

Dr Kanchan Arora (Great Hollands Medical Practice)

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 well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection at Dr Kanchan Arora (Great Hollands Medical Practice) on 1 June 2016 found breaches of regulations relating to the safe, effective and well-led delivery of services. The overall rating for the practice was requires improvement. Specifically, we found the practice to require improvement for provision of safe, effective and well led services. It was good for providing caring and responsive services. Consequently we rated all population groups as requires improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Dr Kanchan Arora (Great Hollands Medical Practice) on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 8 February 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 1 June 2016. This report covers our findings in relation to those requirements and improvements made since our last inspection.

We found the practice had made improvements since our last inspection. At our inspection on the 8 February 2017

we found the practice was 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, effective, caring, responsive and well led services. Overall the practice is now rated as good. Consequently we have rated all population groups as good.

Our key findings were as follows:

- All staff who acted as a chaperone had received a Disclosure and Barring Service (DBS) checks and staffing levels were reviewed to keep patients safe and safeguarded from abuse.
- Blank prescription forms and pads were kept securely and tracked through the practice.
- The practice was operating an effective system to monitor the cleaning standards in the premises.
- We found that completed clinical audit cycles were driving positive outcomes for patients.
- There was an effective system in place to follow up patients on two weeks referral procedure for hospital appointments.
- Staff had undertaken training relevant to their role.

Summary of findings

- The practice had demonstrated improvements in patients' outcomes for patients with learning disabilities and patients experiencing poor mental health.
- The practice had installed a hearing induction loop at reception.
- The practice had displayed information about a translation service in the waiting area.
- Staff we spoke with on the day of inspection was aware about a translation service and whistleblowing policy.
- Information posters and leaflets were available in multi-languages.
- The practice had demonstrated significant improvements in governance arrangements.
- The practice had taken steps to identify carers to enable them to access the support available via the practice and external agencies. The practice had actively contacted patients aged above 75 years old to identify more carers. The practice had redesigned new patient questionnaire to identify new carers at the time of new registrations. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice register of patients who were carers had increased from 25 (0.63%) patients to 66 patients (1.7% of the practice patient population list size).

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 good for the provision of safe services.

Good



- When we inspected the practice in June 2016 we found concerns relevant to staffing levels, monitoring of cleaning standards management of prescription forms and pads, and Disclosure and Barring Scheme (DBS) checks were not carried out for non-clinical staff undertaking chaperoning duties. Some clinical and non-clinical staff had not received safeguarding adults, safeguarding children and infection control training relevant to their role.
- At the inspection on 8 February 2017, we saw the concerns had been addressed:
- The practice had reviewed and improved staffing levels and Disclosure and Barring Scheme (DBS) checks were undertaken for all staff undertaking chaperoning duties.
- The practice had managed risks associated with cleanliness and infection control within the practice and disposable curtains were changed on regular basis.
- Blank prescription forms and pads were tracked through the practice and kept securely at all times.
- Staff had undertaken safeguarding adults, safeguarding children and infection control training relevant to their role.

Are services effective?

The practice had taken appropriate action and is now rated good for the provision of effective services.

Good



- When we inspected the practice in June 2016, we found concerns relevant to clinical audits cycles, monitoring of two weeks referral procedure and staff training. Care plans were not completed for any patient on the learning disabilities register and patients experiencing poor mental health.
- At the inspection on 8 February 2017, the practice had demonstrated significant improvements. For example,
- The practice had implemented a rolling programme of audits to ensure continuous monitoring. We saw repeated clinical audits demonstrated quality improvement.
- We noted there was an effective system in place to follow up patients on two weeks referral procedure for hospital appointments.

Summary of findings

- The practice had completed care plans for patients on the learning disability register and patients experiencing poor mental health.
- We checked staff training records and noted that all clinical and non-clinical staff had completed training relevant to their role.

Are services well-led?

The practice had taken appropriate action and is now rated good for the provision of well-led services.

