

# Dr Khalid Choudhry

## Quality Report

91 St Peters Road

Leicester

LE2 1DJ

Tel: 0116 254 3003

Website: [www.al-waqasmedicalpractice.co.uk](http://www.al-waqasmedicalpractice.co.uk)

Date of inspection visit: 29 March 2016

Date of publication: 10/08/2016

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Dr Khalid Choudhry	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Khalid Choudhry on 29 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- Patients said they did not always find it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had an active patient participation group in place who met on a regular basis.
- Risks to patients were assessed and well managed with the exception of those relating to Legionella.
- There was no process in place to ensure appropriate checks were undertaken to ensure members of the nursing team were registered with the Nursing and Midwifery Council (NMC).

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure a process is in place to assess and monitor risks in relation to Legionella.
- Review governance arrangements to ensure systems and processes are in place for gaining assurance that members of the nursing team are registered with the Nursing and Midwifery Council (NMC).

The areas where the provider should make improvement are:

- Ensure all policies and procedures are reviewed and updated.
- Ensure all members of staff complete the appropriate level of safeguarding training.

**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 requires improvement for providing safe services.

- There was an effective system in place 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 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 in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of those relating to Legionella.
- There was no process in place to ensure appropriate checks were undertaken to ensure members of the nursing team were registered with the Nursing and Midwifery Council (NMC).

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) for 2015-16 showed that the practice had significantly improved patient outcomes compared to data provided for 2014-15.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice employed the services of a clinical pharmacist to carry out medicines audits which included monitoring of prescribing to ensure appropriate prescribing of medicines for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the national GP patient survey showed mixed views from patients who rated the practice regarding several aspects of care.
- Patients said they did not always feel they were treated with compassion, dignity and respect and some results relating to involvement in decisions about their care and treatment were slightly lower than local and national averages.
- Patients said they had confidence and trust in the last GP they saw compared.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice took part in a carers identification scheme and information was provided for carers. The practice held a register of carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients views were mixed in relation to ease of making an appointment with a named GP and continuity of care, with urgent appointments available the same day. The practice audited waiting times to monitor access to appointments and patient satisfaction.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## 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.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. Some of these policies required review.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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. The provider was rated as good for being effective, caring, responsive and well led. However it was rated as requires improvement for providing safe care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.

Good



### People with long term conditions

The provider is rated as requires improvement for the care of people with long-term conditions. The provider was rated as good for being effective, caring, responsive and well led. However it was rated as requires improvement for providing safe care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing 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 was 37% which was worse than the national average of 89.2%. Exception reporting rate was 5.15% which was lower than CCG and national averages. Performance during 2015-16 had shown significant improvement compared to 2014-15 results. A practice nurse had been employed who specialised in Diabetes management, this had improved services provided for diabetes patients and led to improvement in performance during 2015-16.
- 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.

Requires improvement



# Summary of findings

- The practice participated in an admissions avoidance scheme and delivered personalised care plans and regular reviews for patients with a long term condition with a view to deliver more personalised care and to reduce emergency or unplanned hospital admissions.

## Families, children and young people

The provider is rated as good for the care of families, children and young people. The provider was rated as good for being effective, caring, responsive and well led. However it was rated as requires improvement for providing safe care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates for some of the vaccinations given were lower than local and national averages. The practice sub-contracted services for childhood immunisations to local health visiting teams to improve immunisations uptake for babies and children.
- The practice provided childhood immunisation clinics.
- 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 75%, which was comparable to the CCG average of 69% 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.
- The practice provided weekly midwifery led clinics.

Good



## 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 provider was rated as good for being effective, caring, responsive and well led. However it was rated as requires improvement for providing safe care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Good





# Summary of findings

- 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.
- The practice offered telephone consultations for patients who were unable to attend for an appointment.
- The practice provided extended hours appointments until 7pm on a Monday, Wednesday and Friday.

## 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 provider was rated as good for being effective, caring, responsive and well led. However it was rated as requires improvement for providing safe care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Care plans were in place and reviewed on a regular basis for patients which included those who suffered 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.
- 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.

Good



## 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). The provider was rated as good for being effective, caring, responsive and well led. However it was rated as requires improvement for providing safe care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Good



# Summary of findings

- Data provided for 2014-15 showed that only 9% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, however data provided for 2015-16 showed that this had significantly improved and at the time of our inspection performance was 88.8% which was higher than the national average of 84.01%.
- Performance for mental health related indicators was 34.6% which was worse than the national average of 92.8%. Exception reporting rate was 4.1% which was significantly lower than CCG and national averages. Performance during 2015-16 had shown significant improvement and results were in line with local and national averages.
- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing lower than local and national averages. 407 survey forms were distributed and 90 were returned. This represented 2.4% of the practice's patient list.

