

Dr Manjit Singh

Quality Report

Cambridge Street Surgery
1 Cambridge Street
West Bromwich
West Midlands
B70 8HQ

Tel: 0121 525 9257

Website: www.cambridgestreetsurgery.nhs.uk

Date of inspection visit: 15 March 2018

Date of publication: 23/04/2018

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



Key findings

Contents

Key findings of this inspection

Letter from the Chief Inspector of General Practice	Page 2
Areas for improvement	4

Detailed findings from this inspection

Our inspection team	5
Background to Dr Manjit Singh	5
Why we carried out this inspection	5
Detailed findings	6
Action we have told the provider to take	7

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Manjit Singh's practice also known as Cambridge Street surgery on 20 January 2017. The overall rating for the practice was Good, however, it was rated requires improvement for providing safe services. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Dr Manjit Singh on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 15 March 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 20 January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice continues to be rated as Good, however the practice also continues to be rated as requires improvement for providing safe services.

Our key findings were as follows:

- The practice had reviewed and developed some systems to ensure that risks in some areas were monitored and managed appropriately, for example in relation to the management of patient safety alerts, legionella assessment and the management of significant events.
- The practice did not demonstrate effective systems were in place in relation to recruitment and prescription safety.
- The practice had completed some medicine audits in line with local guidelines; however they were unable to demonstrate quality improvement through these audits.
- The practice had assessed patients 'needs and delivered care in line with current evidence based guidance. Since the previous inspection the practice had introduced a systematic approach for the implementation of clinical guidelines.
- The practice had considered future planning and since the last inspection had implemented a formal written business plan.
- The practice had ensured that a female locum was available on a regular basis for female patients.
- The practice had reviewed the number of carers on their practice list and had seen an increase in the number of carers to 2%.
- Since the previous inspection patient feedback on nursing staff, telephone access and availability of pre-bookable appointments was below the national average. At this inspection we found the practice had seen an improvement in patient satisfaction in the July 2017 GP patient survey results.

Summary of findings

However there were areas of practice where the provider must make improvements:

- Ensure care and treatment is provided in a safe way to patients

In addition the provider should:

- Strengthen the current process to demonstrate the action taken on receipt of safety alerts.

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

Key findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients.

Action the service **SHOULD** take to improve

- Strengthen the current process to demonstrate the action taken on receipt of safety alerts.

Dr Manjit Singh

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 adviser.

Background to Dr Manjit Singh

Dr Manjit Singh's practice also known as Cambridge Street surgery is a practice located in West Bromwich an area of the West Midlands. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as childhood vaccination and immunisation schemes. The clinical team comprises of one male GP and one practice nurse. The practice also uses two regular female locums. The non-clinical team consists of administrative and reception staff and a practice manager.

The practice provides primary medical services to approximately 3,000 patients in the local community. Based on data available from Public Health England, Dr Manjit Singh's practice is located in an area with high levels of deprivation compared to the national average. For example, the practice is ranked two out of 10, with 10 being the least deprived.

The practice reception and telephone lines are open from 8am to 6.30pm Monday to Friday. GP appointments are

available from 9am to 11.30am Monday to Friday and 4.30pm to 6.30pm Monday to Friday. When the practice is closed, primary medical services are provided by Primecare, an out of hours service provider and the NHS 111 service and information about this is available on the practice website.

The practice is part of NHS Sandwell & West Birmingham CCG which has 91 member practices. The CCG serve communities across the borough, covering a population of approximately 559,400 people. (A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services).

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Manjit Singh on 20 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, however they were rated as requires improvement for providing safe services. The full comprehensive report following the inspection in January 2017 can be found by selecting the 'all reports' link for Dr Manjit Singh on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Manjit Singh on 15 March 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 20 January 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of the management of risk were not adequate. For example in relation to sharing learning outcomes from significant events with the team, no system to demonstrate what actions had been taken with safety alerts and no tracking system to monitor the use of prescription stationery. Some of these arrangements had improved when we undertook a follow up inspection on 15 March 2018, however we identified further improvements that were required, therefore the practice continued to be rated as requires improvement for providing safe services.

Safety systems and processes

- The practice had some processes in place to act on alerts that may affect patient safety including alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). However, we found the practice had not fully completed their action plan as no clear system had been introduced to log, review and record what actions had been taken on receipt of the alerts, although we did see evidence of minutes where alerts had been discussed with the practice team and examples of where actions had been taken.
- The practice had clear systems to keep patients safe and safeguarded from abuse. The practice had reviewed their adult safeguarding policy to include all the relevant information to support staff in their role.
- The records we reviewed showed staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The GP and practice nurse had completed level three child safeguarding training.
- The practice had implemented procedures to ensure blank prescription pads were recorded on receipt; however the security of the prescriptions still needed to be strengthened, as we found prescriptions were kept in unlocked rooms without supervision.

- The practice had implemented significant events as a standing agenda item to ensure learning outcomes were shared with the practice team.
- At the previous inspection we had identified gaps in the recruitment checks. At this inspection we found the practice had not followed their action plan to log all information received. We reviewed two personnel folders of staff that had been recruited since the last inspection and found no evidence to support that the practice had assured themselves of the competency of the employee from previous employers. On speaking with the practice manager and GP we were told that they had received verbal references, but these were not documented.
- The practice used GP locums on a regular basis, but no locum pack was in place to advise and support the locums in their role at the practice.
- The practice had purchased pulse oximeters as part of their emergency equipment. (Pulse oximeters measure the level of oxygen in a patient's bloodstream).

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety; however these were not always managed appropriately.

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with some severe infections, including sepsis.
- On reviewing staff records we found no immunisation status for the non clinical team and no risk assessment had been completed to mitigate if any risk was involved.
- Since the previous inspection the practice had completed a Legionella risk assessment. (Legionella is a bacterium, which can contaminate water systems in buildings).

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff had the qualifications, competence, skills and experience to keep people safe. How the regulation was not being met: • The provider had not gained assurances through the relevant checks that staff were competent for their role prior to employment. • The provider had not ensured the safety of the blank prescription pads held on the premises. • On reviewing staff records we found no immunisation status for non clinical staff and no risk assessment had been completed to mitigate if any risk was involved. Regulation 12 (1) (2) (c) (d) (h)