and committed to the practice and felt they had a say in the running and development of the practice.

Effective governance procedures were in place including regular team meetings and formal and informal partnerships with other healthcare staff.

At the time of our inspection the practice had recruited patients to a patient participation group but they had yet to hold their first meeting.

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 had a comparatively small population of older people amongst the patient population. The practice met the needs of older people by ensuring services were accessible, including offering home visits for flu vaccinations, and health checks. The practice manager visited each patient unable to attend the clinic and staff arranged appointments and transport at times of convenience for older people.

People with long-term conditions

People with long term conditions were involved in the planning and review of their care. Regular clinics to monitor and offer support for people with long term conditions were held at the practice including Arthritis, Dementia, Depression, Diabetes & Hypertension.

Patients received an annual review of their condition and were supported to manage and treat the condition. Care plans were developed based on individual's needs.

Mothers, babies, children and young people

Pre and post natal care was provided at the practice including a 24 hour baby check from the GP. A weekly drop in clinic with a community midwife was available and well attended. Childhood immunisation clinics are held and services for children with acute additional complex health needs are discussed with the Health visitors and parents.

Patients with adolescent mental health issues are supported and referred to the community professionals when required.

The working-age population and those recently retired

The practice had extended opening times in the evening to enable working age people to access appointments and repeat prescriptions could be ordered online.

A support and advice service was available at the practice for people to get advice on housing, welfare, employment, community care, family, benefits and other social issues.

Retired patients were offered health checks and advice on healthy living as well as referrals to specialists when required.

Summary of findings

People in vulnerable circumstances who may have poor access to primary care

Information was available in at least ten languages for people for whom English was not their first language. Practice staff spoke a number of languages and a telephone translation service was available.

The practice offered home visits to patients who were unable to access the service which included health checks, immunisations and reviews of medications. The needs of carers who may become isolated were assessed and support packages had been put in place by the practice.

People experiencing poor mental health

The practice had effective working relationships with the mental health crisis intervention team. The needs of people experiencing poor mental health were assessed by their consultant and support put in place in partnership with the practice. The GP had given his personal mobile phone number to the out-of-hours service provider to enable them to contact him if patients experienced poor mental health.

The practice worked in partnership with local support agencies and healthcare professionals to try to prevent patients experiencing mental health crisis by sharing information and attending reviews. We saw that people experiencing poor mental health, and all patients, were treated with dignity and respect and their confidentiality maintained.

Summary of findings

What people who use the service say

We received 20 comments cards from patients who used Al Waqas Medical Practice; all 20 contained positive comments. Patients were happy with the care and treatment they received and felt they were treated with dignity and respect by staff.

Additionally we spoke with 13 patients on the day of our inspection. Patients told us they were able to access appointments when required, they felt they were involved in discussions about their care and were able to make informed decisions.

Patient surveys carried out by the practice in 2009 and 2013 showed that patients were overwhelmingly happy with the service provided and felt informed and involved with their care.

Areas for improvement

Action the service SHOULD take to improve

Professional translation services were available and advertised throughout the practice. The provider should ensure these notices are displayed in languages other than English.

Outstanding practice

Our inspection team highlighted the following areas of good practice:

The GP ensured his personal phone number was available to the out-of-hours service to enable them to contact him for patients who may be experiencing mental health crisis. This ensured the patient was seen by someone who they know and had an understanding of their history.

The practice provided a drop in service for patients and their families to enable them to get support and advice about a range of subjects including, housing, benefits, legal matters, social isolation and family concerns.

The practice worked with a local support agency, MOSAIC. They provided a drop in service for patients and their families to enable them to get support and advice about a range of subjects including, housing, benefits, legal matters, social isolation and family concerns. We saw that this service had been well used by the practice population and referrals had been made as a result of these consultations.

Dr Khalid Choudhry

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 Practice Manager.

You should also be aware that experts who take part in the inspections, for example, Experts by Experience, are not independent individuals who accompany an inspection team – they are a part of the inspection team and should be described in that way. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Dr Khalid Choudhry

Al – Waqas Medical Practice is based in the NHS Leicester City Clinical Commissioning Group (CCG) area. The practice is situated in a converted building on St Peters Road, close to the centre of Leicester. The practice provides primary medical services to a population of 3600 patients.

