

Mr. Pravinkumar P Nana

Mr Pravinkumar P Nana - Winlaton

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this service on 25 February 2016 as part of our regulatory functions where a breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We followed up on our inspection of 25 February 2016 to check that the practice had implemented their plan and to confirm that they now met the legal requirements. We carried out a desk based review on 6 July 2016 to check whether the practice had taken action to address a breach of Regulation 17(1), (2) (a) and (b) (d) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This report only covers our findings in relation to those requirements. We have not revisited Mr. Pravinkumar P Nana - Winlaton practice for this review because the registered provider was able to demonstrate that they were meeting the standards without the need for a visit.

Our findings were:

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mr. Pravinkumar P Nana – Winlaton on our website at www.cqc.org.uk.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services well-led?

This desk based inspection concentrated on the key question of whether or not the practice was well-led. We found that the practice was now providing well-led care in accordance with the relevant regulations.

At our previous inspection we found that the practice had not implemented or sustained some governance arrangements. For example, in the last two years the practice had not undertaken audits of various aspects of the service such as record keeping and X-ray audits in accordance with the guidelines. Systems and processes in place to assess monitor and mitigate the risks relating to the health, safety and welfare of service users were not always effective. The practice did not ensure staff training needs and development were reviewed at appropriate intervals and there was no effective process for the on-going assessment, appraisal and supervision of all staff employed.

The registered provider sent us evidence for our review showing that the practice had introduced and implemented governance arrangements which addressed all the issues that had been identified at our inspection of 25 February 2016.

No action



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Detailed findings

Background to this inspection

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out a review of this service on 6 July 2016. This review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 25 February 2016 had been made. We reviewed the practice against one of the five questions we ask about services: is the service well-led? This is because the service was not previously meeting some of their legal requirements under the well-led domain.

At the previous, comprehensive inspection on 25 February 2016 we found that some governance arrangements had not been followed. For example, guidance within the legionella risk assessment dated January 2010 had not been addressed. In addition, we found that the required training had not been updated nor had various audits been undertaken in accordance with the guidance. Some emergency equipment was out of date or missing.

The review was led by a CQC inspector who had access to remote advice from a specialist advisor.

During our review, we checked that the registered provider's action plan had been implemented. We reviewed a range of documents provided by the registered provider. We found that the practice was meeting their legal requirements under the well-led domain.

Are services well-led?

Our findings

Governance arrangements

Clinical Governance (CG) is a system through which healthcare organisations are accountable for continuously improving the quality of their services and promoting high standards of care, by creating an environment in which clinical excellence will flourish. Governance arrangements are part of that ongoing process.

At our previous inspection on 25 February 2016, we found that the practice had not implemented or sustained some governance arrangements. For example, in the last two years the practice had not undertaken audits of various aspects of the service such as record keeping and X-ray audits in accordance with the guidelines. Systems and

processes in place to assess monitor and mitigate the risks relating to the health, safety and welfare of service users were not always effective. Some emergency equipment was out of date or missing.

The registered provider sent us documents to show that governance arrangements had been introduced and implemented which addressed all the issues that had been identified at our inspection of 25 February 2016. For example, we saw that the staff had received training, included training in decontamination, the mental capacity act, equality and diversity and safeguarding children and vulnerable adults. In addition, we saw that a legionella risk assessment took place in March 2016. This assessment did not highlight any issues. We also saw that the practice had undertaken record keeping and X-ray audits in accordance with the guidelines and emergency equipment was complete and fit for purpose.