

# Dr Vijay Iyer

## Quality Report

Hodgson Medical Centre

Werrington

Peterborough

Cambridgeshire

PE4 5EG

Tel: 01733 573232

Website: [www.surgeryhodgsoncentre.org](http://www.surgeryhodgsoncentre.org)

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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



# 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 Vijay Iyer (known as The Hodgson Medical Centre) on 25 April 2016. The overall rating for the practice was good with a rating of requires improvement for providing safe services. We then carried out an announced focussed inspection on 28 March 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 25 April 2016.

The reports on the 25 April 2016 and 28 March 2017 inspections can be found by selecting the 'all reports' link for Dr Vijay Iyer on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 11 October 2017 to confirm that the

practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified in our previous inspection on 28 March 2017. This report covers our findings in relation to those requirements.

Overall the practice remains rated as good.

Our key findings were as follows:

- Premises related risks were addressed appropriately, specifically outstanding actions following a legionella assessment.
- Recruitment procedures included pre-employment checks that were in line with Schedule 3 of the Health and Social Care Act.

### 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?**

Our focused inspection on 11 October 2017 found that:

- Premises related risks were addressed appropriately, including outstanding actions following a legionella assessment.
- Recruitment procedures included pre-employment checks that were in line with Schedule 3 of the Health and Social Care Act.

**Good**



# Dr Vijay Iyer

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector.

### Background to Dr Vijay Iyer

Dr Vijay Iyer, also known as The Hodgson Centre, is a well-established GP practice that has operated in the area for many years. It serves approximately 4400 registered patients and has a personal medical services contract with NHS Cambridgeshire and Peterborough CCG. It is located in a residential area of Peterborough with good public transport links and parking.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged 35 to 54 years, a lower than average number of patients aged over 60 years, 25 to 34 years and 5 to 9 years compared to the practice average across England.

The practice team consists of two full time GP partners (one female and one male), an advanced nurse practitioner/partner (female), two practice nurses, a health care assistant and a phlebotomist. The clinical team are supported by a practice secretary and four reception staff who work part time. At the time of our inspection practice management duties were shared with another local practice.

The opening times for the practice are Monday to Friday from 8.30am to 6.30pm except on Mondays when the practice closes from 1pm until 4pm. Extended hours appointments are available after 6pm on Mondays and Thursdays. The advanced nurse practitioner also provided

early appointments from 8am on Thursdays. When the surgery is closed patients access the out of hour's service provided by Herts Urgent Care via the NHS 111 service. The practice website includes this information including how to locate the local walk-in-centre.

### Why we carried out this inspection

We undertook a comprehensive inspection of Dr Vijay Iyer on 25 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and requires improvement for providing safe services. The full comprehensive report following the inspection on 25 April 2016 can be found by selecting the 'all reports' link for Dr Vijay Iyer on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a focused inspection of Dr Vijay Iyer on 28 March 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. The practice remained rated requires improvement for providing safe services.

We undertook a further focused inspection of Dr Vijay Iyer on 11 October 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. The practice was rated good for providing safe services.

### How we carried out this inspection

During our visit we:

## Detailed findings

- Spoke with the lead GP.
- Reviewed legionella records and processes.
- Reviewed recruitment records and processes.

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our previous inspection on 28 March 2017, we rated the practice as requires improvement for providing safe services. The following improvements were needed:

- Review the recruitment procedures to ensure that pre-employment checks are completed in line with Schedule 3 of the Health and Social Care Act.
- Ensure that actions are taken in response to the legionella risk assessments and records are maintained to demonstrate the actions are completed in a timely manner.

These arrangements had improved when we undertook a follow up inspection on 11 October 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and processes

During our inspection on 28 March 2017 we reviewed three recruitment files and found that

pre-employment checks were not always evidenced prior to staff commencing their employment.

There was no photo identification or health check/declaration held on file. Although a disclosure and barring service check had been completed and this was confirmed by the member of staff, there were no records on file to support this. The recruitment policy contained a brief description of the recruitment procedure but did not include detailed information about the types of references that were needed and had no detail about the checks required for staff with the Disclosure and Barring Service. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

During our inspection on 11 October 2017 we found that effective recruitment procedures were in place. The practice recruitment policy outlined the information required to be obtained during recruitment processes. For example, proof of identification, references, qualifications and the appropriate checks through the DBS. The practice was in the process of recruiting a new member of staff and had collated appropriate documentation so that they were informed of the new member's background, qualifications and employment history. A DBS check was yet to be undertaken but planned, and photographic evidence would be collated from the start date of their employment, which was several weeks away at the time of the inspection. Since our inspection in March 2017 the practice had communicated elaborately with the DBS to educate themselves on the levels of checks and they were well educated on the various levels required for different staff roles.

### Monitoring risks to patients

During our inspection on 28 March 2017 we saw that a legionella risk assessment had been completed in August 2016. It identified that the building was a low-medium risk and included some recommended actions. Although some of the actions had been completed, the practice did not have a written record to demonstrate this or to ensure that progress was completed. The senior GP agreed to take further action.

During our inspection on 11 October 2017 we found that actions recommended in the legionella assessment were undertaken and recorded. For example, water temperature testing was undertaken twice monthly by one of the GP partners and results were recorded. The practice had further legionella assessments planned with an external provider to ensure continuation of effective legionella monitoring. There were no further actions outstanding.