The majority of patients who use the practice are under 65 years of age.

The practice staff comprised of two GPs a practice manager and assistant practice manager, a practice nurse and three reception staff. A community midwife held clinics on set days during the week but was not employed by the practice.

The practice had opted out of providing out-of-hours services for their patients. This service was provided by an external company. The lead GP had provided his phone number to the out-of-hours provider to enable them to contact him when required.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This practice had not been inspected before and that was why we included them.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- 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. The population groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care

Detailed findings

- People experiencing poor mental health

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 announced visit on 9 July 2014. During our visit we spoke with a range of staff including GP's, practice manager, reception staff, nurse, and a community midwife and spoke with 13 patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed 20 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe Track Record

The practice had a robust serious incidents policy in place. The policy followed the NHS Framework and was delivered through a simple but effective flow chart. Staff we spoke with were aware of the policy and procedure for reporting incidents. Staff told us there was an open culture at the practice and they would be happy and confident to report an issue.

Only one serious incident had been recorded at the practice and this was recorded in detail. We saw that this was discussed at the practice meeting to ensure all staff were aware. The record showed that due to the nature of the incident no other actions were possible.

Patients we spoke with told us they felt safe receiving care and treatment at Al- Waqas Medical practice and did not have any concerns. This was echoed in comments cards received.

Learning and improvement from safety incidents

The Practice has a system in place for reporting, recording and monitoring significant events. Events were recorded in a designated folder accessible to all staff. We discussed the examples with the lead GP and practice manager and saw that events were analysed and any learning discussed with staff at team meetings. For example we saw a record for an elderly patient with chest pain that attended to GP surgery and was appropriately transferred to hospital; however preliminary treatment, including GTN spray (Glycerine Tri Nitrate, used to relieve the symptoms of angina) and aspirin, were not initiated. This was identified as a significant event and subsequently a new protocol for chest pain patients was developed and shared with all surgery staff to be implemented.

Reliable safety systems and processes including safeguarding

The practice had an effective and appropriate system for safeguarding children and vulnerable adults who may be at risk of abuse and for reporting any concerns. All nine staff we spoke with were aware of the safeguarding policy and could describe the signs and types of abuse. We saw that all staff employed at the practice had attended training in safeguarding children and vulnerable adults. The GP and senior manager had attended additional training gaining Level 3 qualification. All staff had attended meetings with the local authority and NHS teams for updates on safeguarding procedures. All were aware of how to raise a concern and told us they had authorisation and confidence to contact the relevant safeguarding authorities. Staff told us they had raised concerns in the past and felt they had been dealt with appropriately by the provider and senior staff.

The practice had an appropriate whistleblowing policy which staff were aware of. Whistleblowing is the term used when an employee of an organisation raises concerns about that organisation whilst still employed. All nine staff told us they would be happy to raise a concern with their line manager or the lead GP and were confident these concerns would be acted on.

Monitoring Safety & Responding to Risk

We found that the practice had processes in place to assess the risk of harm to patients and staff and that appropriate steps had been taken to minimise these. For example level access to the building and a system for staff to call for assistance from clinical rooms. The practice manager had completed assessments for risks from environmental factors including trips and falls along with checks for legionella disease and gas and electrical safety.

Although a fire risk assessment was in place this was a generic document and not specific to the practice. The assessment did not cover all areas of the practice; for example the cellar of the building was not included. We raised this with the practice manager during the inspection who informed us an updated assessment would be completed. Following our inspection we saw evidence this had been done.

Medicines Management

Emergency medicines along with vaccinations and immunisations were stored on the premises. Appropriate systems were in place to monitor, administer and store these safely.

We found appropriate evidence and paperwork to show the cold chain was maintained and fridge temperatures were appropriate and recorded daily. Only one thermometer was present as the external thermometer had recently been damaged but the practice manager was aware and had ordered a new one. Records showed the temperatures had not exceeded the safe range. All medicines were audited in terms of use and expiry dates were checked and logged monthly.

Are services safe?

There were systems in place to review prescriptions at a patients annual health check and an audit trail was available for repeat prescriptions booked online.

