

# Dr Kirit Shah

## 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 effective?

Requires improvement 

Are services well-led?

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 Kirit Shah on 3 February 2016. Breaches of legal requirements were found. After the comprehensive inspection, the practice submitted an action plan, outlining what they would do to meet the legal requirements in relation to the breaches of regulations 9 (Person centred care); 12 (Safe care and treatment); 13 (Safeguarding service users from abuse and improper treatment); 17 (Good governance) and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focussed inspection on 1 December 2016 to check that the practice had followed their plan and to confirm that they now met the 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 Kirit Shah on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Overall the practice was rated as requires improvement following the comprehensive inspection. They were rated as requires improvement for providing safe, effective and well led services. Following this focussed inspection we

found the practice to be good for providing a safe and well led service. It remains rated as requires improvement for effective services as the practice had not yet demonstrated an effective quality improvement programme, for example two cycle, completed audits.

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

- The practice had put processes in place to ensure that staff were up to date with training, including basic life support.
- The practice had taken action to address the risks to the health and safety of patients. For example it had purchased a defibrillator and oxygen, had ensured its medicines were in date and had updated its emergency equipment.
- We found several out of date single use items of equipment.
- The GP and practice nurse had undergone training in care planning and we saw that care plans were much improved.
- Staff had undergone training in safeguarding adults and children. Staff were familiar with the local referral process.

# Summary of findings

- The practice had taken action to evaluate and improve the effectiveness of their clinical systems and the service provided to patients. A number of clinical audits had been commenced.
- Regular supervision was being carried out for all staff and we found that staff were carrying out roles appropriate to their training.

The area where the provider must make improvement is to:

- Ensure quality improvement initiatives are embedded in the practice in order to monitor and improve the quality of care delivered.

The area where the provider should make improvement is to:

- Review the process for checking single use equipment to ensure the system is robust.

**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.

- Staff had received safeguarding training and both the GP and practice nurse had trained to level 3.
- The practice has purchased a defibrillator and oxygen.
- All staff had attended training in basic life support.
- All medicines were in date; however, although they had introduced a system to check expiry dates we again found some out of date, single use, equipment.
- New staff inductions were being recorded, as were references given verbally.
- The practice had reviewed its system for the dissemination of safety alerts.
- The immunisation status of all staff had been established.
- We saw that Patient Group Directions were appropriately signed and dated.
- Checklists had been put into place for the external cleaning contactor and a record was being kept to indicate when clinical equipment had been cleaned.

Good



### Are services effective?

The practice is rated as requires improvement for providing effective services.

- Clinical audits had been commenced however these had yet to be completed with a second cycle.
- We reviewed a number of care plans and found them to be well documented.
- Staff supervision was being carried out and recorded. Induction for new staff was being recorded.
- Where patient outcomes fell below the national average the practice was taking steps to address this.
- The practice had a process in place to ensure that all staff were up to date with mandatory training.
- The practice had a system to disseminate NICE and other guidance.
- Staff were working within the scope of their training and qualifications.

Requires improvement



### Are services well-led?

The practice is rated as good for being well led.

Good



# Summary of findings

- The practice had introduced a system to carry out regular and systemic clinical audits, and had commenced these in a number of areas. It had also introduced a system of searches to identify clinical priorities and had improved its recall and management of long term conditions.
- The practice was using the QOF data to identify areas for improvement and was then taking action to improve outcomes for patients.
- The practice manager had reviewed the practice's policies and procedures.

# 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 now rated as good for providing safe and well led care. The changes in the relevant domains have resulted in a change to the population group rating.

Good



### People with long term conditions

The practice is now rated as good for providing safe and well led care. The changes in the relevant domains have resulted in a change to the population group rating.

Good



### Families, children and young people

The practice is now rated as good for providing safe and well led care. The changes in the relevant domains have resulted in a change to the population group rating.

Good



### Working age people (including those recently retired and students)

The practice is now rated as good for providing safe and well led care. The changes in the relevant domains have resulted in a change to the population group rating.

Good



### People whose circumstances may make them vulnerable

The practice is now rated as good for providing safe and well led care. The changes in the relevant domains have resulted in a change to the population group rating.

Good



### People experiencing poor mental health (including people with dementia)

The practice is now rated as good for providing safe and well led care. The changes in the relevant domains have resulted in a change to the population group rating.

Good



# Summary of findings

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure quality improvement initiatives are embedded in the practice in order to monitor and improve the quality of care delivered.

### Action the service **SHOULD** take to improve

- Review the process for checking single use equipment to ensure the system is robust.

