

# Dr Arun Tangri

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Requires improvement



Are services well-led?

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection of Dr Arun Tangri on 4 January 2017. This inspection was undertaken to follow up on a warning notice we issued to the provider in respect of ensuring effective systems to enable the provider to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. This included systems to ensure fire safety, the management of staff training, responding to complaints and making sure staff were safely recruited.

The practice received an overall rating of requires improvement at our inspection on 1 August 2016 and this will remain unchanged until we undertake a further full comprehensive inspection within six months of the publication date of the initial report.

You can read the report from our last comprehensive inspection, on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

- The practice had complied with the warning notice we issued and had taken the action needed to comply with legal requirements.
- Significant improvements had been achieved in addressing the fire safety concerns identified at the comprehensive inspection on 1 August 2016. The practice had received advice from the local fire

service who had assisted them in undertaking comprehensive risk assessments. An effective fire policy had been developed showing improvements made.

- Infection control arrangements were reviewed to ensure roles were clear and to confirm who was responsible for making sure actions were completed.
- Effective systems had been put in place to carry out recruitment checks making sure staff were suitable to work with patients.
- Staff training had been reviewed and an effective system was put in place to support the development of staff.
- An effective system had been implemented to manage complaints and significant events and analyse trends.
- The practice sought feedback from patients on appointments for the purposes of continually evaluating and improving such services. Results were shared with patients and there were plans to repeat the surveys and encourage the use of the patient suggestion box.
- There was evidence that the GPs and interim practice manager had responded to the actions required following the issue of the warning notice to ensure compliance with the regulations. They had demonstrated good leadership in the steps taken to address the issues of concern.

# Summary of findings

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

Chief Inspector of General Practice

# Dr Arun Tangri

## Detailed findings

### Our inspection team

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

Our inspection team included a CQC Inspector and a CQC Inspection Manager.

### Background to Dr Arun Tangri

Dr Arun Tangri provides primary medical services to approximately 3,000 patients through a personal medical services (PMS) contract at Riverlyn Medical Centre. This is a locally agreed contract with NHS England.

It is located in the centre of the Bulwell area of Nottingham, approximately four miles from the city centre. The practice was formed in 1992, and moved into purpose-built premises owned by the practice in 1997.

The practice deprivation scores indicate people living in the area were significantly more deprived than the local CCG and national average. Data shows the proportion of patients aged 18 years and below registered at the practice, is significantly higher than the local CCG and national average. The proportion of patients aged 65 years and above is marginally above the local CCG average but lower than the national average.

The medical team comprises of two GP partners and three long term GP locums (one female GP and four male GPs) and a practice nurse. They are supported by seven members of the administration team, some of whom have dual roles including health care assistant and phlebotomy duties. A practice manager has recently joined the team on an interim basis working approximately one day a week. It is a teaching practice, offering placements to second, third and fourth year medical students.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointment times start at 9am and the latest appointment offered at 5.50pm daily. The practice provides the extended hours service from 6.30pm to 7.30pm on Tuesdays, with the latest appointment offered at 7.15pm.

When the surgery is closed, patients are advised to dial NHS 111 and they will be put through to the out of hours service which is provided by Nottingham Emergency Medical Services.

### Why we carried out this inspection

We undertook an announced focused inspection of Dr Arun Tangri on 4 January 2017. This inspection was carried out to check that improvements had been made to meet legal requirements in respect of good governance following our comprehensive inspection on 1 August 2016.

When we initially inspected this practice on 1 August 2017 as part of our new comprehensive inspection programme, we were concerned about the safe care and treatment of patients, in respect of:

- Arrangements in place to ensure the health and safety of patients, staff and others in respect of fire safety procedures.
- The management of infection control procedures.
- Ineffective systems in place for the management of staff training.
- Inadequate systems in place for recruitment checks of staff.
- Ineffective systems for the management of complaints and significant events, and learning outcomes from the subsequent investigations.

## Detailed findings

- Failure to seek and act on feedback from patients for the purposes of continually evaluating and improving such services.
- We issued a warning notice to the provider and informed them they must become compliant with the law by 15 December 2016. You can read the previous report on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

# Are services well-led?

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

## Our findings

Our focused inspection on 4 January 2017 found that the practice had implemented clearly defined systems and processes to enable good governance and oversight of the issues of concern we raised. Proactive steps had been taken to address all areas of concern found in the comprehensive inspection undertaken on 1 August 2016.

The practice had provided fire training for all staff and specific training for the appointed fire marshalls. The Nottinghamshire Fire Service had visited the practice on 3 November 2016 and provided advice on appropriate fire risk assessments, which had been adopted by the practice. The practice subsequently updated their fire procedure and carried out a fire evacuation exercise in line with their updated policy. An external fire company carried out additional checks and serviced the fire equipment. The Nottinghamshire Fire Service had plans to visit the practice in February to carry out a fire inspection.

The infection control policy had been updated with documentation adopted from a neighbouring practice. Roles and responsibilities for infection control were reinforced to ensure these were clear to all staff. The healthcare assistant remained as lead, with the support of the practice nurse and a GP. Training had been undertaken to enable them to undertake effective and proactive steps in managing the spread of infections within the practice. This had been undertaken in close collaboration with the CCG's infection prevention and control provider service. We saw evidence of an infection control audit carried out on 8 December 2016. The action plan was provided to the practice on 13 December 2016 and actions identified had already been either completed or were pending completion by nominated staff, demonstrating a willingness to address issues promptly.

A training schedule for all staff had been put in place showing what training was considered mandatory with due dates indicated to ensure staff were aware when it was due for completion. This included role specific training, for example, vaccinations update training for healthcare assistants and nurses. A new practice manager had been appointed commencing employment in the near future, who would be responsible for overseeing the training needed was completed promptly.

We saw six staff files including a recently recruited member of staff. The files showed a well-organised checklist and system in place to manage the recruitment and induction of staff. This included evidence of qualifications and employment history, two references, proof of identity and a disclosure 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). Personalised risk assessments had been undertaken for staff where any checks were absent and these were signed by the lead GP.

We saw evidence of monthly team meetings where complaints and significant events were standing agenda items. The meetings were held at lunchtime to ensure attendance by both morning and afternoon staff, with minutes recorded and accessible to any staff absent at the meetings. Significant events were reviewed at six monthly intervals for trends and there were plans to incorporate the reviews as part of the team meetings.

The practice carried out a patient survey in November 2016 to gather patient feedback on how long they were waiting to see a clinician, the length of appointment slots, waiting times to be seen after booking an appointment and whether patients felt they were listened to by their GP. There were 50 surveys handed out and 41 of these were completed. The results were mostly positive, for example, 90% of patients said they were seen within 20 minutes of their appointment time and 52% were seen within 10 minutes.

There were plans to reduce waiting times by increasing the number of appointments available to patients. The practice nurse had increased her working hours from two to three days. She had recently completed a non-medical prescribing course to enable her to see patients who may need a prescription, thereby increasing clinical appointments. Appointment time slots had been increased from 10 minutes to 12 minutes to give patients more time. The practice was in the early stages of providing a nurse triage service for appointments with plans to fully implement the service in the near future. The healthcare assistants were being upskilled to take on tasks within their competencies that would free up time for GPs.

# Are services well-led?

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

There were plans to repeat the patient survey in the next six months and encourage the use of the practice suggestion box to gather more feedback to tailor the service to the needs of the patients.

The evidence we saw indicated that action had been taken to address all areas of concern identified in the warning notice which had been complied with.