

# East Leicester Medical Practice - Dr A Farooqi and Partners

## Quality Report

Uppingham Road Health Centre  
131 Uppingham Road  
Leicester  
LE5 4BP  
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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 responsive to people's needs?

Good 

Are services well-led?

Good 

# Key findings

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## Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at East Leicester Medical Practice on 14 July 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2017 inspection can be found by selecting the 'all reports' link to East Leicester Medical Practice - Dr A Farooqi and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 28 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 14 July 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had implemented a new telephone system in order to improve telephone access and monitored its effectiveness on an ongoing basis. They had also reviewed the appointment system and were considering different options to improve access to appointments.
- A new system for reporting and recording significant events had been introduced and staff had received

training about significant events. The new system included reviewing significant events to ensure identified actions had been taken and learning embedded.

- Improvements were made to the quality of care as a result of significant events and complaints and themes and trends were identified and acted upon.
- The system for receiving and acting on patient safety alerts had been reviewed and was now consistent and ensured that all alerts were acted on where required and discussed as appropriate.
- The system for high risk drug prescribing had been improved and was being operated effectively.
- There was an effective system for prescription security including monitoring of blank prescriptions.
- The practice had systems to minimise risks to patient safety and evidence from the landlord was available that actions identified in some risk assessments had been carried out.
- Staff were up to date with training and the practice had implemented a training matrix to monitor training needs. All staff had received an appraisal and a system introduced to ensure these were undertaken regularly.

# Summary of findings

- A comprehensive understanding of the performance of the practice was supported by use of a dashboard to monitor their performance in key areas such as appointment availability, reception and administration tasks and enhanced services.
- There was a comprehensive system to monitor the vaccine refrigerator temperatures.
- The practice had worked to increase the number of carers identified and there were now 178 patients on the carers registered which represented 1.5% of the practice population.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b>	<b>Good</b>	
<b>People with long term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

# East Leicester Medical Practice - Dr A Farooqi and Partners

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Inspector and included a GP specialist adviser.

## Background to East Leicester Medical Practice - Dr A Farooqi and Partners

East Leicester Medical Practice is a GP practice which provides a range of primary medical services to around 12,300 patients from a surgery in the city of Leicester under a General Medical Services contract. The practice's services are commissioned by Leicester City Clinical Commissioning Group (CCG). The service is provided by two part-time GP partners, one full-time and six part-time salaried GPs, one part-time advanced nurse practitioner, four part-time practice nurses, four health care assistants, a phlebotomist and two pharmacists. They are supported by a management team consisting of a practice manager, a deputy practice manager, a business manager and a team of reception and administration staff. Local community health teams support the GPs in provision of maternity and health visitor services. The GP's provide a total of 44

sessions per week. The practice is a training practice and at the time of our inspection there were two trainee GP's at the practice. There were both male and female GPs available.

The practice has one location registered with the Care Quality Commission (CQC) which we inspected at Uppingham Road Health Centre, 131 Uppingham Road, Leicester, LE5 4BP.

The surgery is in a two storey building with a car park. Car parking spaces are designated for use by people with a disability near the surgery entrance.

We reviewed information from the CCG and Public Health England which showed that the practice population had similar deprivation levels compared to other practices within the CCG and higher than the average compared to other practices in England.

When the practice is closed the out-of-hours service is provided to Leicester City, Leicestershire and Rutland by Derbyshire Health United which is accessed via the 111 service.

The practice is open between 7.30am and 8.00pm on Monday and from 7.30am to 6.30pm from Tuesday to Friday. The earliest appointment varies is from 7.30am throughout the week and the latest appointment varies from 5.50pm to 7.50pm. Extended hours appointments are offered from 7.30am every morning and on Monday evenings until 8.00pm.

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of East Leicester Medical Practice on 14 July 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires

improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for East Leicester Medical Practice - Dr A Farooqi and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of East Leicester Medical Practice - Dr A Farooqi and Partners on 28 March 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Are services safe?

