

Dr Avinash Kumar Sennik




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?	Good	
Are services responsive to people's needs?	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 of the practice on 9 and 15 February 2016. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet their legal requirements in relation to the breach of regulation 12(1) (2) Safe care and treatment and regulation 19 (3) Fit and proper person employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this desk-based focussed inspection on 17 October 2016 to check that the practice had followed their plan and to confirm that they were now meeting their legal requirements. This report covers our findings in relation to those requirements and also where additional improvements have been made following the initial inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Avinash Kumar Sennik on our website at www.cqc.org.uk.

Overall the practice is rated as Good. Specifically, following the focussed inspection we found the practice to be good for providing safe and responsive services. This affected the ratings for all of the population groups which are now good.

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

- Risks to patients were assessed and well-managed, including those related to recruitment checks, fire safety and infection control.

There were areas of the practice where the provider should make improvements:

- Review practice procedures to ensure safeguarding vulnerable adults training is provided to all staff.
- Review practice procedures to ensure written references are obtained for all staff before employing them.
- Review the telephone system in the practice to ensure telephone access for patients is improved.

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 as improvements had been made.

- Risks to patients were assessed and well-managed, including those related to recruitment checks, fire safety and infection control.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services as improvements had been made.

- The practice had improved its access to patients and the national GP patient survey results were improved.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



Dr Avinash Kumar Sennik

Detailed findings

Why we carried out this inspection

We undertook a desk-based focussed inspection of Dr Avinash Kumar Sennik/Broughton Corner Medical Centre on 17 October 2016. This is because the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008. From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically a breach of regulation 12(1) (2) Safe care and treatment and regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 9 and 15 February 2016 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and responsive. We inspected the practice

against all six of the population groups: older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe and responsive would affect the rating for all the population groups we inspected against.

During the comprehensive inspection carried out on 9 and 15 February 2016 we found that the practice did not have adequate arrangements in place for recruitment checks and infection control.

We also found that the practice were rated lower than others for some aspects of care in the National GP survey results, had low clinical staff availability, policies, procedures and the practice leaflet were not regularly reviewed and updated, fire drills were not recorded and documented, actions agreed in Patient Participation Group meetings were not documented and not all non-clinical staff had completed their safeguarding vulnerable adults training.

Are services safe?

Our findings

During the comprehensive inspection carried out on 9 and 15 February 2016 we found that the practice did not have adequate arrangements in place for recruitment checks, infection control, fire drills and safeguarding adults training.

Overview of safety systems and processes

During the comprehensive inspection in February 2016 we found that non-clinical staff had not undertaken safeguarding vulnerable adults training; staff we spoke to were aware of their responsibilities. During this inspection we found that five out of six non-clinical staff had undertaken this training; the practice informed us that the remaining staff will be attending the training on the 8 November 2016.

The practice had a health and safety risk assessment completed by an external agency in June 2016 which included infection control. The risk assessment had some general recommendations and the practice had an action plan to address the recommendations.

The practice undertook an infection control audit in October 2016 through the local Clinical Commissioning Group (CCG) infection control nurse and we saw evidence that action was taken to address any improvements identified as a result.

We reviewed four personnel files and found that the practice had undertaken appropriate recruitment checks prior to employment with the exception of references. Out of the four newly appointed staff members the practice had only obtained a reference for one of the staff members before employing them. The practice informed us that due to the urgent need of reception staff they had had obtained verbal references at the time of employment and written references were requested. They also informed us that a reminder has been sent to the referees for these staff seeking a written reference.

Monitoring risks to patients

The practice had carried out a fire drill (complete evacuation) on 7 October 2016 and had a system in place to record and document fire drills.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

During the comprehensive inspection carried out on 9 and 15 February 2016 we found that the GP appointment times only started at 10:00am which was two hours after the practice opened. The National GP survey results were below average.

Access to the service

The practice had appointed a regular locum GP following the comprehensive inspection in February 2016 which improved access to patients.

The practice was open between 8am and 6:30pm Monday to Friday. GP Appointments were available:

- Mondays 9:00am to 11:30am and 1:00pm to 2:50pm
- Tuesdays 10:00am to 11:30am, 1pm to 2:50pm, 4:30pm to 5:30pm and 6:30pm to 7:30pm
- Wednesdays 9:00am to 12:40 and 5:30pm to 7:20pm
- Thursdays 9:00am to 11:50am and 4pm to 5:50pm
- Fridays 9:00am to 12:20pm and 4pm to 7:20pm

Practice nurse appointments were available from 8:00am to 9:50am and 11:00am to 11:50am Monday to Friday and from 1:30pm to 2:30pm on a Monday and from 2:30pm to 5:00pm on Tuesdays and Wednesdays.

We found that the practice leaflet was up to date. We found that the discussions and actions agreed in the Patient Participation Group meetings are documented.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were in line with or below the local and national averages; this was an improvement when compared to the previous results:

- 71% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 75%; national average of 76%) compared to 65% reported during the comprehensive inspection in February 2016.
- 46% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%) compared to 44% reported during the comprehensive inspection in February 2016.
- 58% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%) compared to 31% reported during the comprehensive inspection in February 2016.

The practice was aware of problems with telephone access and had made a number of changes to improve access including:

- Reception staff always on duty to attend calls between 8:00am to 6:30pm Monday to Friday.
- Urgent calls transferred to duty doctor instantly.
- Patients could call between 12pm and 1pm to speak to the duty doctor directly.
- Access to telephone consultations.

During the period between 01/03/2016 and 31/05/2016 the practice had attended 118 calls and between 01/06/2016 and 31/08/2016 the practice had attended 302 calls and between 01/09/2016 and 31/10/2016 the practice had attended 240 calls which was a significant improvement.

The practice had reviewed the friends and family survey results and had an action plan to address the issues identified in the survey; however these were not detailed.