# Dr Kirit Shah

## Detailed findings

### Why we carried out this inspection

We undertook a focussed inspection of Dr Kirit Shah on 1 December 2016. This is because the service had been identified as not meeting five of the legal requirements 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, breaches of regulations 9 (Person centred care); 12 (Safe care and treatment); 13 (Safeguarding service users from abuse and improper treatment); 17 (Good governance) and 18 (Staffing) were identified.

During the comprehensive inspection carried out on 3 February 2016, we found that the practice had failed to do all that was reasonably practicable to monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with the lack of a defibrillator; insufficient quantities of and outdated medicines; the lack of oxygen; outdated emergency equipment; undated patient group directions; lack of staff supervision and the risks posed by not ensuring staff were appropriately trained in basic life support. We also found the practice had not done all that was reasonably practicable to ensure patient care plans were correctly documented; that staff had received safeguarding training and were familiar with the referral process; to determine the immunisation status of staff; that there was no system

to carry out regular and systematic clinical audit, including quantitative audits of the care of groups of patients against defined criteria (with re-audit to demonstrate change); and that some staff were carrying out roles for which they were not suitably qualified.

We also identified areas where improvements should be made, which included:

- Recording details of verbal employment references and recording new staff induction.
- Improving the system to record the cleaning carried out by the cleaning contractor so that the practice could determine what has been cleaned and when.
- Reviewing regularly and updating procedures and guidance.
- Reviewing the system for dissemination of safety alerts and clinical guidance across the practice.
- Reviewing staff training needs, including infection prevention and control and Deprivation of Liberty Safeguards training.

This inspection was carried-out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 3 February 2016 had been made. We inspected the practice against three of the five questions we ask about services: is the service safe; is it effective; and is it well led? We also considered other parts of the safe and well-led domains in relation to the areas where we had identified that improvements should be made.



# Are services safe?

## Our findings

### At our inspection on 3 February 2016 we found that:

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Staff were not fully aware of the process to report safeguarding concerns, and some had not had training in safeguarding since 2012.
- The practice did not have a defibrillator or oxygen and had not carried out an assessment to determine the risks of not having this equipment.
- The majority of staff had not attended basic life support training for over a year.
- Some medicines and equipment were out of date. Blank prescriptions for printing were not kept securely.
- Verbal references were not recorded. The immunisation status of all relevant staff, and in particular those with close patient contact, had not been determined.
- Patient group directions were not appropriately dated in line with legislative guidance.
- The practice did not have a system for dissemination of safety alerts across the practice.
- The practice did not have a system to record the cleaning carried out by the cleaning contractor. It did not maintain records to show when clinical equipment was cleaned.
- safeguarding agencies. Staff were now recording if a patient was offered a chaperone, and if they accepted or declined. The practice manager monitored the use of chaperones and we were able to see the most recent monitoring check.
- We saw that checklists had been put into place for the external cleaning contractor to sign, which enabled the practice to determine what was being cleaned and when.
- We saw that staff had received training in handwashing techniques. An infection control audit had been completed on 6 November 2016.
- The immunisation status of all staff had been established, where appropriate staff were offered relevant immunisations and their decision to accept or decline was recorded in their staff file.
- All the medicines we checked, including emergency drugs, were in date. A new process had been implemented to help ensure prescription pads were securely stored. We saw that staff were recording the serial number of prescriptions. Uncollected prescriptions were checked by the designated prescription clerk monthly and discarded after three months, after the GP had been alerted.
- We saw that Patient Group Directions were appropriately signed and dated (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We saw that where verbal references were obtained for potential employees, these were now being recorded. Inductions given to new staff were being recorded.

### Overview of safety systems and processes

At the inspection on 1 December 2016 we found the practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- The practice had reviewed its system for the dissemination of safety alerts. In addition to the practice manager forwarding emails to clinicians, a hard copy was also produced which each clinician was expected to initial to say they had read it. We saw this system in action. Safety alerts were also added to the pack prepared by the practice for locum GPs.
- All staff had recently undergone safeguarding children training to the appropriate level. Staff were able to demonstrate they understood their responsibilities. The practice had obtained from the local Clinical Commissioning Group a handy sized safeguarding booklet, which included contact numbers for external

### Monitoring risks to patients

At the inspection on 1 December 2016 we found the practice assessed and managed most but not all risks to patients and some improvement was needed.

- Clinical equipment was being cleaned regularly and we saw that staff were keeping an up to date record of this.
- We found out of date single use equipment (needles and a spillage kit). The practice immediately disposed of the needles and subsequent to the inspection purchased new spillage kits.