## Our findings

**At our previous inspection on 14 July 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of high risk drug prescribing, temperature monitoring of vaccine refrigerators, monitoring some risks, significant events and safety alerts were not adequate.**

**These arrangements had significantly improved when we undertook a follow up inspection on 28 March 2018. The practice is now rated as good for providing safe services.**

### Risks to patients

In July 2017 we found that maintenance and checks of the fire equipment was the responsibility of the landlord and the provider was unable to provide evidence that these checks had taken place. Similarly there was no evidence that monthly water temperature monitoring had been carried out to mitigate the risk of legionella. At this inspection we found that the practice had been able to gather the relevant information from the landlord and maintained a spreadsheet indicate when any checks or maintenance were due and where the hard copy and electronic copy of the information was stored to enable them to monitor that the landlord had carried out the relevant risk assessments and maintenance work.

### Safe and appropriate use of medicines

At our July 2017 inspection we found that in some areas the system for high risk drug prescribing was not consistent and needed strengthening. Following that inspection the practice sent us evidence they had reviewed their processes by producing a high risk drug prescribing protocol and told us they were going to carry out a baseline audit and re-audit every two months.

At this inspection the practice showed us the steps they had taken to address this issue and we found they had thoroughly reviewed and updated their system for high risk drug prescribing. The practice had carried out an audit of patients on seven high risk drugs and all patients on high risk drugs were now identified by an alert on their patient record. The system included auditing that patients had undertaken the correct monitoring relevant to their medication and also that they were compliant in taking the medication. The practice ran regular audits to ensure this

was happening and maintained a spreadsheet which recorded the actions taken by the practice with patients that were identified as not being compliant. There was now a dedicated prescription team within the practice, overseen by the pharmacists who had received specific training around high risk drug prescribing.

At our previous inspection we found that the refrigerators used to store vaccines did not have a secondary thermometer in place in order to cross-check the accuracy of the temperature. Neither was there a means to indicate that the fridge had been reset or an indication of who had recorded the fridge temperatures. A new checklist was produced on the day of that inspection and evidence seen that secondary thermometers had been ordered. At this inspection we saw evidence that the system for maintaining the cold chain had been effectively reviewed and checklists were fully completed, data loggers had been installed in the fridges and these were downloaded on a weekly basis to cross check the accuracy of the primary temperature gauge. The practice had also ensured that arrangements were in place for the vaccine refrigerators to be serviced annually.

At our July 2017 inspection we found blank prescription forms and pads were securely stored but there was no system to monitor their use. Following our inspection the practice provided a protocol for monitoring the movement of prescriptions through the practice and the log they would use to do this. At this inspection we saw that this was in use and enabled prescriptions to be tracked through the practice.

### Lessons learned and improvements made

During our inspection in July 2017 we found that the system for significant events was not operating effectively as although significant events were discussed on a weekly basis at meetings within the practice there was evidence of an incident that had not been reported as a significant event which should have been. At this inspection we saw evidence of the actions they had taken to strengthen their system to ensure that all significant events were captured and discussed accordingly. The practice had delivered training to staff about the new system and the increased awareness had resulted in an increase in the number of incidents being reported. We found that incidents were analysed in order to identify relevant learning and the system supported discussion at relevant meetings and dissemination to staff as appropriate. Incidents were

## Are services safe?

reviewed regularly to ensure that identified actions had been implemented. Improvements were made as a result of significant events. For example as a result of a significant event about a two week wait missed referral, the practice policy was changed to include a search each week for two week wait referrals and as a result there has been no further missed referrals. Another significant event had led to the introduction of the practice consistently reviewing all deaths to consider if they were significant events and if so ensured reflection and discussion as required. The practice maintained a spreadsheet to record actions in respect of this which was updated on an ongoing basis.

In July 2017 we found that the system for receiving and acting on patient safety alerts was not consistent. At this inspection we saw there was an updated safety alerts protocol and a clear and consistent system for dealing with incoming alerts of all types. We saw that a log of alerts was kept and relevant actions identified and completed. There was also evidence of discussion at relevant practice meetings.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 14 July 2017, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of learning from complaints needed improving and due to patient dissatisfaction with access to appointments and telephone access.**

**These arrangements had significantly improved when we undertook a follow up inspection on 28 March 2017. The practice is now rated as good for providing responsive services.**

### Access to the service

At our July 2017 inspection we found that results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was much lower than local and national averages and some patients' feedback on the day of that inspection indicated that they were not always able to get appointments when they wanted them.

At that point the practice was aware of patient dissatisfaction with access to the service in respect of appointment availability and telephone access and had started to act to improve the situation.

