

Dr Parvin Jalota

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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr Parvin Jalota on 4 May 2016. The overall rating for the practice was good with requires improvement in providing safe services. The full comprehensive report on the 4 May 2016 inspection can be found by selecting the 'all reports' link for Dr Parvin Jalota on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 16 May 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 4 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings were as follows:

- Appropriate recruitment checks had been completed on employees.
- Discussions held with the health visitor were recorded and a log sheet kept of each meeting included a record of when no issues had been raised.
- The chaperone policy had been updated to include the position where a chaperone should stand.
- Appropriate emergency medicines were available at the practice to treat possible complications associated with hypoglycaemia (low blood sugar) and suspected myocardial infarction (heart attack).

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Ensure that all recruitment checks are carried out on locum GPs.

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?

- Appropriate recruitment checks had been completed on employees. However there were some gaps in the checks carried out on a locum GP.
- There was a system in place to record discussions with the health visitor and monitor the recording of these on the patients' notes.
- The chaperone policy had been updated to include an instruction on where a chaperone should be positioned.
- Appropriate emergency medicines were available at the practice to treat possible complications associated with hypoglycaemia (low blood sugar) and suspected myocardial infarction (heart attack).

Good



Dr Parvin Jalota

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a Care Quality Commission (CQC) lead inspector.

Background to Dr Parvin Jalota

Dr Parvin Jalota is registered with the Care Quality Commission (CQC) as a single handed GP in Norton Canes, Cannock. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 3,059 patients. The practice staffing comprises of:

- One male GP and one male long term locum GP.
- One practice nurse.
- One female health care assistant, who also has practice manager responsibilities.
- Members of reception / administrative staff working a range of hours.

The practice is open between 8am and 7pm on Mondays and Tuesdays, 8am and 6.30pm on Wednesdays and Thursdays, and 7.30am and 6.30pm on Fridays. Appointments are available from 9.30am until 12 noon and 4.30 until 7pm on Mondays and Tuesdays, 8.30am until 10.30am and 2.30pm and 4.30pm on Wednesdays, 9.30am

until 12 noon on Thursdays, and 7.30am until 10.30am and 3pm until 5pm on Fridays. Extended hours appointments are available Monday and Tuesday evenings and Friday mornings. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care Ltd.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Jalota on 4 May 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 with requires improvement for providing safe services. The full comprehensive report on the 4 May 2016 inspection can be found by selecting the 'all reports' link for Dr Parvin Jalota on our website at www.cqc.org.uk.

We undertook a further announced focused inspection of Dr Parvin Jalota 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 legal requirements.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced focused inspection on 16 May 2017. During our inspection we:

- Spoke with the practice manager

Detailed findings

- Reviewed protocols and looked at information the practice used to deliver care and treatment.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 4 May 2016, we rated the practice as requires improvement for providing safe services. This was because:

- The provider had not completed all of the appropriate recruitment checks on employees.
- Appropriate emergency medicines were not available at the practice to treat possible complications associated with hypoglycaemia (low blood sugar) or suspected myocardial infarction (heart attack).
- The chaperone policy did not include instructions on where to stand.
- Discussions with the health visitor were not always documented.

These arrangements had improved when we undertook a follow up inspection on 16 May 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

We reviewed two personnel files of staff employed. All of the required checks had been completed. For example, proof of identification, evidence of satisfactory qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The details also included a full employment history, health assessment and evidence of good conduct in previous employment.

We checked a folder for a long-term locum GP who had worked at the practice since 2002. There was evidence of a DBS check, medical indemnity and registration with the appropriate body. However there was no record of immunisation, health assessment or recorded check of the GP being on the local performer's list.

The chaperone policy had been updated to include instructions on where chaperones should stand. The instructions were to stand inside the curtain at the end of the couch where the patient's head would be.

A system had been put in place to record the bi-monthly meetings held with the health visitor. The system consisted of a log sheet that had a reference to the patient or patients discussed. We checked the most recent two records and found that notes had been added to the patient record to reflect the discussions held with the health visitor. When there was no patient concerns raised, this was documented.

Arrangements to deal with emergencies and major incidents

Appropriate emergency medicines were available at the practice to treat possible complications associated with hypoglycaemia (low blood sugar) and suspected myocardial infarction (heart attack). We saw that the medicines were stored securely. All medicines checked were in date.