### Arrangements to deal with emergencies and major incidents

## Are services safe?

At the inspection on 1 December 2016 we found the practice had arrangements in place to respond to emergencies and major incidents.

- All staff had received basic life support training.
- The practice had purchased a defibrillator and oxygen. We checked both and they were in working order, the oxygen tank was full and regularly checked by staff.

- Staff were aware of the location of the emergency medicine box. Medicines were in date, and with the exception of Atropine, the practice was keeping the emergency medicines recommended. After discussion during the inspection the GP confirmed that he would immediately order a supply of Atropine as he was carrying out knee joint injections.
- We found the equipment in the doctor's bag was in date.

# Are services effective?

(for example, treatment is effective)

## Our findings

### At our inspection on 3 February 2016 we found that:

- New staff had received inductions but this was not recorded.
- We found some staff were working outside the scope of their training and qualifications.
- Data showed most patient outcomes were comparable to the locality and nationally; however, where outcomes fell below average the practice had not taken steps to address this.
- There was no evidence that audit was driving improvement in performance to improve patient outcomes.
- The care plans we reviewed were poorly documented.
- Staff received an annual appraisal but no supervision was carried out.
- The practice did not have a system for dissemination of clinical guidance across the practice.

### Effective needs assessment

At the inspection on 1 December 2016 we found the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through, for example, regular discussion at clinical meetings and (to date) single cycle audits. We saw that staff had recently discussed guidelines relating to sepsis.

### Management, monitoring and improving outcomes for people

At the inspection on 1 December 2016 we found the practice had updated its audit plan and commenced a number of audits including ones relating to atrial fibrillation; diabetes; vitamin D and osteoporosis. The

practice acknowledged the audits would need to be completed with a second audit; however, they felt that the intervening period was not yet long enough for any meaningful second cycle data to be collected.

The practice had also introduced protocols relating to the action it would take when patients' outcomes, such as those measured through the Quality Outcomes Framework (QOF), dropped below local and national averages (QOF is a system intended to improve the quality of general practice and reward good practice). For example, to improve immunisation performance the practice had introduced more robust recall methods including mjpg, email, letter and through messages attached to repeat prescriptions. It also monitored performance through the primary care web benchmarking tools and commenced additional clinics to improve management of long term conditions.

### Effective staffing

At the inspection on 1 December 2016 we found staff had the skills, knowledge and experience to deliver effective care and treatment. The practice manager and the GP had reviewed staff training needs and job descriptions to satisfy themselves that staff were not working outside of their remit. Staff had undergone additional training in, for example, safeguarding, basic life support, and handwashing techniques. Clinicians were able to demonstrate a satisfactory knowledge of deprivation of liberty safeguards, and had completed training in the Mental Capacity Act 2005.

We saw new staff were given an induction and that this was recorded. The practice had reviewed and updated its induction pack for locum clinicians. Formal, monthly supervision had been introduced and we saw the records of this. The practice manager supervised non-clinical staff whilst the practice nurse, for example, received supervision through the local nursing group and from the GP.

### Coordinating patient care and information sharing

At the inspection on 1 December 2016 we found the information needed to plan and deliver care and treatment was recorded and accessible to all staff. We reviewed four patient records, including care plans, and found these to be well documented. Both the practice nurse and the GP had undertaken (electronic) care planning training.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### At our inspection on 3 February 2016 we found that:

- There was a strong focus on providing a caring service; however, the lack of quality assurance systems made it difficult for staff to identify clinical priorities, and where these had been identified, such as through the QOF data relating to hypertension, action was not taken to improve outcomes for patients.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.

### Governance arrangements

At the inspection on 1 December 2016 we found the practice had an overarching governance framework which supported the delivery of the strategy and good quality

care. The practice had put in to place a detailed and comprehensive action plan to address the issues found at the inspection in February 2016 and the plan was being regularly reviewed.

- The practice had introduced a system to carry out regular and systemic clinical audits, and had commenced these in a number of areas. It had also introduced a system of searches to identify clinical priorities and had improved its recall and management of long term conditions.
- The practice was using the QOF data to identify areas for improvement and was then taking action to improve outcomes for patients.
- The practice manager had reviewed the practice's policies and procedures. They had set up electronic diary alerts to serve as a reminder when they were next due for review.
- The practice website had been updated so that it showed the same information as the NHS Choices website.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not ensured that quality improvement initiatives were embedded in the practice in order to monitor and improve the quality of care delivered.</p> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## 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.