

The Practice Bowling Green Street

Inspection report

29-31 Bowling Green Street
Leicester
Leicestershire
LE1 6AS
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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at The Practice Bowling Green Street on 17 July 2019 as part of our inspection programme. At this inspection we followed up on breaches of regulations identified at a previous comprehensive inspection on 11 December 2018 and to check if sufficient improvements had been made.

We previously carried out a comprehensive inspection at The Practice Bowling Green Street in December 2018. The practice was placed into special measures as we found:

- The practice did not always have clear systems, practices and processes to keep people safe.
- The oversight and governance arrangements for the management and performance of the practice were ineffective.
- The practice did not always act on appropriate and accurate information.

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.

The practice is part of a joint venture between DHU Health Care and Leicester City Healthcare Federation which provides support with finance, governance and human resources. At this inspection, we found the provider failed to provide the necessary oversight and support to the practice.

We have rated this practice as inadequate overall.

We rated the practice as **inadequate** for providing safe services because:

- Recruitment checks were not carried out in accordance with regulations.
- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.
- Safety alerts were not shared with all relevant staff.
- Although all staff were more involved in the significant event process, further improvements were required.
- There were gaps in systems to assess, monitor and manage risks to patient safety.

We rated the practice as **inadequate** for providing effective services because:

- Staff had not completed mandatory training essential to their role.
- The practice did not have regular multidisciplinary meetings to enable care to be delivered in a coordinated way.
- Verified quality and outcomes data levels were below local and national averages.
- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- Staff did not work together and with other organisations to deliver effective care and treatment.

We rated the practice as **inadequate** for providing well-led services because:

- Leaders could not show they had the capacity and skills to deliver high quality, sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- The practice culture did not effectively support high quality sustainable care.
- When considering service developments or changes, the impact on quality and sustainability was assessed.

These areas affected all population groups so we rated all population groups as inadequate.

We rated the practice as **requires improvement** for providing caring services because:

- Patient satisfaction surveys had not been utilised to drive improvement.
- The majority of patient feedback was positive about staff and the service provided.
- Staff did not always treat patients with kindness, respect and compassion.

We rated the practice as **requires improvement** for providing responsive services because:

- Staff interviewed did not always have a good understanding of how to support patients with mental health needs.

Overall summary

- Patients fed back they were not always able to access care and treatment in a timely way as they were not able to get through to the practice by telephone.
- Although the provider was aware of negative feedback from different sources about difficulties getting through to the practice by telephone, insufficient action had been taken.

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.

(Please see the specific details on action required at the end of this report).

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

- Review carer numbers to ensure all carers are identified

This service is to remain in special measures as insufficient improvements have been made. We will take action in line

with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

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 second CQC inspector.

Background to The Practice Bowling Green Street

The Practice Bowling Green Street is located at 29-31 Bowling Green Street, Leicester, Leicestershire, LE1 6AS. The provider is DHU Health Care which applied to carry on regulated activities at The Practice Bowling Green Street in February 2018. The practice is part of a joint venture between DHU Health Care and Leicester City Healthcare Federation.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice has a contract with the Leicester City Clinical Commissioning Group and provides NHS Services through an alternate provider medical services (APMS) contract to 4,351 patients located in Leicester City.

The practice utilises regular sessional GPs and nurses when required. Additional staff supporting the practice include an operations manager, compliance manager,

receptionists and administration staff. The practice is open between 8am and 6.30pm Monday to Friday. The practice has extended hours opening times on Saturday mornings for appointments with the practice health care assistant between 8.00am and 12.00pm. When the practice is closed patients are asked to contact NHS 111 for out-of-hours care.

Patient demographics show the practice has a higher number of patients who are unemployed and in paid work or full time education than the local and national averages. The practice has a smaller proportion of patients with long term conditions than the local and national averages. Information published by Public Health England, rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The National General Practice Profile states that 52.3% of the practice population has White ethnicity with 28.4% from an Asian background.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The system for monitoring, reviewing and responding to patient feedback was not effective.• The system for recruitment checks was not being operated effectively.• The provider did not have an effective system to review policies and support good governance.• The provider did not have an effective system in place to ensure staff worked together and with other organisations to deliver effective care and treatment.• There was not an effective system in place for the monitoring and management of risks to patient and staff safety.• There was not an effective system in place to ensure safety alerts were disseminated to all relevant staff.• There was not an effective system to ensure both clinical and non-clinical staff had completed the appropriate level of safeguarding children training for their roles.• There was not an effective system to ensure staff had completed mandatory training essential to their roles.• There was not an effective system in place to maintain staff vaccination status. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>