

Dr AK Sinha's Medical Practice

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

Good



Are services safe?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr AK Sinha's Medical Practice on 3 May 2017. The overall rating for the practice was Good with Requires Improvement for providing safe services. The full comprehensive report on the 3 May 2017 inspection can be found by selecting the 'all reports' link for Dr AK Sinha's Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 3 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 3 May 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found that the practice had not addressed all of the concerns previously identified and therefore continues to be rated as Requires Improvement for providing safe services.

Our key findings were as follows:

- The practice had implemented a formal system to log, review, discuss and act on external alerts that

may affect patient safety. Relevant searches had been carried out to identify patients at potential risk; however the action taken by the practice had not been fully documented in patients' records.

- The practice had reviewed and improved its recruitment procedures and had obtained evidence of immunisation status, safeguarding and basic life training certificates for the locum staff. However, further improvements were still required.
- The GP had considered acquiring an automated external defibrillator (AED) as recommended in current external guidance and national standards. We saw the practice manager had researched the various options available in preparation for purchasing an AED imminently.
- The practice had updated their register of vulnerable children in conjunction with external agencies. A system had been implemented to audit, monitor and follow up children who did not attend hospital appointments. The outcome of the audit identified none of the children had safeguarding concerns. However, further improvements were still required, entries made in patient records could be more detailed.

Summary of findings

- All staff were aware of the safeguarding lead for the practice however, not all staff members had attended safeguarding refresher training. Staff were booked to attend refresher safeguarding training in early 2018 appropriate to their role.
- An analysis of significant events had been undertaken to identify and evaluate any trends. Arrangements were in place for sharing the learning outcomes from significant events, incidents and near misses with staff.
- There was a system in place for tracking blank prescriptions throughout the practice and for ensuring the improved security of these. A protocol for dealing with uncollected prescriptions had been developed and implemented.
- The practice had completed the outstanding actions identified in the Legionella risk assessment and also had an annual water test carried out since our last inspection.
- The practice had strengthened their practice business continuity plan and included staff telephone numbers and arrangements in the event of unplanned absence of clinicians.

We also saw the following best practice recommendations we previously made in relation to providing effective and responsive services had been actioned:

- The practice had formalised the arrangements for the clinical supervision of the practice nurse and had arranged a date for their annual appraisal.
- The complaints procedure was more readily accessible and complainants were advised of the escalation process should they not be satisfied with the management or the outcome of their complaint.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For example, those in relation to the procedures to record MHRA alerts and outcome for patients, procedures in the event of a medical emergency, safeguarding and recruitment in particular in relation to clinical staff. For details, please refer to the requirement notice at the end of this report.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Dr AK Sinha's Medical Practice

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 AK Sinha's Medical Practice

Dr AK Sinha's Medical Practice is located in Longton, Stoke-On-Trent and is registered with the CQC as an individual provider. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is a member of the NHS Stoke On Trent Clinical Commissioning Group (CCG) and provides regulated activities from this location only.

The practice is located in an extended victorian semi-detached house. Patients have access to the ground floor only with staff facilities located on the first floor. Wheelchair access is available in addition to a disabled toilet and baby changing facilities. The practice does not provide a car park and has limited street parking available.

The practice staffing comprises:

- One male GP 0.66 whole time equivalent (WTE),
- Two locum GP 0.33 WTE
- One nurse prescriber 0.95 WTE
A practice manager

- A team of four administrative/reception staff working a range of hours.
- One domestic member of staff.

The practice serves a population of 2,567 patients. The practice age distribution is higher in female patients aged 0-34 years and males aged 0 to 39 years and 45-49 years above compared to CCG and England averages. It is lower for female patients aged 40-85+ years and male patients aged 50-85+ years.

The practice is open from 8am to 6pm on a Monday, Tuesday, Wednesday and a Friday and from 8am to 1pm on a Thursday. Routine appointments can be booked in person, by telephone or on-line. Home visits are available to patients with complex needs or who are unable to attend the surgery.

Consultation times with a GP are available from 9am to 11.30am and from 4pm to 6pm on a Monday. On a Tuesday from 9am to 11.30am and 4pm to 5.30pm. On a Wednesday from 9.30am to 12 noon and from 3.30pm to 5pm. On a Thursday from 9am to 11.30am and a Friday from 9am to 11.30am and from 4pm to 5.30pm.

Consultation times with the practice nurse are from 8.30am to 1pm and from 2pm to 4.30pm Monday to Wednesday, 8am to 1pm alternative weeks on a Thursday and from 8am to 1pm and from 2pm to 4.30pm on a Friday.

The practice does not provide an out-of-hours service to their own patients but patients are directed to the out-of-hours service, Staffordshire Doctors Urgent Care when the practice is closed via calling 111. The practice is located approximately four miles from the nearest walk in-centre and five miles from the Royal Stoke University Hospital.

Detailed findings

Further details about the practice can be found by accessing the practice's website at www.drsinhaandpartners.co.uk

Why we carried out this inspection

We undertook a comprehensive inspection of Dr AK Sinha's Medical Practice on 3 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good with requiring

improvement in providing safe services. The full comprehensive report following the inspection on 3 May 2017 can be found by selecting the 'all reports' link for Dr AK Sinha's Medical Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr AK Sinha's Medical Practice on 3 January 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services safe?

