

# Dr Ankur Chopra

## Quality Report

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Date of inspection visit: 01 March 2016

Date of publication: 13/06/2016

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

Inadequate



Are services safe?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a focused warning notice follow up inspection at Dr Chopra on 1 March 2016. Overall the practice is rated as inadequate.

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

- While we saw that the provider had taken some action against the warning notice issued in respect of regulation 12, patients continued to be at risk of harm because the provider was failing to operate and implement effective and safe medicine management systems. This placed patients at risk of inappropriate care and treatment.
- The practice met the warning notice in respect of the management of controlled drugs as controlled drugs were stored securely and access to them was restricted. Prescriptions for controlled drugs were signed before the medicines were dispensed. The practice recorded the name of the person who had collected the dispensed controlled drugs.
- The practice met the warning notice in respect of the management of medicines that require refrigeration. All the medicine and vaccine refrigerators at both the main practice and the Guestling branch surgery had their minimum and maximum temperatures checked and recorded daily and only medicines

were stored within these refrigerators. However there was no written cold chain procedure and the cold chain had not been validated, although the practice had ordered a suitable container to ensure future validation of the cold chain.

- There were two vaccines in the refrigerator at Guestling branch surgery and one at the main practice which had expired.
- The practice had adopted the patient group directions (PGDs) identified in the warning notice and nursing staff had been authorised to work under them. However, PGDs published since February 2016 had not been adopted.
- The warning notice in relation to the security and storage of blank prescriptions had not been met. At both the main and branch surgeries blank prescription forms for use in printers were not stored on-site in accordance with national guidance and there were inconsistencies in relation to tracking and monitoring of prescriptions.
- The practice did not hold the expected list of emergency medicines and there was no risk assessment in place for this.

# Summary of findings

- The provider had continued to fail to establish and operate effective and safe recruitment systems. Placing patients at risk of harm. They had failed to take action against the warning notice issued in respect of regulation 19.
- The practice did not have a comprehensive recruitment policy in place. Records of staff recruited to the practice were incomplete. For example, DBS checks had still not been processed for staff identified as requiring a check.
- There was no evidence of current registration with a professional regulator on record for one member of nursing staff and references had not been sought for a new member of staff.
- Medicines are securely stored, a cold chain procedure is in place and that a validated cold chain is used when transferring medicines requiring refrigeration to the branch surgery.
- The security and tracking of blank hand written and computer prescription forms at all times.
- That staff using Patient Group Directions have been approved by the practice to work under these documents and the Patient Group Directions are available to staff when being used.

On the basis of the findings at this inspection, I am imposing conditions on the registration of the provider. We will inspect the practice again in order to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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

The practice **must** ensure

- That a comprehensive recruitment policy is in place.
- Recruitment practices are robust and staff records contain the information required by regulation.
- Medicine management systems are reviewed and they are robust and safe.

# 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 inadequate for providing safe services and improvements must be made.

- Medicines management systems were not safe and placed patients at risk.
- The recruitment practices did not ensure satisfactory information was available for staff employed by the practice.
- Staff who had access to patients unsupervised had not received a police check and the practice had not carried out a risk assessment to ensure the safety of patients.
- There was no evidence of a member of nursing staff having current registration with the professional regulator.

**Inadequate**



# Dr Ankur Chopra

## 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 and a CQC pharmacy inspector.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 27 October 2015 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Breaches of legal requirements were found and two warning notices were issued. As a result we undertook a focused inspection on 1 March 2016 to follow up on whether action had been taken in response to the warning notices issued.

# Are services safe?

## Our findings

### Medicines management

At the inspection on 27 October 2015 we checked the medicine management systems in the practice and at the dispensary in the branch surgery in Guestling. We found systems to be unsafe. For example we found that treatment rooms and medicine refrigerators at the main practice were not secure allowing unauthorised access. One treatment room contained open cabinets containing medicines and a trolley had an unused medicine vial left on the surface. The room was unlocked and remained open throughout the inspection.

On 1 March 2016 we checked the medicine management systems in the practice and at the dispensary in the branch surgery in Guestling. We found systems to be unsafe. For example whilst we found that the main treatment room at the main practice was locked, the nurses room where a vaccine fridge was stored was not locked. The vaccine fridge was locked but the key was stored in an unlocked cupboard above the fridge.

At the inspection on 27 October 2015 records were available for one medicines refrigerator for the current month and over one year for a second medicines refrigerator. However, records were not available for the medicines refrigerators at the branch surgery to demonstrate that medicines were stored safely. At the branch surgery we found food being stored in one medicines refrigerator and two medicines requiring refrigeration not being stored within a refrigerator. Vaccines were transported from the main surgery to the branch surgery. However, the “cold chain” had not been validated.

On 1 March 2016 we found that all the medicine and vaccine refrigerators at both the main practice and the Guestling branch surgery had their minimum and maximum temperatures checked and recorded daily and only medicines were stored within these refrigerators. Vaccines were transported from the main surgery to the branch surgery. However, the “cold chain” had not been validated and no records were available, but the practice had ordered a suitable container to ensure that there would be a validated cool chain in the future.

At the inspection on 27 October 2015 processes were in place to check medicines were within their expiry date and suitable for use including expiry date checking. However, we found three items in a dispensary drawer at the branch practice that were out of date or lacked an expiry date.