- 63.44% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 61.15% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 76.49% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 68.71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

The provider was aware of these lower satisfaction scores and had increased staffing levels within the reception area to improve telephone access for patients.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards which were mostly positive about the standard of care received. Patients told us that staff were caring, friendly and helpful. Patients also told us the practice provided excellent services for patients. One comment card responded negatively to the ability to obtain an appointment.

We did not speak with patients during the inspection. However, we did speak with one member of the patient participation group (PPG) who spoke positively about the practice.

Friends and Family Test results showed that 92% of patients who had responded said they would recommend this practice to their friends and family.

## Areas for improvement

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

- Ensure a process is in place to assess and monitor risks in relation to Legionella.
- Review governance arrangements to ensure systems and processes are in place for gaining assurance that members of the nursing team are registered with the Nursing and Midwifery Council (NMC).

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

- Ensure all policies and procedures are reviewed and updated.
- Ensure all members of staff complete the appropriate level of safeguarding training.

# 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 specialist advisor.

## Background to Dr Khalid Choudhry

Dr Khalid Choudhry provides primary medical services to approximately 3,728 patients in Leicester City. At the time of our inspection, the practice list size had increased by approximately 500 additional patients within a period of approximately eight weeks due to the recent close of two local GP practices. This had put increased demand on access to appointments for patients however the practice were continually monitoring availability of appointments and waiting times.

It is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning and maternity and midwifery services.

At the time of our inspection the practice employed a practice manager, a supporting practice manager, a GP, two locum GPs, one practice nurse, 1 health care assistant, three receptionists and one apprentice receptionist.

The practice is located at 91 St Peter's Road, Leicester, LE2 1DJ and is open from 9am until 6.30pm Monday to Friday. The practice provides extended opening hours on a Monday, Wednesday and Friday evening until 7pm. The practice is part of a pilot scheme within Leicester City which offers patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four

healthcare hub centres. Appointments are available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments are available by walk in, telephone booking or direct referral from NHS 111.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering care services to local communities.

The practice has an active patient participation group (PPG) which has been in place for four years who meet on a bi-monthly basis.

The practice has a higher population of patients between the ages of 20-34 years of age. 54.8% of the patient population have a long standing health condition.

The practice offers on-line services for patients including ordering repeat prescriptions and booking routine appointments.

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 a comprehensive 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

# Detailed findings

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.

## 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 21 March 2016. During our visit we:

- Spoke with a range of staff including a GP, a locum GP, a practice manager, a supporting practice manager, a practice nurse and three members of the reception team.
- Observed how patients were being cared for and talked with carers and/or family members.
- Spoke to one member of the patient participation group (PPG).
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed ten comment cards where patients and members of the public shared their views and experiences of the service.'

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

- 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

### Safe track record and learning

There was an effective system in place 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 practice had a significant event policy in place. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed significant event records during our inspection and discussed two records in detail with the principal GP and saw evidence that the practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had an up to date safety alert policy in place, we saw evidence of safety alerts held on file. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw evidence of an incident which had been reported due to a patient who had suffered a reaction to antibiotic medication prescribed and required oxygen. This incident had highlighted that not all members of staff were aware of the location of emergency oxygen. The practice had reviewed its procedures in the event of an emergency and all staff were updated to ensure everyone was aware of the location of emergency equipment and medicines.

The practice had a policy in place in relation to alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). We saw evidence of dissemination of MHRA alerts and actions taken as a result. We saw copies of alerts held on file for staff to access for reference purposes.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. The practice had effective safeguarding policies in place which were accessible to all staff. We saw that safeguarding information was displayed clearly in each consulting room. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role with the exception of one member of staff. However, we were assured training had been arranged for this member of staff to complete following our inspection. GPs were trained to child protection or child safeguarding level 3. Non clinical staff were trained to level 1. GPs had received Mental Capacity Act training.
- A notice in the waiting room advised patients that chaperones were available if required. The practice had an effective chaperone policy in place which was last reviewed and updated in September 2015 and all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place which was last revised in September 2015 and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

## Are services safe?

- At the time of our inspection, evidence of hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients was not held. We were told that this would be implemented following our inspection, evidence was provided following our inspection of all clinical staff Hepatitis B status.
- The practice had recently employed a practice nurse, at the time of our inspection there was no evidence of a process in place to carry out regular checks to ensure that members of the nursing team were registered with the Nursing and Midwifery Council (NMC).
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- During our inspection we observed that all vaccinations and immunisations were stored appropriately. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place. (cold chain is the maintenance of refrigerated temperatures for vaccines).
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However two PGDs were not signed. This was rectified immediately following our inspection.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. There was a comprehensive health and safety policy in place. The practice had a fire safety policy in place and up to date fire risk assessments and carried out regular fire drills. Two fire drills had been carried in March 2016. We saw evidence that the fire alarm system was serviced and tested on a regular basis. The last system test was carried out in March 2016.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. All clinical equipment had been calibrated in January 2016. A gas safety check had been carried out in March 2016. We saw evidence that air conditioning and emergency lighting systems were serviced on a regular basis. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and security and safety of contractors working in the premises. However, the practice did not have a risk assessment in place for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

## Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan which had been reviewed and updated in March 2016 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 50.5% of the total number of points available. The overall exception reporting rate was 4.6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Although the results for 2014-15 were significantly lower than CCG and national averages, we looked at the current QOF performance as at 29 March 2016 which showed that the practice had achieved a result of 91.44% which was significantly higher and comparable to local and national averages compared to 2014-15.

This practice was an outlier for some areas of QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was 37% which was worse than the national average of 89.2%. Exception reporting rate was 5.15% which was lower than CCG and national averages. Performance during 2015-16 had shown significant improvement compared to 2014-15 results.
- Performance for mental health related indicators was 34.6% which was worse than the national average of

92.8%. Exception reporting rate was 4.1% which was significantly lower than CCG and national averages. Performance during 2015-16 had shown significant improvement and results were in line with CCG and national averages.

The practice were aware they had significantly low QOF performance results in 2014-15 and had implemented a plan to improve results during 2015-16. We were told that the reasons for low results was due to incorrect coding in the clinical system. The practice had also recently employed a practice nurse with chronic disease management skills which had improved the range of services offered to patients. The practice had worked hard to address this issue and were able to show evidence during our inspection that QOF results had significantly improved at the time of our inspection.

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed in the last two years, some of these were completed two cycle audits where the improvements made were implemented and monitored. The practice had also completed an audit of patient waiting times from arrival at the practice to being seen to ensure the practice could continually monitor access and waiting times.
- The practice employed the services of a clinical pharmacist who provided regular support to the practice and carried out regular medicines audits. We looked at three medicines audits of insulin, statins and antacids during our inspection. We also looked at an audit of antiplatelet medications which was a two cycle audit, the first audit was carried out in May 2015 and the second audit was carried out in September 2015 to monitor patients being prescribed these medications. The first audit highlighted two patients who were being prescribed medication when it was no longer required. The practice ceased prescribing for these patients immediately and the patient was given an explanation. The outcome of the audit showed improvement in the appropriate prescribing of antiplatelet therapy for patients. Actions were implemented following this audit which included a stop date being entered on the patient care record for all patients being prescribed these medications and ensured all patients had a review of their medication requirements.

# Are services effective?

## (for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice employed the services of a specialist human resource specialist and provided all employees with an employee handbook which contained information about the practice, human resources information including employee benefits and annual leave entitlements. The handbook also contained numerous practice policies including whistleblowing, equal opportunities and health, safety, welfare and hygiene.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by accessing to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

# Are services effective?

(for example, treatment is effective)

- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 69% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for some of the vaccinations given were lower than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.2% to 97.9% and five year olds from 84.2% to 93%. The practice was aware improvement was required in relation to the uptake of childhood immunisations. The practice sub-contracted services for childhood immunisations to local health visiting teams to improve immunisations uptake for babies and children. Immunisation uptake rates was continually monitored by the practice.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed, staff we spoke with told us they would offer them a private room to discuss their needs.

Nine out of the ten patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG) who also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80.2% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85.5% and the national average of 89%.
- 77.6% of patients said the GP gave them enough time compared to the CCG average of 82.2% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92.6% and the national average of 95%.

- 80.3% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 85.78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 76.2% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83.4% and the national average of 87%.

The practice were aware of these satisfaction scores and gave assurance that these areas were being addressed. The practice had suffered instability due to changes in GPs within the previous year.

During the previous year, the lead GP had left the practice and patient satisfaction scores had dropped. At the time of our inspection, the lead GP had returned on a full-time basis and it was hoped that patient satisfaction was improving. The lead GP had recruited a new practice manager along with a supporting practice manager on a long term basis. An additional receptionist was also recruited. There had been positive changes implemented since the return of the lead GP. We were told that the last patient satisfaction results were as a result of the instability of GPs in the practice previously. A long term GP locum was also in post as well as a new practice nurse and it was anticipated that these recent changes along with an effective leadership structure in place would ensure the delivery of improvement within the practice and improve patient satisfaction in the future.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were slightly lower than local and national averages. For example:

## Are services caring?

- 79.4% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82.8% and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 92.6% and national average of 95.2%.
- 79.41% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 78.29% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available such as Language Line telephone interpreter service for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Practice staff were multi-lingual and spoke numerous languages which included Urdu, Punjabi and Hindi.
- Information leaflets were available in easy read format.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 22 patients as carers (0.59% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