Cleanliness & Infection Control

We found the practice to be clean and well maintained. Infection control audits were carried out and the practice had appropriate policies and procedures in place to minimise the risk and spread of infection. The infection prevention audit had been recently reviewed and amended. The practice manager was designated as infection control lead with responsibility for reviewing the policy and ensuring audits were completed.

Patients we spoke with told us they thought the practice was clean and that staff always wore gloves when administering treatment.

We saw the practice had appropriate arrangements for the collection and disposal of clinical waste. However we noted that whilst awaiting collection, clinical waste was stored behind a curtain in an alcove on the top floor of the building. Although this was away from patient areas, the practice should ensure this waste is stored in a more secure location.

Cleaning was carried out by a designated member of staff who worked three days per week. On the other two days cleaning was carried out by the practice manager. We saw records which showed areas and equipment cleaned by the member of staff but not by the practice manager. However the cleaning was confirmed by staff we spoke with. We informed the provider it would be helpful to record each time a room or equipment was cleaned which they agreed to do.

Staffing & Recruitment

The practice had an appropriate recruitment policy in place. There were robust procedures to ensure that staff employed were of good character and had the necessary skills and experience to deliver care.

Enough staff were employed to meet the needs of the practice population. We looked at staff files for five of the 10 staff employed at Al Waqas Medical Practice. All five contained proof of identification and had a clear Criminal Records Bureau or Disclosure and Barring Service check in place. Staff who required it had up to date registration with their professional body and the practice had a system to monitor the status of registration.

Staff we spoke with told us they had been asked to provide references and employment history before they were employed. We saw evidence which confirmed this.

Dealing with Emergencies

The practice staff had access to medical equipment and medicines to enable them to deal with medical emergencies, including oxygen and a defibrillator. Medicines were in date and available equipment was maintained. Records showed that emergency equipment and medicines were checked weekly by a clinical member of staff.

Eight of the ten staff employed at the time of our inspection had received recent basic life support training to enable them to deal with medical emergencies.

The practice had a robust business continuity plan in place to enable the service to operate in times of emergency for example computer failure or staff illness. The plan included paper copies of important documents and contact details for staff and other services that could offer support.

Equipment

We saw that patients were protected from the risks associated with unsafe equipment as appropriate systems were in place to check and service these. We looked at equipment including computers, glucose monitors, scales and nebulisers, a device to deliver medicine in aerosol form to aid breathing. We found evidence that medical equipment was regularly calibrated to ensure accuracy of results and delivery.

There was sufficient equipment available to staff to meet people's needs. Equipment was regularly maintained and in good working order. For example portable appliance test (PAT) checks had recently been carried out on small electrical items. Staff told us they had sufficient equipment to meet people's needs. A visiting health professional told us they never had difficulty requesting or accessing equipment. Patients confirmed they had never experienced delays to treatment due to lack of equipment.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care & treatment in line with standards

We discussed effective and efficient patient management with the GP lead. He was able to successfully explain how he implemented good medical practice and utilised NICE guidelines when examining and treating patients. He provided evidence to show how his emphasis on lifestyle management has had a particular impact on the aging practice population which are particularly prone to chronic conditions such as diabetes and TB.

The practice was identified as being an outlier for cervical smear testing. An outlier means that the take up of a service of incidence of an illness is significantly different when compared with other practices. Analysis showed that this was primarily due to the absence of trained female staff at the practice. We saw that the practice reviewed this and additional sessions were booked for patients and trained female staff took on extra responsibilities. We reviewed the reports for cervical screening for all four quarters of 2013 which showed the practice was in line with both regional and national averages for screening. We also reviewed the patient contact protocol and letter template for contacting non-attenders.

Management, monitoring and improving outcomes for people

The GP had completed a clinical audit which showed how the HBA1C (a blood measurement showing long term glucose levels) figures for his patients were improving significantly with lifestyle interventions. One example highlighted an improvement from a diabetic blood sugar level to a normal healthy level and subsequent withdrawal of medication after 6 months, with appropriate monitoring.