On 1 March 2016 processes were in place to check medicines were within their expiry date and suitable for use including expiry date checking. However, we found two types of vaccine in the refrigerator at Guestling branch surgery and one at the main practice which had expired.

At the inspection on 27 October 2015 we found that the nurses used Patient Group Directions (PGD) to administer vaccines that had been produced in line with legal requirements and national guidance. Whilst most of the current in date PGDs were signed by the appropriate people, those that had been published since July 2015 had not been formally adopted by the practice or the nurses authorised to work under these PGDs.

On 1 March 2016 we found that the nurses used Patient Group Directions (PGD) to administer vaccines that had been produced in line with legal requirements and national guidance. At the main practice whilst most of the current in date PGDs were signed by the appropriate people, we found three that had been published since 3 February 2016 had not been formally adopted by the practice or the nursing staff authorised to work under these PGDs. We found only one PGD at the Guestling branch surgery, this had not been formally adopted by the practice or the nurses authorised to work under the PGD.

At the inspection on 27 October 2015 all non-dispensing patient prescriptions were reviewed and signed by a GP before they were given to the patient. However, all patient prescriptions that were dispensed at the branch were signed at the end of each session.

On 1 March 2016 all prescriptions were reviewed and signed by a GP before the prescription was handed to the patient or the medicines were dispensed.

At the inspection on 27 October 2015 both blank prescription forms for use in printers and those for hand written prescriptions were not stored or tracked on-site in accordance with national guidance.

On 1 March 2016 at the Guestling branch both blank prescription forms for use in printers and those for hand written prescriptions were not stored on-site in accordance

## Are services safe?

with national guidance, but a tracking system had been introduced. At the main practice blank prescription forms for use in printers were left in printers in unlocked rooms. Hand written prescriptions at the main practice were kept in a locked cupboard in the practice manager's office, however there was no tracking log and no record of where prescriptions were issued to.

At the inspection on 27 October 2015 the practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). The controlled drugs were stored securely and access to them was restricted. However, the keys at the branch were not kept securely at all times, the controlled drug safe was over full and items other than controlled drugs were also present. Prescriptions for controlled drugs being dispensed at the branch were signed after they were dispensed and collected. The practice recorded who had collected the dispensed controlled drugs by their relationship to the patient rather than their name.

On 1 March 2016 the controlled drugs were stored securely and access to them was restricted, the keys were kept securely, stock was only ordered when needed. Prescriptions for controlled drugs were signed before the medicines were dispensed. The practice recorded the name of the person who had collected the dispensed controlled drugs.

At the inspection on 27 October 2015 emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

On 1 March 2016 the practice did not hold the expected list of emergency medicines and there was no risk assessment in place for this. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

### Staffing and recruitment

At the inspection on the 27 October 2015 we found that the practice was failing to establish and operate effective and safe recruitment systems. There was no evidence that the provider had robust systems to ensure safe recruitment practices were in place. For example, we asked to see the practice recruitment policy and we were told that they did not have one.

On 1 March 2016 we were shown a recruitment statement that had been produced on the same day. The recruitment statement did not include details of the system and processes to be followed when recruiting new staff.

During the inspection on the 27 October 2015 we found that records of staff recruited to the practice to be incomplete and did not demonstrate that there was a robust system in place to protect patients from harm. For example some staff records were missing references and proof of identity and we found that the practice had not carried out a DBS (Disclosure and Barring Service) check on all staff, including those who had unsupervised access to patients in the course of their work.

On 1 March 2016 we again found that records of staff recruited to the practice to be incomplete. For example staff identified on the 27 October 2015 as not having proof of identity still had no proof of identity. In addition the practice still had not carried out a DBS check on all staff, including those who had unsupervised access to patients in the course of their work. We also saw that a new member of staff in a project manager role did not have a contract of employment and there was no record of references having been sought.

During the inspection on the 27 October 2015 we found there was no evidence of current registration with a professional regulator for some members of the nursing staff at the practice.

On 1 March 2016 we viewed the records of one member of the nursing staff and saw there was still no evidence of current registration with a professional regulator on record.

This section is primarily information for the provider

## 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had failed to ensure that the risks to patients from staff undertaking tasks who did not hold a DBS were fully assessed. The provider failed to ensure the premises and equipment was safe to be used by patients and staff. The provider had failed to ensure infection control procedures were up to date and the risk of the spread of infect was minimised.</p> <p>This was a breach of regulation 12 (1)(2) (a)(b)(d)(e)(f) and (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>How the regulation was not being met:</b></p> <p>We found that the registered provider had not ensured systems and processes were established and operated effectively to prevent abuse of service users.</p> <p>This was in breach of regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p>



This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

The provider had not ensured all staff were aware of significant information to improve the quality of the service. Regular practice meetings were not held. Systems to assess and learn from incidents and complaints were not in place. Records related to the training and development of staff were not accurately maintained.

This was a breach of regulation 17 (2) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

## Enforcement actions

### 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had failed to ensure the medicine management systems were robust and safe.</p> <p>This was a breach of regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had failed to ensure the recruitment procedure was robust and satisfactory information was not available for staff employed by the practice. This included information set out in schedule 3 of the act.</p> <p>This was a breach of regulation 19 (1)(b)(2)(a)(3)(a)(b) and schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>