At our inspection in March 2018 we found that the practice had taken further steps to make improvements.

In respect of increasing appointment availability actions taken included recruitment of further GPs to provide more sessions and providing extended hours from 7.30am each morning. The practice had made an application for the international GP recruitment programme and if successful this would mean they would be able to provide further GP sessions. The practice used their own dashboard to monitor weekly appointments against their contract and rotas were discussed on a weekly basis in the management meeting. They were in the process of further reviewing their appointment system and had visited other practices to consider various systems.

In respect of telephone access, a new telephone system had been installed in October 2017. The new system enabled flexibility for the practice to allocate more staff to answer the phones at peak times. In line with this the practice had reviewed staff working hours and alongside the new opening time of 7.30am, there was now more

flexible staff working hours with more staff starting work earlier to facilitate this. The new system also supported real time monitoring which meant that as well as being able to respond quickly to increased telephone demand, the practice were able to monitor their performance on all aspects of call waiting and handling times.

The practice had carried out a patient survey relating to patient satisfaction with telephone access prior to the new system being installed and repeated the same survey in December 2017 after the system was installed. The survey showed an improvement in patient satisfaction in that the number of patients who said they had difficulty getting through on the phone had reduced by nearly 40% after the new system was installed. Similarly, the number of patients who waited more than five minutes to get through had reduced by over 40% and the number of patients who were cut off had reduced by approximately 30%. The practice planned to repeat this survey in April 2018 when the system would have had the time to become embedded.

Patients we spoke with on the day of our inspection commented that they had noticed an improvement in getting through to the practice by telephone since the new system had been implemented.

In July 2017 we found that the views of three of the local care homes where some of the practice's patients lived were negative. At this inspection we found that the practice had sent questionnaires to all the care homes to gain a better understanding of any issues and were awaiting all the responses before progressing this.

### Listening and learning from concerns and complaints

In July 2017 we found there was not a clear system in place to monitor themes and trends in complaints. At this inspection we found that the complaints log was discussed in weekly and monthly meetings within the practice and the practice now produced quarterly reports whereby complaints were analysed and themes and trends identified. We saw examples where this had been acted on, such as a complaint regarding a delayed referral led to the practice reviewing their process and allocated and protected secretarial time was provided to ensure referrals were made in a timely way. As a result we saw that the waiting time for a referral to be made had dropped from between four to six weeks to between one and two days.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 14 July 2017 we rated the practice as requires improvement for providing well-led services as systems and processes within the practice had not always been operated effectively and there was a lack of oversight in some areas.**

**We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 28 March 2018. The practice is now rated as good for being well-led.**

### Governance arrangements

During our inspection in July 2017 we found that the systems and processes within the practice had not always been operated effectively. Following that visit the practice told us the issues would be addressed and procedures put in place to manage the risks and sent evidence to show that some improvements were being made.

At this inspection we found that the practice had undertaken an in depth review of their structure and governance and as a result restructuring of the management team took place and it was also recognised that greater oversight was needed by the partners. Visits had been made to other practices to look at other methods of operation.

The purpose and focus of the administration and reception team had been reviewed and changes were implemented to increase efficiency in these areas in order to allow for greater patient contact time within this team. Greater flexibility was introduced in order for staff to be able to cover other functions if necessary. These changes were

supported by relevant training for staff, initially with a focus on the pharmacist and prescribing team. The practice told us there was a greater awareness and focus on patient service and there was customer service training scheduled later in the year.

The practice introduced a red, amber, green (RAG) rating system as a visual cue to the current status in different areas of governance. This gave a consistent and recognised approach to monitoring of different areas within the practice.

The practice used a dashboard to monitor their performance in areas such as appointment availability, reception and administration tasks and enhanced services. This provided ratings for each area and enabled the management team to review performance on a weekly basis and immediately action any areas where performance was below their required standard.

The practice meetings structure had been refined and action logs which were also RAG rated were produced, reviewed and updated at the weekly executive meetings. We saw that all meetings were now minuted and had standing agendas to ensure relevant areas were always discussed such as complaints, significant events, new guidance, alerts and recent deaths.

We found that the changes that had been made meant that the new or refined systems were now being operated effectively with greater involvement and oversight from the partners and management.

Staff we spoke with told us changes had been beneficial and they felt they had more purpose, gave a better service to patients and felt more valued.