In planning our inspection we noted that the Clinical Commissioning Group (CCG) had reported that the practice had identified lower than expected levels of Atrial Fibrillation AF. During the inspection the GP provided evidence to show that he was aware of this issue and had taken steps to address it. The lead GP joined the 3T Cardiology collaboration where he received further training and installed algorithms on his computer system to identify and screen patients at higher risk of cardiac problems including AF.

Effective Staffing, equipment and facilities

We found that, where appropriate, all clinical staff had current registration with their relevant professional body. The practice had an appropriate system to monitor the status of this registration.

Staff told us they felt supported to carry out their duties and received regular supervision and appraisal. We saw records which confirmed this. Patients told us they felt staff were skilled and knowledgeable and did not have concerns regarding their ability.

All staff had completed an induction training programme when first employed at Al Waqas Medical Practice. We found that staff had access to additional training to help them develop further skills. For example a member of the administration team stated in an appraisal meeting they would like to train as a health care assistant. We saw that this was approved by the lead GP and practice manager and the staff member had commenced the training.

The GP had undertaken the pre-requisites to become a GP trainer in the hope that the practice will become a training practice to support the Leicester GP vocational training scheme (GPVTS). Additionally the practice manager and assistant had been on computer training and financial planning courses. Reception staff had also attended communication skills workshops and data interpretation courses.

Working with other services

The practice worked with University Hospitals Leicester (UHL) on a number of areas to improve patient outcomes. For example a community midwife held a clinic at the practice. We saw that the clinic was well attended and valued by patients. Staff told us the GP's were always available to discuss concerns and would see patients immediately rather than have a separate appointment made.

We saw that practice staff attended peer support meetings at other practices and found these useful.

GP's and clinical staff had established effective links with other services including diabetes care, palliative care team, mental health consultants and crisis team and the health visitors and community nurses. We saw evidence that patients with complex needs were discussed and appropriate care and treatment plans put in place. These relationships and sharing of information helped ensure positive outcomes for patients.

Are services effective?

(for example, treatment is effective)

Health Promotion & Prevention

The practice had a range of printed materials for health promotion and management of ill health. This included information on smoking cessation, diet, diabetes and carers support.

We spoke with a carer who told us they were supporting a number of people with complex and varied health needs. The carer told us the lead GP had recognised they were struggling and referred them to district nurses for support. As a result of the doctors referral a care package had been arranged for the carer. The carer told us the people they cared for received annual health checks, reviews and blood tests. They said the surgery respected them and involved them as a carer. The carer told us they felt respected by the GP as a carer and appreciated that the GP had realised they were struggling with their caring responsibilities.

The practice had implemented an appointment text reminder service for patients with long term conditions. Patients we spoke with told us they valued this service and found it very useful.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We spoke with 13 patients and reviewed 20 comments cards. All feedback indicated that patients were happy with the care and treatment received at Al Waqas Medical Practice. Patients told us they felt the GPs and staff were friendly, spoke to them with dignity and respect and involved them in decisions about their care. Patients told us they felt the GP and practice staff looked after the psychological health along with their physical health.

The practice was accessible to people using wheelchairs and mothers with pushchairs. An accessible toilet was available and consideration was given to the needs and comfort of elderly and infirm patients. We saw that adjustments to appointments and arrangements were made throughout our inspection without question or hesitation.

During our inspection we observed a number of interactions between staff and patients. We saw that patients were consistently treated with respect, compassion and dignity, both in person and on the telephone.

The ethos of compassionate and comprehensive care was apparent with the staff at the practice as well as the patients. We spoke with all members of the reception staff they indicated that they all felt well supported and invested in as employees of the practice. They mentioned that the practice manager and lead GP always have a caring and supportive approach and are happy to help when the other staff are busy. Additionally when a member of staff was injured and had to have time off work, they felt well supported and felt that the whole team were very kind and helpful when they returned to work.

The practice had protocols in place to help deal with specific circumstances such as bereavement in order to support patients during difficult times. We saw that the practice had good relationships with the palliative (end of life) care team and regular meetings were held to discuss the care needs of patients receiving end of life care. As mentioned earlier the caring nature of the practice was exemplified by the lead GP who ensured patients, their carers and family were able to contact him personally at times of need.