The practice actively encouraged patients to identify themselves as carers. We saw promotional materials on display within the waiting area to encourage patients to ask for a carers identification scheme referral form.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice patient population had a high rate of ethnicity and patients from different cultures. The principal GP told us that staff were culturally sensitive to the needs of the patient at the time of bereavement and bereavement services were tailored to the needs of the patient dependent upon their culture and beliefs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments on a Monday and Wednesday and Friday evening until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There was an automated arrival machine to enable patients to book themselves in for their appointment.
- Personalised care plans were in place for patients who suffered poor mental health or learning disabilities.
- The practice provided weekly midwifery clinics in-house.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Practice staff were multi-lingual and spoke numerous languages which included Urdu, Punjabi and Hindi.

### Access to the service

The practice was open between 9am and 6.30pm Monday to Friday. Extended hours appointments were offered until 7pm on a Monday, Wednesday and Friday evening. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments and telephone consultations were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 68.32% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 89.3% of patients said the last appointment they received was convenient compared to the CCG average of 89.5% and national average of 91.8%.
- 64% of patients described their experience of making an appointment as good compared to the CCG average of 68% and the national average of 73.3%.

Comments in CQC comment cards from patients told us that they were able to get appointments when they needed them.

At the time of our inspection, the practice list size had increased by approximately 500 additional patients within a period of approximately eight weeks due to the recent close of two local GP practices. This had put increased demand on access to appointments for patients. However, the practice had evidenced that they were monitoring patients access to appointments and average wait times from arrival at the practice to being called through to their appointment by completing an audit of appointment wait times. The practice had recently employed a practice nurse to improve access to appointments for patients.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The practice had an effective complaints policy in place and a comprehensive complaints leaflet for patients. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at six complaints received in the last 12 months. These were satisfactorily handled, and dealt with in a timely way, we saw evidence of a written acknowledgement sent to the patient and an apology given where necessary. We also saw evidence that lessons were learnt from individual concerns and complaints, we saw examples of significant event analysis which were carried out as a result of a complaint.



# Are services well-led?

Good 

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

## Our findings

### 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 five year forward business plan in place which included plans such as to become part of a federation, to recruit an additional salaried GP to enable the practice to ensure good access to appointments and to become a training practice whilst continuing to maintain good medical practice for patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had recently employed a new practice manager who was being supported long term by an additional supporting manager. The practice had also employed a practice nurse with chronic disease management skills which enabled the practice to improve the range of services offered to patients and improved QOF performance.

### 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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice manager was relatively new in post and was being supported by a long term supporting practice manager.
- Practice specific policies were implemented and were available to all staff. We looked at 14 policies during our inspection which included complaints, business continuity, health and safety, chaperone and consent. Some policies we looked at were not dated or were due for review.

- A comprehensive understanding of the performance of the practice was maintained. The practice had addressed issues arising from low QOF performance results in 2014-15 and had significantly improved results at the time of inspection for 2015-16 results.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice employed the services of a clinical pharmacist who carried out regular medicines audits and monitoring of prescribing activity and appropriateness.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The principal GP and practice management team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. We saw evidence of meeting minutes during our inspection.

# Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the principal GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

## Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had approximately 15 members and met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. During our inspection we spoke with one member of the PPG who told us that access to appointments had significantly improved for both GP and nurse appointments.
- The practice had gathered feedback from staff through generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give

feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area such as a pilot scheme within Leicester City which offered patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments were available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments were available by walk in, telephone booking or direct referral from NHS 111.

The principal GP acknowledged that there had previously been significantly low QOF performance however, it was evidenced during our inspection that QOF results at the time of our inspection had significantly improved. The practice had recently employed a practice nurse who was trained in chronic disease management. The practice also employed the services of a clinical pharmacist who supports the practice with medicines audits and monitoring of prescribing activity.

The practice aspired to become a training practice to deliver training to GP Registrars. A GP Registrar is a fully qualified Doctor who is training to become a GP. At the time of our inspection, the principal GP had applied for accreditation.



## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not being provided in a safe way for service users.</p> <p>The provider was not assessing the risks to the health and safety of service users of receiving the care or treatment or doing all that is reasonably practicable to mitigate any such risks.</p> <p>The provider did not have appropriate arrangements in place for the risk assessment of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).</p> <p>These matters are in breach of regulation 12(2) (h) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
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 assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity.</p> <p><b>How the regulation was not being met:</b></p> <p>The practice did not have a process in place to ensure appropriate recruitment checks were carried out for example in relation to the registration of a member of the nursing team with the NMC.</p> <p>These matters are in breach of regulation 17(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>