

# Dr Jitendrakumar Trivedi

## Quality Report

Shreeji Medical Centre  
22 Whitby Road  
Slough  
Berkshire  
SL1 3DQ  
Tel: 01753 424496  
Website: [www.shreejimedicalcentre.co.uk](http://www.shreejimedicalcentre.co.uk)

Date of inspection visit: We have not revisited the practice as part of this review because the practice was able to demonstrate that they were meeting the regulations associated with the Health and Social Care Act 2008 without the need for a visit.  
Date of publication: 19/04/2017

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to Dr Jitendrakumar Trivedi	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

## Overall summary

### Letter from the Chief Inspector of General Practice

At our previous comprehensive inspection at Dr Jitendrakumar Trivedi, more commonly known as Shreeji Medical Centre in Slough, Berkshire on 22 June 2016 we found a breach of regulations relating to the provision of safe services. The overall rating for the practice was good. Specifically, the practice was rated requires improvement for the provision of safe services, outstanding for the provision of effective services and good for the provision of caring, responsive and well-led services. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Dr Jitendrakumar Trivedi on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 5 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection in June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We found the practice had made improvements since our last inspection. Using information provided by the practice we found the practice was now meeting the regulations that had previously been breached. We have amended the rating for this practice to reflect these

changes. The practice is now rated good for the provision of safe, caring, responsive and well led services. The practice remains rated as outstanding for the provision of effective services.

Our key findings were as follows:

- The practice had introduced a system for tracking and monitoring the use of blank prescription forms and pads. This system was now in line with national guidance. Completed actions included the installation of printer locks to prevent unauthorised access to blank prescription forms.
- The practice had reviewed existing arrangements regarding the awareness of consent. We saw the consent policy had been shared and awareness training discussed in staff meetings which were attended by non-clinical and clinical staff including regular and locum staff. Furthermore, the practice had arranged full access to all the consent correspondence to be accessible to all staff including within the revised locum induction pack, which must be read prior to working at the practice.
- The practice had established and was now operating safe systems to assess, manage and mitigate the risks identified relating to fire safety. This included documented fire evacuation drills and a review of evacuation procedures.

# Summary of findings

- Further steps had been taken steps to increase the number of identified patients with caring responsibilities within the practice population. The practice had identified 27 patients, who were also a carer; this was an increase from 11 identified carers at the June 2016 inspection and amounted to approximately 0.5% of the practice list. We saw each month the practice was identifying more carers and advising them of the various avenues of support available from the practice. To further increase the identification of carers, the practice actively promoted

carers awareness through practice videos (including videos in different languages spoken within the community) alongside posters and leaflets available in the waiting room. The practice had held further carers meetings where information was shared about resources for carers, including financial support and healthcare resources.

**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 had taken appropriate action and is now rated as good for the provision of safe services.

Our last inspection in June 2016 identified concerns relating to how the practice managed and monitored the use of blank prescription forms and pads.

We also saw concerns regarding how the practice managed fire safety. Although the practice had up to date fire risk assessments and carried out regular fire drills, these drills were not recorded and there was no list of which staff attended.

Using information provided by the practice we found the concerns had been addressed:

- The practice had introduced a system for tracking and monitoring the use of blank prescription forms and pads. This system was now in line with national guidance.
- The practice had established and was now operating safe systems to assess, manage and mitigate the risks identified relating to fire safety. This included documented fire evacuation drills and a review of evacuation procedures.

**Good**



# Dr Jitendrakumar Trivedi

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk based review inspection was completed by a CQC Inspector.

## Background to Dr Jitendrakumar Trivedi

Dr Jitendrakumar Trivedi is more commonly known as Shreeji Medical Centre and is located in Slough in adapted premises. The practice has approximately 6000 registered patients. The practice has a high proportion of patients aged 20 to 24 years. There were high proportions of patients registered at the practice from Indian, Pakistani, and other Asian backgrounds. The area in which the practice is located is placed in the fifth most deprived decile. In general, people living in more deprived areas tend to have a greater need for health services.

There is one lead GP, two salaried GPs and five locum GPs. There are four male GPs and four female GPs. GPs provide approximately 30 clinical sessions per week in total, depending on the hours worked by locum GPs.

The practice employs two female practice nurses, two locum nurses, and three health care assistants. The practice manager is supported by a team of administrative and reception staff.

The practice is not a teaching or training practice for medical students or trainee GPs. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated locally between GP representatives and the local office of NHS England).

Services are provided from the following location:

- Shreeji Medical Centre, 22 Whitby Road, Slough, Berkshire SL1 3DQ

When the practices are closed patients can access the Out of Hours Service via NHS 111 service.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 22 June 2016 and we published a report setting out our judgements. These judgements identified a breach of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We undertook a follow up desk-based focused inspection on 5 April 2017 to follow up and assess whether the necessary changes had been made, following our inspection in June 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the requirements of the regulations that had previously been breached.

This report should be read in conjunction with the full inspection report.

# Detailed findings

## How we carried out this inspection

We carried out a desk-based focused inspection of Dr Jitendrakumar Trivedi on 5 April 2017. This involved reviewing evidence provided by the practice and a range of information we hold about the practice.

- We reviewed the previous Care Quality Commission (CQC) inspection report and the action plan submitted by the practice outlining how they would make the necessary improvements to comply with the regulation.

- We also reviewed information provided by the practice, including evidence of the new arrangements to manage prescription security, evidence of revised patient consent arrangements, fire safety documentation and information of improved systems to identify patients with caring responsibilities.

All were relevant to demonstrate the practice had addressed the breaches of regulation identified at the inspection in June 2016.

# Are services safe?

## Our findings

When we inspected Dr Jitendrakkumar Trivedi in June 2016, we identified concerns relating to how the practice managed prescription security and fire safety. The practice did not monitor the use of blank prescription forms and pads, there was therefore potential for unauthorised access to blank prescription stationary.

We saw the practice had up to date fire risk assessments and carried out regular fire drills, however these drills were not recorded and there was no list of which staff attended.

We reviewed information provided by the practice and found the practice had made improvements to address the concerns previously identified.

### Overview of safety systems and processes

The practice had reviewed arrangements for managing medicines, including prescription stationary. There was now a system in place for tracking and monitoring the use of blank prescription forms and pads.

We saw there was a log sheet for ordering and receiving blank prescriptions. We reviewed two separate daily log sheets which clearly tracked individual prescriptions throughout the practice. Furthermore, we reviewed a log sheet for handwritten prescriptions, used for handwritten prescriptions completed on home visits. This log sheet also clearly tracked and monitored individual prescriptions.

To further strengthen prescription security, we saw the practice had fitted all printers with secure locks to prevent unauthorised access to prescription stationary.

### Monitoring risks to patients

We saw the practice had established and was now operating safe systems to assess, manage and mitigate the risks identified relating to fire safety. This included documented fire evacuation drills and a review of evacuation procedures. Following the fire evacuation drill we saw the practice had reviewed the evacuation procedures to ensure any lessons learnt had been shared with the full practice team.

These actions were now ensuring that requirements relating to safe care and treatment were being met.