Patients told us they felt their privacy and confidentiality was respected at all times. We saw that privacy screens were available in both clinic rooms and patients were able to talk in confidence in a private room if required. We found that patient's cultural needs were identified and respected by the practice staff. Patients told us they appreciated the information presented in different languages and access to male or female clinicians on request. The practice gave patients the opportunity for a chaperone to be present during consultations. We saw that this service was well publicised throughout the practice and that staff had received training for this role.

All patients we spoke with told us they felt they had sufficient time with the GP and did not feel rushed during consultations.

Involvement in decisions and consent

Patients told us they felt they were involved in making informed decisions regarding their care. We were told that the GP and clinical staff took time to explain diagnosis and procedures to patients. Patients said the GP would turn the computer screen around to further explain information. We were told the GP was very efficient in explaining ailments and the effects on patients' health. He described the side effects, consequences and risks to taking medication.

Patients told us they had the opportunity to ask questions about their care and treatment and felt their views were listened to.

We found that the practice had procedures in place to ensure consent was sought and given prior to administration of treatment. Information was available in a number of formats and languages. Patients told us they had never received care against their wishes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood the needs of its population and had taken steps to address these, including offering translation services and longer opening times.

We found that arrangements were in place to refer patients to specialists when required and that these referrals were timely and well communicated. Patients we spoke with told us they had not experienced delay when referrals had been made. One patient described their referral to a breast clinic as good, prompt and without concern. This was experience was repeated by other patients.

The Practice manager and practice nurse carried out an annual visit to the homes of patients who were unable to attend the practice to offer health checks, long term disease screening, and flu vaccinations and assess if referral to other services are required.

Support for children of parents with drug or alcohol dependency was offered along with advice for adolescents with drug and alcohol concerns. Appointments were arranged at the convenience of patients, either parents or young people and confidentiality was maintained for consultations with young people.

Childhood immunisation clinics were held and services for children with acute additional complex health needs are discussed with the health visitors and parents. Education and health promotion advice was available at the practice Patients with adolescent mental health issues were supported and referred to community professionals when required.

The practice had strong working relationships with the mental health crisis intervention team. The needs of people experiencing poor mental health were assessed by their consultant and support put in place in partnership with the practice. The GP had given his personal mobile phone number to the out-of-hours service provider to enable them to contact him if patients experience poor mental health.

The practice worked in partnership with local support agencies and healthcare professionals to try to prevent patients experiencing mental health crisis by sharing information and attending reviews. We saw that people experiencing poor mental health, and all patients, were treated with dignity and respect and their confidentiality maintained.

The practice had its own counselling and advice service available to patients with anxiety, depression and poor mental health.

At the time of our inspection the practice patient participation group (PPG) had not held a meeting. We saw details of members of the PPG and a date for the first meeting. A PPG is a voluntary group made up of people who use the practice. The aim is to give people who use the service a voice in decisions relating to the service and act as a critical friend for the practice.

Patients we spoke with and comments cards we reviewed showed that patients felt the service was responsive to and met their needs. We found that patients were pleased with the appointment arrangements and waiting times and emphasised that even when they had to wait to see the doctor, they received quality time with the clinician and felt their needs were addressed appropriately.

Access to the service

We found that the practice was accessible and an up to date practice leaflet was available. Appointments could be made in person, online or via telephone. Reception staff were knowledgeable about prioritising appointments, for example for children, and had the autonomy to change appointments.

All thirteen patients we spoke with said they had not experienced difficulty in making appointments or accessing the service. A mother with a baby told us she never experienced difficulty as the practice prioritised appointments for babies. A carer with an elderly relative told us they never experienced difficulty making appointments as the practice prioritised appointments for elderly patients. This showed that the practice had an effective appointments system in place.

Home visits were available for people who could not attend the practice. We saw that visits were available from both GP's, the practice and community nurse as well as the practice manager. This showed that people were able to access the service.

Are services responsive to people's needs?

(for example, to feedback?)

Additionally we saw that the practice had identified that working age people would have difficulty accessing the service due to work commitments. The practice had extended opening hours until 7:00pm on Monday, Wednesday and Friday to accommodate this group.

The practice had four pre bookable appointments during the day with between nine and twelve appointments reserved for patients who called on the day. Additionally 10 telephone consultation appointments were available each day which reduced the need for home visits and patients attending the practice. An appointment was reserved for 4:30pm each day for patients to who had incorrectly attended the urgent care centre to be referred back to the practice.

