

# Victoria Park Health Centre

## Quality Report

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Date of inspection visit: 18 August 2017

Date of publication: 30/10/2017

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 comprehensive inspection at Victoria Park Health Centre on 28 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Victoria Park Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 18 August 2017 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 28 November 2016. 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:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Safety alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and cascaded to the appropriate persons. We saw evidence that alerts received were disseminated to relevant members of staff and actioned where required to do so.
- The practice maintained appropriate standards of cleanliness and hygiene. Regular IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice ensured that a deputy IPC lead was in place.
- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 66

## Summary of findings

patients as carers which represented less than 1% of the practice list. However, as the practice was a university health centre, the practice had a high population of young patients, primarily students which included overseas students. The practice told us this had contributed to the low number of patients identified as carers compared to the patient list size.

The areas where the provider should make improvement are:

- Continue to review the process and methods for the identification of carers.

**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.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Clinical staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- The practice maintained appropriate standards of cleanliness and hygiene. Regular IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice ensured that a deputy IPC lead was in place.
- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

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- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

# 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 had resolved the concerns for safety and well-led identified at our inspection on 28 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 28 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 28 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 28 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 28 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 28 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to review the process and methods for the identification of carers.

# Victoria Park Health Centre

## 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 advisor.

## Background to Victoria Park Health Centre

Victoria Park Health Centre is a three partner practice which provides primary care services to approximately 20,333 patients under a General Medical Services (GMS) contract.

- The practice is situated adjacent to the University of Leicester campus in a purpose built health centre.
- Services are provided from 203 Victoria Park Road, Leicester, LE2 1XD.
- The practice has a high proportion of young patients, primarily students with a high number of patients who are overseas students.
- Parking is available on street or at a nearby pay and display car park.
- There is ramped access for disabled patients. The practice is on two levels and a lift is available for those that require to use it.
- The reception desk is accessible to patients in a wheelchair.
- The practice consists of three GP partners (female) ten salaried GP's (female) and two GP's employed by the GP fellowship scheme (one male and one female).
- The nursing team consists of four practice nurses, two health care assistants (HCA's) and one phlebotomist.
- The practice has an executive manager and a practice manager who is supported by reception team leaders

and a team of clerical and administrative staff to support the day to day running of the practice. The practice also has apprentices employed at the practice in administrative roles.

- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice is registered to provide the following regulated activities; surgical procedures; family planning, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.
- 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.
- The practice is open between 8.30am and 6pm Monday to Friday. Appointments are available between these times.

## Why we carried out this inspection

We undertook a comprehensive inspection of Victoria Park Health Centre on 28 November 2016 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 28 November 2016 can be found by selecting the 'all reports' link for Victoria Park Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Victoria Park Health Centre on 18 August 2017. 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.



# Detailed findings

## How we carried out this inspection

We carried out a follow up focused inspection of Victoria Park Health Centre on 18 August 2017.

During our visit we:

- Spoke with a range of staff including a practice nurse, two GPs, executive manager, practice manager and three members of the reception and administration team.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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.

# Are services safe?

## Our findings

At our previous inspection on 28 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection control, recruitment, significant events and the processes in place for receipt and actioning of patient safety alerts were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 18 August 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had documented 55 significant events and near misses since March 2017. From the sample of documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, one incident we looked at involved a prescription being given to the wrong patient at the reception desk. Following analysis of this incident, learning from this event was shared with the whole reception team and a reminder of the practice policy was delivered to the reception team.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of significant events.
- The practice also monitored trends in significant events and evaluated any action taken. We also saw evidence that significant events were reported and investigated as a result of complaints received.

Clinical staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts were coordinated by an in-house pharmacist. Staff we spoke with were able to tell us about recent alerts received. We saw numerous examples of these alerts during our inspection which showed that an effective system was in place.

### Overview of safety systems and process

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead and the practice had ensured that a deputy IPC lead was in place. The practice also had a GP lead who was part of the infection control team. There was an IPC protocol in place and staff had received up to date training.
- Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. During our inspection, we looked at an infection control policy which had last been reviewed and updated in November 2016. The practice had cleaning schedules in place and handwashing audits had been completed by the deputy IPC lead. Timescales were not recorded in the handwashing audit documentation for the completion of further re-audits required however, the deputy told us that re-audits were planned to take place. The practice also had an infection control issues log in place which had been completed in August 2017 following an annual building inspection being carried out.

### Monitoring risks to patients

We reviewed 12 personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

# 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 28 November 2016, we rated the practice as requires improvement for providing well-led services as improvements were required in relation to governance. Some systems and processes in relation to recruitment, complaints, patient safety alerts, infection control, incident and significant event reporting were not effective.

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 18 August 2017. The practice is now rated as good for being well-led.

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. The practice had recently appointed a practice manager to work alongside the executive manager.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held on a regular basis which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of meetings a structure that allowed for lessons to be learned and shared following significant events and complaints. Staff we spoke with told us about significant events they had reported and lessons learned as a result.