

# Dr Patel and Partners

## Quality Report

70 Broom Lane  
Rotherham  
S60 3EW  
Tel: 01709 724738  
Website: [www.drpatelandpartners.co.uk](http://www.drpatelandpartners.co.uk)

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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?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Patel and Partners on 18 October 2016. The overall rating for the practice was Good but with Requires Improvement for safety. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Dr Patel and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 9 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 18 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings were as follows:

- Staff had completed safeguarding training and GPs were trained to child safeguarding level three and nurses to level two.
- Staff had completed infection prevention and control (IPC) training and clinical staff had completed training to level two.

- New flooring was fitted in rooms used to carry out treatments, such as cytology and phlebotomy.
- Storage of clinical waste in the practice had been risk assessed and some action had been taken to minimise risks.
- Arrangements for storage and transportation of blank prescription forms had been risk assessed and procedures brought into line with NHS Protect: Security of prescription forms guidance.
- The provider had implemented NICE guidelines in relation to disposal of sharps boxes.
- Staff immunity status was obtained for all staff in line with the recommendations.
- The provider had provided basic life support training for all staff and made arrangements to provide this training annually.
- The practice had reviewed the arrangements for provision and storage of emergency medicines to minimise the risk of confusion in an emergency situation.
- The provider had reviewed and improved systems to identify patients as carers. A member of staff from the staff reception team had taken responsibility to improve systems to identify carers. They had widely

# Summary of findings

advertised for carers to identify themselves to the practice through posters and reception staff prompts and recorded this role on patient notes. At the last inspection they had only identified 59 patients as carers but since the last inspection they had identified 773 carers which equated to 5.9% of the patient population.

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

The provider should:

- Provide evidence of, at least weekly, checks of emergency equipment.
- Maintain a record of fire alarm testing at the branch site.

**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?**

We saw improvements had been made since the last inspection and the practice is now rated as good for providing safe services.

Good



Our key findings were as follows:

- Staff had completed safeguarding training and GPs were trained to child safeguarding level three and nurses to level two.
- Staff had completed infection prevention and control (IPC) training and clinical staff had completed training to level two.
- New flooring was fitted in rooms used to carry out treatments, such as cytology and phlebotomy.
- Storage of clinical waste in the practice had been risk assessed and some action had been taken to minimise risks.
- Arrangements for storage and transportation of blank prescription forms had been risk assessed and procedures brought into line with NHS Protect: Security of prescription forms guidance.
- The provider had implemented NICE guidelines in relation to disposal of sharps boxes.
- Staff immunity status was obtained for all staff in line with the recommendations.
- The provider had provided basic life support training for all staff and made arrangements to provide this training annually
- The practice had reviewed the arrangements for provision and storage of emergency medicines to minimise the risk of confusion in an emergency situation.
- The provider had reviewed and improved systems to identify patients as carers. A member of staff from the staff reception team had taken responsibility to improve systems to identify carers. They had widely advertised for carers to identify themselves to the practice through posters and reception staff prompts and recorded this role on patient notes. At the last inspection they had only identified 59 patients as carers but since the last inspection they had identified 773 carers which equated to 5.9% of the patient population.

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

The provider should:

# Summary of findings

- Provide evidence of, at least weekly, checks of emergency equipment.
- Maintain a record of fire alarm testing at the branch site.

# Dr Patel and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector.

## Background to Dr Patel and Partners

The provider, Dr Patel & Partners, provides services for 13,042 within the Rotherham CCG under a Personal Medical Services (PMS) contract. The patient population is comparable to the national average and the practice is situated in one of the fourth most deprived areas nationally.

Services are provided from two sites which we visited as part of this inspection:

Main Site:

Broom Lane Medical Centre, 70 Broom Lane Rotherham, S60 3EW. Telephone, 01709 724738

Branch site:

Kimberworth Park Medical Centre, Langdon Road, Rotherham S61 3QH. Telephone, 01709 551157

There is car parking including disabled care parking and easy access for wheelchairs and disabled toilet facilities.

This is a training Practice for qualified doctors who are training to become GPs.

The clinical team comprises of seven GP partners, five male and two female, and one male and two female salaried GPs. There is also a senior practice nurse, three practice

nurses and three health care assistants. They are supported by a practice manager and a deputy manager, two reception supervisors and a large administration and reception team.

The practice is open 8am to 6.30pm, Monday to Friday, at both sites.

Appointments are generally available between 8.30am and 11am and 3pm to 5.50pm depending on the GP to be seen.

Extended hours are available at the main site each week, Monday, Tuesday, Thursday and Friday 7.30am to 8.am and monthly on Mondays 6.30pm to 8.30pm at the branch site.

