

Mrs Suhasini Nirgude

Quality Report

Abbey Medical Centre

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Berkshire

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Date of inspection visit: 23 May 2016. We have not revisited Mrs Suhasini Nirgude as part of this review because the practice was able to demonstrate that they were meeting the standards without the need for a visit.

Date of publication: 22/06/2016

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?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

On 21 January 2016 we carried out a comprehensive inspection of Mrs Suhasini Nirgude, also known as Abbey Medical Centre, and found concerns relating to the practice not assessing the risk of staff administering immunisations without appropriate approval or the risk of staff undertaking chaperone duties without DBS checks. The phlebotomist had administered flu immunisations using a patient group direction and three members of staff had carried out chaperone duties without having undertaken a 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).

We carried out a desktop review of Mrs Suhasini Nirgude on 23 May 2016 to ensure these changes had been implemented and that the service was meeting regulations. Our previous inspection in January 2016 had found a breach of the regulation relating to good governance in assessing risk to patients. The rating for the provision of safe services has been updated to reflect our findings.

We found the practice had made significant improvements since our last inspection on 21 January 2016 and they were now meeting the regulation, relating to identifying and assessing risk and taking action to reduce risk.

Specifically the practice had:

- Ensured the phlebotomist only administered flu immunisations with specific authority from a prescriber for each patient immunised.
- Completed a DBS check for staff undertaking chaperone duties.

We also noted that the practice team had reviewed consultation processes. The last national patient survey showed an improvement in patient rating for GPs caring and the practice was within 6% of the local average for this question. The practice achieved 77% compared to the CCG average of 83%. The system to book interpreters had been discussed at a practice meeting and the process to make the booking had been added to the practice IT system with a link for all staff to follow.

We have changed the rating for the safe domain for this practice to reflect these improvements. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. The overall rating of good remains unchanged.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- The phlebotomist administered flu immunisations in accordance with legislation by obtaining authority from a qualified prescriber for each immunisation given.
- Staff undertaking chaperone duties had received a Disclosure and Barring Service (DBS) check.

The remainder of the evidence from the previous inspection, in January 2016, has been used to contribute to the re-rating.

Good



Mrs Suhasini Nirgude

Detailed findings

Our inspection team

Our inspection team was led by:

This desktop exercise was conducted by a CQC inspector.

Why we carried out this inspection

We carried out a comprehensive inspection on 21 January 2016 and published a report on 10 March 2016 setting out our judgements. We asked the practice to send a report of the changes they would make to comply with the regulation they were not meeting. The practice sent us evidence that they had completed the changes they had detailed in their plan.

We therefore followed up to make sure the necessary changes had been undertaken by reviewing the evidence on 23 May 2016. Our review found the provider was meeting regulations associated with the Health and Social Care Act 2008 and our findings are set out within this report.

This report should be read in conjunction with the full inspection report published on 10 March 2016. We have not revisited Mrs Suhasini Nirgude as part of this review because the practice was able to demonstrate compliance without the need for an inspection.

How we carried out this inspection

Prior to the inspection we contacted Mrs Suhasini Nirgude to request their action plan and evidence to support the positive changes and improvements against the breach in regulation.

The information supplied was of sufficient detail to enable us to reach a judgement. A second visit to the practice was not required.

To get to the heart of patients' experiences of care and treatment, we updated our questioning in relation to the following question:

- Is it safe?

Are services safe?

Our findings

When we visited Mrs Suhasini Nirgude in January 2016 we found concerns relating to delivery of safe services to patients. The phlebotomist was administering flu immunisations without appropriate authority for each individual patient and three staff who had been employed for over three years were undertaking chaperone duties without a risk assessment or DBS check. This led to a judgement of breach of Regulation 17 HSCA (RA) Regulations 2014 relating to Good governance. Mrs Suhasini Nirgude sent us an action plan setting out how they would address these issues. The practice subsequently provided us with evidence to show improvements had been made.

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:

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check since our last visit. When we visited the practice in January 2016 we had found these checks and assessments had not been undertaken.
- When we visited the practice in January 2016 the phlebotomist had been appropriately trained to administer flu immunisations. However, they were doing so using Patient Group Directions which should only be used by qualified nurses to administer medicines in line with legislation.

We found the practice had made significant improvements since our last inspection on 21 January 2016 and they was now meeting the regulation, relating to the risk of not completing DBS checks for chaperones and administering flu immunisations without appropriate authorisation from a prescriber.