

# Dr Satnam Sodhi

## Quality Report

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Date of inspection visit: 31 August 2017  
Date of publication: 26/10/2017

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 of Dr Satnam Sodhi on 31 October 2016. The overall rating for the practice was good. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Dr Satnam Sodhi on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 31 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 31 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:

- Risks to patients were assessed and well managed, including those related to recruitment checks.
- The provider had up to date policies on safeguarding and there was a new system in place to ensure that staff read and signed the policies.

- The provider took action to ensure all staff were aware of how to access the practice's business continuity plan.
- All completed appraisal records included assessment of staff performance.
- Unpublished data for long term conditions provided by the practice showed there had been improvements in patient outcomes.
- Although some improvements had been made to improve the cervical screening uptake which included providing information in different languages, the uptake continued to be below local and national average. For example, Quality and Outcomes Framework (QOF) data for 2015/16 showed the cervical screening uptake for the practice was 67%, which was below Clinical Commissioning Group (CCG) average of 77% and national average of 81%.

The areas where the provider should make improvements are:

- Monitor and continue to consider ways to improve the uptake of cervical screening.

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.

**Good**



# Dr Satnam Sodhi

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

## Background to Dr Satnam Sodhi

Dr Satnam Sodhi provides primary medical services from Wembley Centre for Health and Care in Brent to approximately 3,300 patients and is part of Brent Clinical Commissioning Group.

The practice population is in the fifth most deprived decile in England. The percentage of children registered at the practice who are living in income deprived households is 16%, which is lower than the CCG average of 27%. The percentage of older people registered at the practice who live in income deprived households is 30%, which is the similar to the CCG average of 27%. The practice has a higher than average proportion of patients aged between 20 and 39 years and a lower proportion aged 40 years and older.

Dr S M Sodhi operates as a single handed male GP. One male and one female long-term locum GPs also work at the practice. In total 22 GP sessions are provided per week. The practice has one female nurse. The practice team also consists of a practice manager, receptionist and two administrative assistants.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8:30am and 6:30pm every weekday apart from Wednesdays when they close at 1pm. Appointments are from 9am to 11am and then from 4pm to 6pm daily apart from Wednesdays when there is no afternoon clinic. Extended hours appointments are offered from 6pm to 7:30pm on Tuesdays. In addition to appointments that can be booked in advance, urgent appointments are also available for people who needed them. When the practice is closed patients are directed to the local out-of-hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; and surgical procedures.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Satnam Sodhi on 31 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Following the inspection the practice was rated as requires improvement in the safe domain. The previous report can be found by selecting the 'all reports' link for Dr Satnam Sodhi on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a desk based follow up inspection of Dr Satnam Sodhi on 31 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

We carried out a desk-based focused inspection of Dr Satnam Sodhi on 31 August 2017. This involved reviewing evidence that:

- The practice had adequate arrangements in place for recruitment checks.
- The provider had up to date policies on safeguarding and there was a system in place to ensure that staff read and signed the policies.

- All completed appraisal records included assessment of staff performance.
- All staff were aware of how to access the practice's business continuity plan.
- Improvements had been made to outcomes for patients with long term conditions.
- Improvements had been made to improve the cervical screening uptake.

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

**During the comprehensive inspection carried out on 31 October 2016, we found that the practice did not have adequate arrangements in place for recruitment checks. These arrangements had significantly improved when we undertook a follow up inspection on 31 August 2017.**

### Overview of safety systems and processes

- The practice had undertaken appropriate checks through the Disclosure and Barring Service (DBS) to

assure themselves that the practice nurse continued to be safe to work with vulnerable people. They told us that no new staff had been recruited since the last inspection.

- The provider had up to date policies on safeguarding and there was a new system in place to ensure that staff read and signed the policies.

### Arrangements to deal with emergencies and major incidents

- The provider took action to ensure all staff were aware of how to access the practice's business continuity plan.