Concerns & Complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person to handle all complaints in the practice. The complaints procedure was displayed in the waiting area along with a comprehensive leaflet giving details of the complaints process and details of services to contact if patients were unhappy with how the complaint was handled.

The complaints folder showed clear progression of the policy over the years and was supported by a clear flow chart which included all the required actions and criteria required. We found good evidence to show that the complaints process was being used and applied as intended. We spoke to one person who had raised a formal complaint. They told us the incident had been investigated and they received a letter of apology. They felt the complaint had been handled well and they were satisfied with the outcome.

We saw other examples of complaints received. In all cases the complaints policy had been applied as directed and patients appeared satisfied with the outcome.

All thirteen patients we spoke with told us staff were approachable and felt they would be comfortable raising a concern or complaint. All thirteen said they would be listened to and had confidence in the practice to address the issue.

Are services well-led?

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

Our findings

Leadership & Culture

The overall ethos at the practice was positive with regards to their vision for comprehensive and compassionate patient care and this was exemplified by the leadership of their lead GP. He took over the practice approximately 10 years ago and has been consistently working on improving both the premises and the delivery of care.

All members of staff we spoke with told us they were committed to this ethos and demonstrated this through their actions throughout the inspection. This was reflected in the positive feedback we received for patients and comments received.

The practice was well led by a dedicated and skilled management team. Staff felt supported and were fully engaged in the running of the practice. Staff demonstrated the caring, responsive philosophy of the management team.

Regular practice meetings were held which were attended by all staff along with specific meetings for clinicians. These ensured that decisions were reviewed by all staff and promoted a culture of openness and enquiry.

Governance Arrangements

We found that there were effective governance arrangements in place and that staff were aware of their own roles and responsibilities. For example, we saw that staff members had designated lead roles for different aspects of the practice's business.

We found that the practice had effective policies and procedures in place for all aspects of the service and that these were regularly updated. Staff were aware of these policies and were able to recall important detail without need to refer to the document. This demonstrated that the policies and procedures were embedded in the daily life of the practice and practical, useful documents.

Systems to monitor and improve quality & improvement (leadership)

The practice made use of monitoring information from The Quality and Outcomes Framework (QOF) and their own patient surveys to help improve the service. QOF is the annual reward and incentive programme detailing GP practice achievement results. It is produced by the practice and details all work completed over the year. For example QOF suggested the practice was an outlier for cervical screening, diabetes management and COPD. The practice took active steps to address these issues ensuring all practice staff were involved in the process.

We found there were effective systems in place for supervisions and appraisal of staff performance. Staff told us they valued this and were able to request additional training and support at these meetings.

Patient Experience & Involvement

We saw that the practice had carried out two patient surveys and had a comprehensive complaints policy in place. The surveys looked at patient experience of; staff attitude, access to appointments, involvement in care, understanding of consultations and overall satisfaction. Results from the surveys showed that the majority of patients were happy with the service provided by Al Waqas Medical Practice.

The practice actively implemented the 'friends and family' test for patient satisfaction. We found that there was a team approach amongst all staff to promoting best practice, excellent customer service and positive health outcomes for all patients. All staff demonstrated genuine care and ownership for the success of the practice and the health of its patients.

Patients commented positively on ease of access to the service, there understanding of care and the kind and professional attitude of all staff. Patients stated overwhelmingly that they would recommend the practice to other people.

Practice seeks and acts on feedback from users, public and staff

At the time of our inspection the practice patient participation group (PPG) had not held a meeting. We saw details of members of the PPG and a date for the first meeting.

We saw that regular staff meetings were held and as a result staff were well informed of developments and procedures at the practice. Staff told us they were able to make suggestions or raise concerns at team meetings or any time with the practice manager and were confident these would be listened to.

Are services well-led?

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

Management lead through learning & improvement

The lead GP had undertaken further training for himself and his clinical and clerical staff. He had recently completed the pre-requisites to become a GP trainer in the hope that the practice will become a training practice to support the Leicester GP vocational training scheme. The GP told us becoming a teaching practice would help to ensure all systems and services were continuously improving and encourage all staff to remain updated on developments and access further training.