The practice manages a Saturday morning surgery for 31 other surgeries in the Rotherham area from 8am to 11am. Appointments are available to be pre-booked via the patient's own practice.

Out-of-hours service can be accessed by telephoning the normal surgery telephone number.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Patel and Partners on 18 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good with requires improvement for safety. The full comprehensive report following the inspection in October 2016 can be found by selecting the 'all reports' link for Dr Patel and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr Patel and Partners on 9 August 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Detailed findings

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff (GP, practice manager, deputy manager and reception staff) and spoke with patients who used the service.

- Visited all practice locations.
- Looked at information the practice used to manage the practice and deliver care.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time

# Are services safe?

## Our findings

**At our previous inspection on 18 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safeguarding and basic life support training, security of prescription forms and infection prevention and control (IPC) were not adequate.**

**These arrangements had improved when we undertook a follow up inspection on 9 August 2017. The practice is now rated as good for providing safe services.**

### Overview of safety systems and process

- Staff had completed child safeguarding training during a practice learning event. GPs and two nurses had completed training to child safeguarding level three and the other nurses had completed training to level two. Administration staff had completed level one or two training. Clinical staff had completed infection prevention and control to level two prior to the inspection and non-clinical staff were due to attend an IPC training event the day after the inspection. Evidence staff had attended the event was provided following the inspection. We observed training had been entered onto individual logs for safeguarding, IPC and basic life support training to enable the manager to monitor completion. Certificates of training were available in staff files.
- We observed carpeting had been removed in rooms used to carry out treatments, such as cytology and phlebotomy and washable flooring had been fitted. Plugs had been removed from sinks in consulting rooms in line with guidance.
- The main site had limited storage areas and we observed clinical waste was stored in the same cupboard as cleaning equipment. Since the last inspection storage of clinical waste in the practice had been risk assessed and the storage area had been reviewed. Some action had been taken to minimise risks by trying to create some separation between the bags and the cleaning equipment. However, we observed new sharps boxes were stored on the floor next to used clinical waste bags which may create a risk of cross infection when the boxes are transferred into surgeries.

- The provider had implemented the National Institute for Health and Care Excellence (NICE) guidelines in relation to disposal of sharps boxes and we observed sharps boxes to be within date of when they should be disposed of. Checks of sharps boxes were included on a consulting room check list and staff responsible for the checks were aware of the disposal requirements.
- Staff immunity status was obtained for all staff as part of pre-employment checks via the occupational health department. We observed records for two recently employed staff members including a receptionist which showed the checks had been completed. The practice had not had to make any changes in this area as the practice manager had realised after the last inspection that this had always been in place and provided evidence of this at the August 2017 inspection.
- Arrangements for storage and transportation of blank prescription forms had been risk assessed and improved and a protocol was in the process of being reviewed and updated to include new arrangements. We observed new records of receipt and use at the branch surgery had been developed and implemented although these procedures were not embedded due to the minimal use of prescriptions at the branch surgery. We observed from records maintained prescriptions were tracked in the practice from storage to three main areas, the branch surgery and the administration team and reception team at the main surgery. Blank prescriptions were put into surgeries by reception staff from their stock but this part of the process was not recorded to ensure a full audit trail. The deputy practice manager who managed these systems told us this would be reviewed and records implemented accordingly. Processes had been improved to ensure the security of prescriptions used in consulting rooms.

### Monitoring risks to patients

- The fire alarm records showed the alarm at the branch site had been tested although not on a weekly basis. For example, records indicated the alarm had been tested between one and three times per month in 2017, except in June 2017 when no checks were recorded. Staff confirmed the alarm was checked every week. Records showed a fire alarm check had been held just prior to the inspection and no issues with the fire alarm were identified during this process.

## Are services safe?

### Arrangements to deal with emergencies and major incidents

- The provider had provided basic life support training for all staff since the last inspection and made arrangements to provide this training annually.
- The practice had reviewed the arrangements for provision and storage of emergency medicines to minimise the risk of confusion in an emergency situation. Up to date lists of medicines and their expiry dates were provided on the top of each box containing emergency medicines.
- There was some evidence emergency medicines and equipment was checked regularly but there was a lack of consistency in record keeping and the checks undertaken across the two sites. For example, at the main site the defibrillator was checked daily when

vaccination fridge temperatures were checked and this check was recorded in the fridge temperature records. At the branch surgery the defibrillator was not checked as the staff told us they had been advised this was not required due to the type of battery used in the defibrillator and that an alarm would sound if the batteries were low. There was no record of when oxygen cylinders had been checked to ensure there was adequate stock or when equipment such as masks and needles expiry dates had been checked. The equipment we checked was in working order and within expiry dates where these were provided. The practice manager told us they would immediately review this to ensure adequate checks were completed and recorded on a regular basis in line with Resuscitation Council guidance.