Our findings

At our previous inspection on 3 May 2017, we rated the practice as requires improvement for providing safe services. This was because:

- The practice did not have a consistent system to log, review, discuss and act on patient safety alerts.
- Recruitment arrangements did not include all necessary employment checks for all staff.
- The practice did not have an Automated External Defibrillator (AED) as recommended or carried out a detailed assessment to mitigate the risk to patients.
- Not all staff were aware of the designated lead for safeguarding and information about internal and external leads was not readily accessible. The practice had not obtained evidence of safeguarding training undertaken by locum GPs.
- The practice register of vulnerable adults was not up to date. Although the practice had followed up on children that did not attend hospital appointments this was not within a timely manner and the practice had not detailed any potential safeguarding elements on patient records.
- The business continuity plan did not include emergency contact numbers for staff or the arrangements in the event of unplanned absence of clinicians.
- A thorough analysis of the significant events had not been undertaken to identify and evaluate any trends.
- The practice did not have an effective system in place for the logging out of prescription pads to clinicians to ensure an effective audit trail was in place. The monitoring of uncollected prescriptions required review.
- Not all of the actions identified in the Legionella risk assessment carried out in July 2016 had been actioned.

Not all of these arrangements had significantly improved when we undertook a follow up inspection on 3 January 2018. Therefore the practice continues to be rated as requires improvement for providing safe services.

Safety systems and processes

- The practice had improved their systems to keep patients safe and safeguarded from potential abuse

however, further improvement was still required. Staff we spoke with knew how to identify and report safeguarding concerns and were now aware of the designated safeguarding lead for the practice. We saw contact details for external safeguarding agencies were now readily accessible for staff. The practice had since obtained documentary evidence of safeguarding training undertaken by the locum GPs with the exception of the safeguarding vulnerable adults certificate for one locum GP, which the practice committed to obtaining. We saw refresher safeguarding training had been sourced and both the clinical and administrative staff were booked to attend refresher training in January and February 2018 at a level appropriate to their role. Child safeguarding training for the designated safeguarding lead had also been sourced.

- The practice had updated their register of vulnerable children in conjunction with external agencies. A system had been implemented to audit, monitor and follow up children who did not attend hospital appointments. The outcome of the audit identified none of the children had safeguarding concerns. However, entries made in patient records did not detail if any safeguarding concerns had been identified.
- We reviewed the Legionella risk assessment and found the practice had completed the outstanding actions previously identified. An annual water test had also been carried out since our last inspection and the result was found satisfactory.
- Although no new staff had been employed by the practice since the last inspection, we saw the practice had implemented a recruitment check list for future use. We found there had been some improvement in the recruitment checks undertaken on existing locum staff. However, further improvements were still required. For example, proof of identification, registration with the appropriate professional body, evidence of good conduct and the appropriate checks through the Disclosure and Barring Service (DBS) had since been obtained. (DBS information relating to any physical or mental health conditions remained outstanding.
- The business continuity plan had been reviewed and updated since the last inspection and now included staff contact numbers and the arrangements in the event of unplanned absence of clinicians.

Are services safe?

- The nurse prescriber was in receipt of clinical supervision. However, there was not a formal process in place that enabled the nurse to task the GP where patient queries were identified and where non patient related clinical supervision issues occurred these were not recorded electronically to provide a clear audit trail.

Safe and appropriate use of medicines

- The practice had reviewed and improved their procedure for the monitoring of prescription stationary and ensured an audit trail was in now place. They had also developed and implemented a procedure for uncollected prescriptions and repeat prescriptions. Uncollected prescriptions were now checked on a monthly basis and reviewed by the GP. Where appropriate the patient was contacted to establish the reasons for non-collection of the prescription and this was documented in the patient records.
- The GP had considered acquiring an automated external defibrillator (AED) as recommended in current external guidance and national standards. We saw the practice manager had researched the various options available in preparation for purchasing an AED imminently. An AED provides an electric shock to stabilise a life threatening heart rhythm.
- At the last inspection we saw the practice had effective systems in place for the reporting, recording and investigating of significant events but had not carried out a regular analysis of the significant events to identify and evaluate any trends. During this inspection we saw 10 significant events had been recorded and investigated. Trends had been documented and risk assessed and categorised as either red, amber or green. Learning outcomes and the date of all of the completed actions was also documented and outcomes shared practice wide. Significant events were a standing agenda item in clinical and practice meetings held.
- The practice had developed a system to demonstrate that the medicines and equipment alerts issued by external agencies were acted upon as soon as possible after the alerts were issued to identify any affected patients. A safety alerts protocol and procedure had been developed and shared with staff. Alerts were received by the practice manager and forwarded to the clinicians and were discussed and recorded in clinical meetings held. We saw clinical system searches had been undertaken to identify any patients that may be affected by medicines alerts received, however the action taken by the practice had not been fully documented in patients' records.

Lessons learned and improvements made

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not established effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular:</p> <ul style="list-style-type: none">• The action taken in response to external MHRA alerts had not been fully documented in the records of patients identified through the searches undertaken.• Not all of the required staff recruitment checks had been obtained. For example, a full employment history, evidence of qualifications and information relating to any physical or mental health conditions prior to employment.• There was no documentary evidence available to show that a locum GP had attended safeguarding vulnerable adults training.• There was not a formal process in place that enabled the nurse to task the GP where patient queries were identified. Where non patient related clinical supervision issues occurred these were not recorded electronically to provide a clear audit trail. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>