

Dr Khong & Partners

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 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 Khong & Partners on 22 December 2016. Overall the practice is rated as good.

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

- The practice had reviewed their significant event policy and lessons learnt were discussed at practice meetings.
- The practice had introduced audit cycles in relation to alerts published by the Medicines and Healthcare products Regulatory Agency (MHRA).
- Electrical equipment had been tested and maintained.
- Appropriate training had been completed to ensure the practice could offer minor surgery services.

- The practice had implemented an organisational chart which clearly identified who the clinical lead was, including reporting responsibilities.
- Minutes of practice meetings were detailed and evidenced what was discussed and what action was to be taken, by whom, if any.
- A patient participation group (PPG) meeting was held in September 2016. The group discussed and agreed what the next steps were for the group and what information was available for patients to make them aware of the PPG.
- Policies and procedures had been reviewed to ensure they were practice specific.
- Appropriate training had been completed to ensure the practice could offer minor surgery services.

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.

- The practice had reviewed their significant event policy and lessons learnt were discussed at practice meetings.
- The practice had introduced audit cycles in relation to alerts published by the Medicines and Healthcare products Regulatory Agency (MHRA).
- Electrical equipment had been tested and maintained.
- Appropriate training had been completed to ensure the practice could offer minor surgery services.

Good



Are services well-led?

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

- The practice had implemented an organisational chart which clearly identified who the clinical lead was, including reporting responsibilities.
- Minutes of practice meetings were detailed and evidenced what was discussed and what action was to be taken, by whom, if any.
- A patient participation group (PPG) meeting was held in September 2016. The group discussed and agreed what the next steps were for the group and what information was available for patients to make them aware of the PPG.
- Policies and procedures had been reviewed to ensure they were practice specific.
- Appropriate training had been completed to ensure the practice could offer minor surgery services.

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 provider 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 were linked to care homes in the area where they had patients residing at and worked closely with the care home staff to provide reviews and home visits where necessary.

People with long term conditions

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

Good



- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators showed the practice had achieved 100% of targets which was above the CCG average (85%) and higher than the national average (89%). For example, 97% of patients with diabetes, on the register, have had an influenza immunisation in the preceding 12 months. This was higher when compared to the CCG average (93%) and national average (94%).
- Longer appointments and home visits were available when needed.
- All these 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.

Families, children and young people

The provider 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.

Summary of findings

- Immunisation rates were slightly lower than national averages however the practice had a low number of children and work had been completed to look at those that had not attended.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83% which was higher than the CCG average of 79% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The provider is rated as good for the care of working age people (including those recently retired and students).

- 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 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.
- Telephone consultations were available.
- The practice offered two evenings per week where appointments were available to 7pm.

Good



People whose circumstances may make them vulnerable

The provider 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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.

Good



Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

The provider is rated as good for the care of people experiencing poor mental health (including people with dementia).

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The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Dr Khong & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr Khong & Partners

Dr Khong & Partners is in a purpose built medical centre in Ayres Monsell in Leicester. The building is shared with other teams such as district nurses and there is also another GP practice in the building.

All services are provided from Pasley Road Health Centre, Pasley Road, Leicester, Leicestershire, LE2 9BU. There is car parking facilities at the practice and also on street parking outside.

- The practice consists of four partners; one works three days per week, one works one day per week and one works one morning per week (all male). The practice is also supported by long term locums when required.
- The practice also employs a practice nurse (female).
- The practice has a practice manager and four administration staff.
- This practice provides training for doctors who wish to become GPs and at the time of the inspection had one doctor undertaking training at the practice. (Teaching practices take medical students and training practices have GP trainees and F2 doctors).

- The practice is open between 8am and 6.30pm Monday to Friday with extended hours until 7pm on a Monday and Wednesday. Extended hours appointments are offered at the following times on Monday and Wednesday from 6.30pm to 7pm.
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice list size is approximately 2170 patients with a higher than average number of patients that are aged 30 – 34 compared with local and national averages.
- The practice has high deprivation and sits in the 2nd most deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures, maternity and midwifery services; family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.
- The practice lies within the NHS Leicester City Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Why we carried out this inspection

We carried out an announced 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.

Detailed findings

How we carried out this inspection

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 22 December 2016. During our visit we:

- Spoke with the practice manager.
- Reviewed the providers' action plan and evidence to support the work carried out.

Are services safe?

Our findings

Following an announced comprehensive inspection on 17 May 2016, the practice was rated as 'requires improvement' for safety.

We found staff were not identifying incidents and reporting them as such although there was action taken and discussions in relation to them. Not all risks to patients who used services were assessed and minor surgery was undertaken without the relevant training.

During our focused inspection on 22 December 2016, we saw the practice had taken several steps to address these concerns.

The practice had reviewed their significant event policy and discussed the reporting process at practice meetings, as well as how to complete an incident form. We saw evidence that all significant events were now recorded electronically, including non-clinical incidents and lessons learnt were discussed at practice meetings.

The practice had introduced audit cycles in relation to alerts published by the Medicines and Healthcare products Regulatory Agency (MHRA). We saw evidence that searches were carried out on a quarterly basis and appropriate action was taken, as relevant.

We saw electrical equipment had been tested and maintained and a record was kept of all equipment that required portable appliance testing (PAT) and calibrating.

The practice had stopped offering minor surgery services until the clinician had undertaken relevant refresher training. We saw the clinician had completed the course in September 2016. The practice manager confirmed the practice were still not providing services to insert intrauterine devices until the necessary refresher training had been completed.

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 comprehensive inspection on 17 May 2016, the practice was rated as 'requires improvement' for well-led.

We found there was no clear leadership and structure although staff said they felt supported by management. The practice held meetings but the minutes were brief and would not be sufficient for those that had not attended the meeting to update themselves from. The practice had sought feedback from patients however the patient participation group was not currently active. Some policies and procedures to govern activity were not practice specific and had not been reviewed since 2014. Minor surgery was been conducted without the training, evaluation and audit been completed.

During our focused inspection on 22 December 2016, we saw the practice had taken several steps to address these concerns and strengthen aspects of the governance arrangements.

The practice had implemented an organisational chart which clearly identified who the clinical lead was, including reporting responsibilities.

Minutes of practice meetings were detailed and evidenced what was discussed and what action was to be taken, by whom, if any. This meant if staff were unable to attend the practice meeting, there were able to update themselves from the minutes.

Minutes of other meetings also demonstrated the practice were attending and documenting regular multi-disciplinary team meetings, for example safeguarding, palliative care and health needs neighbourhood meetings.

A patient participation group (PPG) meeting was held in September 2016. The group discussed and agreed what the next steps were for the group and what information was available for patients to make them aware of the PPG. Information was available in the waiting area, including information leaflets and posters and the group commented on service developments.

We found policies and procedures had been reviewed to ensure they were practice specific. This included the business continuity plan which now included service specific contact numbers in the event of a major disruption to the service.

The practice had stopped offering minor surgery services until the clinician had undertaken relevant refresher training. We saw the clinician had completed the course in September 2016. The practice manager confirmed the practice were still not providing services to insert intrauterine devices until the necessary refresher training had been completed.

The practice had also improved the processes in place to provide information to carers about what support was available and encouraged all staff members to proactively identify and record when a patient identified themselves as a carer.