

# Dr Bijendra Narayan Singh

## Quality Report


Brompton Medical Centre  
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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?	Good	
Are services responsive to people's needs?	Good	
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 at Dr Bijendra Narayan Singh on 27 September 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Dr Bijendra Narayan Singh on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 13 June 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 27 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had introduced a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings).

- The practice was able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.
- The practice demonstrated that clinical audits were driving quality improvement.
- The practice had identified an additional 11 patients on the practice list who were also carers. The total number of identified patients on the practice list who were also carers was now 14. This represented 0.7% of the practice list.
- The provider had created a practice website.
- The practice had introduced an effective complaints management system.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Continue to identify patients who are also carers to help ensure eligible patients are offered relevant support.

**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.

- The practice had introduced a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings).
- The practice was able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- The practice demonstrated that clinical audits were driving quality improvement.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The provider had created a practice website.
- The practice had introduced an effective complaints management system.

Good



### Are services well-led?

The practice is rated as good for being well-led.

- The practice had implemented all planned improvements to their governance arrangements and were able to demonstrate that these arrangements were effective.

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 provider had resolved the concerns for the provision of safe, effective, responsive and well-led care identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for the provision of safe, effective, responsive and well-led care identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for the provision of safe, effective, responsive and well-led care identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for the provision of safe, effective, responsive and well-led care identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for the provision of safe, effective, responsive and well-led care identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for the provision of safe, effective, responsive and well-led care identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Dr Bijendra Narayan Singh

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

## Background to Dr Bijendra Narayan Singh

Dr Bijendra Narayan Singh (also known as Brompton Medical Centre) is situated in Gillingham, Kent and has a registered patient population of approximately 2,100. There are more patients registered between the ages of 0 and 14 years as well as between the ages of 25 and 44 years than the national average. There are fewer patients registered over the age of 55 years than the national average.

Following our inspection in November 2015 the practice has gone into partnership with four GPs from Sydenham House Medical Group, which was agreed by NHS England.

The practice staff consists of one GP (male), one practice manager, one nurse manager, one nurse practitioner (female), one healthcare assistant (female) as well as administration and reception staff. Other Sydenham House Medical Group staff work at the practice when required. For example, to cover any staff absence. There is a reception and waiting area on the ground floor. All patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is not a teaching or training practice (teaching practices have medical students and training practices have GP trainees and FY2 doctors).

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice is open Monday, Tuesday, Wednesday and Friday between the hours of 8.30am to 6.30pm and Thursday 8.30am to 12.30pm. Primary medical services are available to patients registered at Dr Bijendra Narayan Singh via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Services are provided from Brompton Medical Centre, 28a Garden Street, Brompton, Gillingham, Kent, ME7 5AS, only.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Bijendra Narayan Singh on 27 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 27 September 2016 can be found by selecting the 'all reports' link for Dr Bijendra Narayan Singh on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr Bijendra Narayan Singh on 13 June 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.

## How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the

## Detailed findings

focussed inspection had been addressed. During our visit we spoke with the practice manager as well as staff from Sydenham House Medical Group (the service improvement manager, the clinical governance manager and the risk manager) as well as reviewed information, documents and records kept at the practice.

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

At our previous inspection on 27 September 2016, we rated the practice as requires improvement for providing safe services.

- The practice was unable to demonstrate they had a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings).
- The practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.

These arrangements had significantly improved when we undertook a follow up inspection on 13 June 2017. The practice is now rated as good for providing safe services.

### Monitoring risks to patients

Improvements to risk management had been made and risks to patients were assessed and well managed.

- The practice had introduced a system for the routine management of legionella (a germ found in the

environment which can contaminate water systems in buildings). Records demonstrated a legionella risk assessment had been carried out; an action plan had been developed and implemented to address the issues identified. For example, the gas boiler had received attention from a gas engineer to help ensure water was heated to the correct temperature. Records showed that ongoing monitoring was taking place. For example, monthly checks of the temperature of water from hot and cold outlets in the practice.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies.

- The practice had purchased an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). We saw that the defibrillator pads were within their expiry date and the AED battery indicator showed that the device was in working order.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 27 September 2016, we rated the practice as requires improvement for providing effective services.

- The practice was unable to demonstrate that clinical audits were driving quality improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 13 June 2017. The practice is now rated as good for providing effective services.

### **Management, monitoring and improving outcomes for people**

There was evidence of clinical audits driving quality improvement.

- The practice had implemented their action plan and introduced a system for completing clinical audits. For example, an audit of the treatment of patients with sore throat. The practice had analysed the results and

implemented an action plan to address its findings. Records showed this audit had been repeated to complete the cycle of clinical audit and demonstrated improvement in patient care had taken place.

- Other clinical audits had been carried out. For example, an audit to evaluate the diagnosis of uncomplicated urinary tract infections and their treatment. The practice had analysed the results and implemented an action plan to address its findings. Records showed this audit had been repeated to complete the cycle of clinical audit and demonstrated improvement in patient care had taken place.
- An audit of the prescribing of a specific type of antibiotic in line with local treatment guidelines had taken place. Results showed only one out of ten patients in the audit had been prescribed the specific type of antibiotic in line with local treatment guidelines. The practice had developed an action plan to address the issues identified which included education for the prescriber. Records showed the audit was due to be repeated to complete a cycle of clinical audit and monitor the effectiveness of the practice's action plan.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 27 September 2016, we rated the practice as requires improvement for providing responsive services.

- The practice did not have a website.
- The practice was unable to demonstrate they had an effective complaints management system.

These arrangements had significantly improved when we undertook a follow up inspection on 13 June 2017. The practice is now rated as good for providing responsive services.

### Responding to and meeting people's needs

The provider had created a practice website.

### Listening and learning from concerns and complaints

The practice had introduced an effective complaints management system.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response.

The practice's complaints log showed that they had received one complaint since our last inspection in September 2016. Records demonstrated that the complaint was acknowledged and replied to within the time frames stipulated in the practice's complaints procedure document. As the complaint related to an external issue the practice correctly established that there was no learning for them to take from the event.

# 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 previous inspection on 27 September 2016, we rated the practice as requires improvement for providing well-led services.

- Improvements to governance arrangements were ongoing and some arrangements were not sufficiently robust or effectively implemented.

These arrangements had significantly improved when we undertook a follow up inspection on 13 June 2017. The practice is now rated as good for providing well-led services.

### Governance arrangements

The practice had implemented all planned improvements to their governance arrangements and were able to demonstrate that these arrangements were effective.

- The practice had implemented a system of clinical audits which were driving quality improvement.
- Improvements to risk management had been made and risks to patients were assessed and well managed. For example, the practice had introduced an effective system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings).

### Leadership and culture

The practice had made improvements to systems that helped ensure that when things went wrong with care and treatment:

- The practice had revised processes and introduced an effective complaints management system. For example, a new complaints procedure document had been implemented.