Identification & Management of Risk

We found that the practice had processes in place to assess the risk of harm to patients and staff and that appropriate steps had been taken to minimise these. For example level access to the building and a system for staff to call for assistance from clinical rooms. The practice manager had prepared assessments for risks from environmental factors including trips and falls along with checks for legionella disease and gas and electrical safety. An incident book was kept by the practice to record any accidents, untoward incidents or near misses. This helped the practice identify and monitor risk and take action to reduce risk.

We found that although a fire risk assessment was in place this was a generic document and not specific to the practice. We found that the assessment did not cover all areas of the practice, for example the cellar of the building was not included. We raised this with the practice manager during the inspection who informed us an updated assessment would be completed. Following our inspection we saw evidence this had been done.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Our findings

The practice had a comparatively small population of older people amongst the patient population. The practice ensured it met the needs of older people by ensuring services were accessible, including offering home visits and flexible appointments for flu vaccinations along with annual health checks.

The Practice manager and practice nurse carried out an annual visit to the homes of patients who were unable to attend the practice to offer health checks, long term disease screening, and flu vaccinations and assess if referral to other services are required.

The practice worked closely with palliative care teams for patients receiving end of life care. We saw that the GP gave his personal phone number to patients and relatives to enable them to contact him at any time.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Our findings

People with long term conditions were involved in the planning and review of their care. Regular clinics to monitor and offer support for people with long term conditions were held at the practice including Arthritis, Dementia, Depression, and Diabetes & Hypertension. Advice on management of the conditions was given.

Patients received an annual review of their condition and were supported to manage and treat the condition. We saw that practice staff ensured people attended health reviews by sending reminders by post, phone and text. Patients told us they valued this service.

Care plans were developed based on individual's needs. Referrals to support services and joint working with other healthcare services were in place to ensure positive health outcomes for people with long term conditions.

The practice worked closely with palliative care teams for patients receiving end of life care. We saw that the GP gave his personal phone number to patients and relatives to enable them to contact him at any time.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Our findings

Pre and post natal care is provided at the practice including a 24 hour baby check from the GP. A weekly drop in clinic with a community midwife was available and well attended.

Childhood immunisation clinics were held and services for children with acute additional complex health needs are discussed with the health visitors and parents. Education and health promotion advice was available at the practice

Patients with adolescent mental health issues were supported and referred to community professionals when required.

Support for children of parents with drug or alcohol dependency was offered along with advice for adolescents with drug and alcohol concerns.

Appointments were arranged at the convenience of patients, either parents or young people and confidentiality was maintained for consultations with young people.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Our findings

The practice had extended opening times in the evening to allow working age people to access appointments. Repeat prescriptions can be ordered online.

A support and advice service was available at the practice for people to get advice on housing, welfare, employment, community care, family, benefits and other social issues.

Retired patients were offered health checks and advice on healthy living as well as referrals to specialists when required.

Support and intervention was provided for people with caring responsibilities including referral to additional services and respite and health checks.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Our findings

Information was available in at least ten languages for people for whom English was not their first language. Practice staff spoke a number of languages and a telephone translation service was available.

The practice offered home visits to patients who were unable to access the service which included health checks, immunisations and reviews of medications. The needs of carers who may become isolated were assessed and support packages had been put in place by the practice.

The Practice manager and practice nurse carried out an annual visit to the homes of patients who were unable to attend the practice to offer health checks, long term disease screening, and flu vaccinations and assess if referral to other services are required. Learning disabilities patients are not included here.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Our findings

The practice had strong working relationships with the mental health crisis intervention team. The needs of people experiencing poor mental health were assessed by their consultant and support put in place in partnership with the practice. The GP had given his personal mobile phone number to the out-of-hours service provider to enable them to contact him if patients experience poor mental health.

The practice worked in partnership with local support agencies and healthcare professionals to try to prevent patients experiencing mental health crisis by sharing information and attending reviews. We saw that people experiencing poor mental health, and all patients, were treated with dignity and respect and their confidentiality maintained.

The practice had its own counselling and advice service available to patients with anxiety, depression and poor mental health.