

# Dr Ankur Chopra

## 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

Requires improvement



Are services safe?

Requires improvement



Are services well-led?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Dr Chopra's practice was initially inspected in October 2015. It was rated inadequate for safe and well-led services. The practice was rated as requires improvement in effective and as good in caring and responsive. As a result the practice was placed into special measures and warning notices were issued. In March 2016 we carried out a focussed inspection of the areas covered by the warning notices and found that they had not been met. As a result a condition was imposed on the practice to ensure there was sufficient, effective and co-ordinated management support for the practice to achieve compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and to sustain that compliance.

A further inspection was carried out on 6 July 2016 to assess whether the practice had improved and resolved the issues leading to breaches of the regulations. The practice was again rated as inadequate overall and for safe and well-led services, requires improvement for responsive services and good for effective and caring services. Further enforcement action was proposed, but following the provision of evidence and written representations from the practice it was agreed that a

further comprehensive inspection would take place to assess whether the practice had made sufficient improvement before proceeding with the enforcement action.

We carried out an announced comprehensive inspection at Dr Ankur Chopra on 1 February 2017. On this occasion the practice was rated as requires improvement overall, inadequate in the well-led domain, requires improvement in the safe domain and good in the effective, caring and responsive domains.

Additionally, breaches of the legal requirements were found because the provider had failed to assess, monitor and improve the quality and safety of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Therefore a warning notice was served in relation to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 Good Governance.

Following the comprehensive inspection, the practice advised us what they would do to meet the legal requirements in relation to the breaches and how they would comply with the legal requirements, as set out in the warning notices.

# Summary of findings

We undertook this announced focused inspection on the 16 May 2017, to check that the practice had followed their plan and to confirm that they now met the legal requirements in relation to the warning notices. This inspection does not alter the practice's current ratings as it is still in special measures. A further comprehensive inspection is planned to take place within six months of the previous comprehensive inspection at which the practices rating will be re-assessed.

During this inspection the practice provided records and information to demonstrate that the requirements of the warning notice had been met. You can read the report from our last comprehensive and focussed inspections by using the link for Dr Ankur Chopra on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

**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?

At our previous comprehensive inspection on the 1 February 2017 the practice was rated as requires improvement for providing safe services. For instance staff understood their responsibilities to raise concerns, and to report incidents and near misses. Incidents were recorded and actioned and lessons learnt were communicated to staff and other interested parties. However, in some instances, reviews and actions were not always fully analysed. Additionally some risks relating to medicines management and general health and safety issues were not fully assessed and well managed.

At our focused inspection on 16 May 2017, we found:

There was an effective system for reporting and recording significant events and that there was now a system in place for ensuring that significant events from both Roebuck Surgery and the Guestling branch were recorded in one place on the intranet which was accessible to all staff. We looked at five recent significant events and found that they had been recorded and thoroughly analysed and discussed at appropriate clinical and practice meetings. Lessons were shared to make sure action was taken to improve safety in the practice. We saw evidence that when things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and where appropriate a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Medicines and dressings stored in the practice were all within their expiry dates.

Risk assessments on risks identified at the last inspection had been completed and all actions arising had been carried out. For example, the trip hazard at Roebuck surgery had been clearly marked and warning signs appropriately placed.

**Requires improvement**



### Are services well-led?

At our previous comprehensive inspection on 1 February 2017 the practice was rated as inadequate for providing well-led services. The registered provider did not assess, monitor and improve the quality and safety of the services provided. The practice did not have procedures in place to ensure quality improvements were implemented or governance systems that ensured risks to patients were mitigated. Whilst there were some procedures in place for monitoring and managing risks to patients and staff, not all risks had been identified or appropriate action taken. On some occasions

**Inadequate**



# Summary of findings

reviews and investigations were not thorough enough to support improvement. We also found that although there was a complaints system in place and complaints were responded to, they were not always investigated fully and responded to in a timely manner.

At our focused inspection on 16 May 2017, we found:

Improved systems and protocols had been adopted for the reporting, recording, analysis, actioning and learning from significant events. We saw that the issues that had been incompletely resolved at the previous inspection had been reviewed and appropriate action taken. We also saw that three new significant events had been raised and recorded. Each had been thoroughly analysed and actioned appropriately. Learning points had been identified and discussed at appropriate clinical and staff meetings.

New systems had been introduced with respect to monitoring of stock. Nursing staff carried out monthly reviews of the expiry dates of all dressings and medicines held at both sites.

Health and safety issues identified at the previous inspection had been reviewed and actioned. New health and safety risk assessment protocols had been adopted and a member of staff identified to lead in this area and undergone further training.

Recent complaints had been dealt with appropriately and in a timely manner.

# Dr Ankur Chopra

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was a CQC lead inspector and second inspector.

## Background to Dr Ankur Chopra

Dr Ankur Chopra offers general medical services to people living in Hastings. There are 4000 registered patients. Approximately 2,300 patients come from rural areas, the rest are urban and the practice covers both deprived and affluent areas. Dr Chopra is currently registered as an individual provider, but has recently formed a partnership with three other clinicians, two GPs and an advanced nurse practitioner, who work from three other local surgeries. At the time of the inspection Dr Chopra was not carrying out clinical work at Roebuck House or Guestling Surgery but cover arrangements were in place with support from partner GPs, regular locums and a regular salaried GP. He is supported by an advanced nurse practitioner who is one of the partners, two nurses, a phlebotomist and a team of receptionists and administration staff. The management structure was being revised at the time of the inspection. A permanent practice manager had just been appointed as well as a deputy manager. A business manager was employed by the four practices who was currently responsible for overseeing improvements in the non-clinical governance of Dr Chopra's practice.

