

Dr Sunil Maiti

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?

Good 

Are services caring?

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

This is a desk top review of evidence supplied by Dr Sunil Maiti, also known as Richmond Medical, for areas within the key question Safe. This review was completed on 16 November 2016.

Upon review of the documentation provided by the practice, we found the practice to be good in providing safe services. Overall, the practice is rated as good.

The practice was previously inspected on 7 January 2015. The inspection was a comprehensive inspection under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA). At that inspection, the practice was rated good overall. However, within the key question safe several areas were identified as requires improvement, as the practice was not meeting the legislation for two key areas:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment
- Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Fit and proper persons employed

At the inspection in January 2016 we found that the registered person did not assess and mitigate against risks including securing prescription paper and ensuring all staff received appropriate training and appraisal to ensure the health and safety of service users whilst receiving the care or treatment. We also found that appropriate employment checks were not consistently carried out prior to staff commencing work as the provider could not evidence that disclosure and barring service (DBS) checks had been carried out for GPs.

Other areas identified where the practice was advised they should make improvements included:

- Improving the availability of non-urgent appointments.
- Reviewing and updating the business continuity plan to take into account information technology based eventualities.
- Improving the sample drop off procedure to ensure the samples are kept in a safe place out of access to the public.

The practice supplied an action plan and a range of documents which demonstrated they are now meeting the requirements of Regulation 12 Staff Care and Treatment and Regulation 19 Fit and Proper Persons

Summary of findings

Employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice also demonstrated improvement in the other areas identified in the report from January 2016 which did not affect

ratings. These improvements have been documented in the well-led section, showing how the registered person has demonstrated continuous improvement since the inspection in January 2016

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?

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to staffing and good governance since the inspection carried out in January 2016.

Evidence supplied by the practice included the prescription policy and registers of prescriptions; confirmation of disclosure and barring service (DBS) checks for new staff; details of additional training including basic life support training for staff and appraisal dates for all staff.

The practice had also updated the business continuity plan to include access to information technology systems and implemented a new system for patients to hand samples in.

Good



Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services caring?

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services well-led?

The practice is rated as good for providing well-led services.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website

Good



Summary of findings

<http://www.cqc.org.uk/search/services/doctors-gps>

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 rated as good for the care of older people.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances make them vulnerable.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

What people who use the service say

As part of this focused desk top review we did not speak to any people who use the service

Dr Sunil Maiti

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector who reviewed and analysed the documentary evidence submitted.

Background to Dr Sunil Maiti

Richmond Medical is based in the Acorn Primary Health Care Centre in Accrington. It is part of the East Lancashire Clinical Commissioning Group (CCG) and has 6216 patients.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Male and female life expectancy in the practice geographical area is 74 years for males and 79 years for females, both of which are below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register were similar to the average GP practice in England. The practice had a higher percentage (73.6%) of its population claiming disability allowance than the England average (50.3%).

The practice is based in an area with a high level of unemployment with large families in overcrowded and poor housing. The practice has more than 50% of its patients from black, minority and ethnic communities as well as a high number of people from the travelling community.

The service is provided by three GP partners and two salaried GPs. The practice also employs a business development manager, an assistant practice manager, five nursing staff (including a healthcare assistant and a nurse for patients over the age of 75), and a number of reception /

administrative staff who also cover other duties such as dealing with samples and drafting prescriptions.

The practice is based in a purpose built building with ramp access to assist people with mobility problems. There is plenty of parking including specific parking bays for people with disabilities. The practice has a number of consulting and treatment rooms used by the GPs and nursing staff as well as visiting professionals such as health visitors.

The surgery is open Monday to Friday between 8am and 6:30pm. There is provision for poorly children to be seen the same day. Out of hours is provided by the NHS 111 services.

The practice provides online patient access that allows patients to book appointments and order prescriptions.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme on 16 November 2016. This inspection was a planned focused desk top review to check whether the provider had taken the required action and was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now amended by the current legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How we carried out this inspection

At the inspection in January 2016, we found that safe care and treatment required improvement. Following the

Detailed findings

inspection the practice supplied an action plan with timescales telling us how they would ensure they met Regulation 12 Safe Care and Treatment and Regulation 18 Fit and Proper Persons Employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In line with their agreed timescale the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to Staffing and Good governance.

We reviewed this information and made an assessment of this against the regulations.

Are services safe?

Our findings

The practice is rated as good for providing safe care and treatment.

At the inspection in January 2015 we found that:

- The recruitment arrangements did not always include all the necessary employment checks for all staff employed by the practice.
- Staff did not always have the relevant training and updates and some staff had not received supervision and appraisal within the appropriate timescales.
- There was no system to monitor the traceability of the prescription paper used in the practice.
- The sample collection point was accessible to anyone in the surgery especially young children who may not realise this was a sample bin.
- The practice business continuity plan had not been updated following an IT incident.

The follow up desk top review in November 2016 found that:

- The practice now ensured all required recruitment checks were carried out including obtaining DBS checks.
- All staff had received an appraisal in the last six months.
- New procedures had been implemented for monitoring prescriptions to prevent potential risks of abuse or theft.
- The sample collection bin had been removed and new procedures were introduced, so samples were not accessible to members of the public.
- All staff had completed basic life support training in February and April 2016 and other refresher training had been provided where appropriate.
- The business continuity plan had been updated to include maintaining secure access to the IT systems.

The practice had addressed the concerns identified during the inspection in January 2015 and the review of documentation in November 2016 found that the practice was now compliant with regulatory requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services caring?

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services well-led?

Good 

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

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question, however, the practice provided evidence which showed they had made improvements in areas as well as the key question safe. This demonstrated commitment to continuous improvement in the service provided to patients.

Improvements had been made to the telephone system and availability of appointments to improve patient care.

This included increasing the number of staff answering incoming telephones each morning and recruiting a nurse practitioner and clinical pharmacist. The practice was also updating the appointment system to offer more pre-bookable appointments on a weekly basis at the time of the follow up inspection.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>