The practice was open between 8.30am to 6.30pm Monday to Thursday and 8.30am to 5.00pm on Fridays. The practice worked with a neighbouring practice to ensure reciprocal arrangements for cover on site for emergencies between

8.00am and 6.30pm on a daily basis. Early morning appointments were available from 7.30am at Roebuck House on a Tuesday and at Guestling Surgery on Monday, Wednesday and Friday. The practice closes for lunch between 1pm and 2pm each day. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

The patient population included a 2% lower proportion of children when compared with the local average and slightly more (1.4%) patients over the age of 75 than the national average. The practice had 12% less patients with a long standing health condition than the local average and lower than average unemployment.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

Services are provided from:

Roebuck House, High Street, Hastings, East Sussex, TN34 3EY

A branch surgery is located at:

Guestling Surgery, Chapel Lane, Guestling, Hastings, TN35 4HN

Outside normal surgery hours patients could access care from an Out of Hours provider IC24.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Ankur Chopra on 01 February 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

# Detailed findings

functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in February 2017 can be found by selecting the 'all reports' link for Dr Ankur Chopra on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced focused inspection of Dr Ankur Chopra on 16 May 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 the legal requirements detailed in the warning notice.

## How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breach identified during the comprehensive inspection had been addressed. We carried out an announced inspection on 16 May 2017.

During our visit we:

- Spoke with a range of staff (including the business manager, practice manager, deputy practice manager and two nurses).

We also reviewed the following:

- Records of significant events
- Records of complaint handling
- Risk assessments
- Records of medicines management
- Inspected areas of Roebuck House and Guestling Surgeries

# Are services safe?

## Our findings

At our previous inspection on 01 February 2017, we rated the practice requires improvement for providing safe services. We found deficiencies in the arrangements for reviewing significant events which were not always analysed fully and therefore not all the appropriate actions were always taken. Additionally some risks related to medicines management and general health and safety issues were not fully assessed and well managed. In particular at the last inspection of Roebuck Surgery we had found that dressings previously dispensed for patients by local community pharmacies were kept in stock cupboards and we had found one out of date inhaler.

At this inspection we found that the practice had implemented a number of improvements:

### Safe track record and learning

We examined documents relating to five recently recorded significant events and found that a thorough analysis of each significant event had been carried out. Minutes of

meetings showed that clinical significant events were routinely discussed at clinical meetings and where appropriate at general staff meetings. We also saw that three of the events had been reported to external agencies. The actions required were identified and the learning shared with relevant staff and other agencies. We saw evidence that actions were implemented to improve safety in the practice. For example, we saw that an issue identified at the last inspection in respect of a fire exit door had been reviewed and resolved.

All medicines and stock dressings were within their expiry date and all of the dressings had been ordered directly from a supplier by the surgery.

### Overview of safety systems and process

The practice had reviewed a recent health and safety issues identified at the previous inspection in respect to a trip hazard. They had carried out a risk assessment and had clearly marked the hazard and put up appropriate warning notices.



# Are services well-led?

Inadequate 

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

## Our findings

At our previous comprehensive inspection on 1 February 2017 the practice was rated as inadequate for providing well-led services.

### Governance arrangements

The registered provider did not assess, monitor and improve the quality and safety of the services provided. We saw that there were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions as well as managing complaints. However, when there were unintended or unexpected safety incidents or complaints we saw evidence that on some occasions reviews and investigations were not thorough enough to support improvement. For example, a dispensing issue was raised as a dispensing significant event, but not flagged up, recorded or discussed as a general significant event across both surgeries. This meant that learning opportunities were lost. Also a significant event around a lost fire exit key was raised, discussed and some positive action taken around fire safety, but nothing was put in place to mitigate against the key being misplaced again.

Whilst there were some procedures in place for monitoring and managing risks to patients and staff, not all risks had been identified or appropriate action taken. For instance, a door that was regularly used but normally kept shut at Roebuck Surgery, opened to a sudden step down in to a corridor. There was no warning of this, it had not been identified as a hazard and somebody did trip on the day of the inspection.

We also found that although there was a complaints system in place and complaints were responded to, they were not always investigated fully and responded to in a timely manner.

At this inspection we found that the practice had implemented a number of improvements:

The practice had introduced a live document on their intranet that allowed reports of significant events from

both surgeries to be recorded in one place. Formal systems to underpin how significant events, incidents and concerns were monitored, reported and recorded had been improved. We examined documents relating to five recently recorded significant events and found that a thorough analysis of each significant event had been carried out. Minutes of meetings showed that clinical significant events were routinely discussed at clinical meetings and where appropriate at general staff meetings. We also saw that three of the events had been reported to external agencies. The action required was identified and the learning was shared with relevant staff and other agencies. We saw evidence that actions required were implemented to improve safety in the practice. For example, an issue identified at the last inspection in respect of a fire exit door had been reviewed and resolved.

The practice had introduced new systems and procedures for building health and safety risk assessments. They had produced documentation for, and started to introduce, monthly general risk assessment checks at each site, three monthly health and safety checks, three monthly fire risk assessment checks and an annual comprehensive risk assessment of the building. One staff member had been allocated the lead in this and had undergone some additional training with more planned. Risks highlighted at the previous inspection had been identified and resolved.

New systems had been introduced with respect to monitoring of stock. Nursing staff carried out monthly reviews of the expiry dates of all dressings and medicines held at both sites.

We examined the complaint that was not fully investigated at the last inspection as well as three new complaints. All four complaints had been satisfactorily handled and dealt with in a timely way with openness and transparency. The practice had identified learning points which they had disseminated to staff where appropriate and put in to practice. A book to record verbal complaints at each surgery had been introduced at the time of the inspection, but to date no verbal complaints had yet been recorded.