- When we inspected the practice in June 2016, we found governance monitoring of specific areas required improvement, such as, management of blank prescriptions, clinical audits, staffing levels, staff training, cleaning standards and Disclosure and Barring Scheme (DBS) checks to ensure risks were managed appropriately.
- At the inspection on 8 February 2017, the practice had demonstrated significant improvements in governance arrangements. For example,
- The practice had taken steps to improve systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, all staff who acted as a chaperone had received a Disclosure and Barring Service (DBS) checks and staffing levels were reviewed to ensure patients safety.
- The practice had implemented an effective system to monitor the cleaning standards in the premises and the management of blank prescriptions.
- The practice had implemented a programme of repeated clinical audits to monitor quality and to make improvements.
- We saw evidence that there was an effective monitoring system in place to ensure all staff had undertaken training relevant to their role.

Good



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 provider had resolved the concerns for safe, effective and well-led identified at our inspection on 1 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 1 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 1 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 1 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 1 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- It offered annual health checks and care plans for patients with learning disabilities. Care plans were completed for 14 patients out of 14 patients on the learning disability register.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 1 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

- Patients experiencing poor mental health were involved in developing their care plan and health checks. The practice had completed care plan for 15 out of 18 patients experiencing poor mental health.

Dr Kanchan Arora (Great Hollands Medical Practice)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

Background to Dr Kanchan Arora (Great Hollands Medical Practice)

Dr Kanchan Arora (also known locally as Great Hollands Medical Practice) is situated in Bracknell. The practice is located in a purpose built premises and shared with another GP practice. Premises are accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground floor. The practice comprises of two consulting rooms, two treatment rooms, a patient waiting area shared with other provider, reception area, administrative and management offices.

Great Hollands Medical Practice is situated in rented spaces from the Berkshire Healthcare NHS Foundation Trust and the facilities are managed by the respective organisation.

The practice has core opening hours from 8am to 6.30pm Monday to Friday. The practice has offered a range of scheduled appointments to patients every weekday from 9am to 6.20pm including open access appointments with a duty GP. Extended hours appointments are available four evenings a week (Monday to Thursday) from 6.30pm to 7pm.

The practice had a patient population of approximately 4,100 registered patients. The practice population of patients aged between 0 to 14 years and 25 to 49 years is higher than the national average and there are a lower number of patients aged above 50 years old compared to the national average. The practice serves a large ethnic population (22%), with diverse cultural beliefs and needs. The practice is located in a part of Bracknell with the highest levels of income deprivation in the area, including 23% children living in the poverty.

There is one principal GP and one locum GP at the practice. One GP is male and one female. The practice employs a practice nurse and a health care assistant. The practice manager is supported by a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

Services are provided from following location:

Dr Kanchan Arora
Great Hollands Square
Bracknell
RG12 8WY

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time, and after 6:30pm, and on weekends and bank holidays by East Berkshire Primary Care Out of Hours Service by calling NHS 111.

Detailed findings

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 1 June 2016 and we published a report setting out our judgements. These judgements identified three breaches 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 carried out a follow up focussed inspection on 8 February 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 conditions of regulations that had previously been breached.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations

associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

How we carried out this inspection

Before visiting on 8 February 2017 the practice confirmed they had taken the actions detailed in their action plan.

Prior to the inspection we contacted the Bracknell and Ascot Clinical Commissioning Group, NHS England area team and the local Healthwatch to seek their feedback about the service provided by Dr Kanchan Arora (Great Hollands Medical Practice). We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced focused visit on 8 February 2017.

During our visit we undertook observations of the environment and spoke with a range of clinical and non-clinical staff.

This report should be read in conjunction with the full inspection report of CQC visit on 1 June 2016.

Are services safe?

Our findings

When we inspected the practice in June 2016 we found risks to patients and staff were assessed and well managed in some areas, with the exception of those relating to management of blank prescriptions, staffing levels, monitoring of cleaning standards and Disclosure and Barring Scheme (DBS) checks or risk assessment for non-clinical staff undertaking chaperoning duties. Some clinical and non-clinical staff had not received safeguarding adults, safeguarding children and infection control training relevant to their role. Improvements had been made and at the February 2017 inspection we found:

Overview of safety systems and processes

The practice had maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We noted disposable curtains were changed on regular basis. There was an infection control protocol in place and staff had received up to date training. The practice had implemented weekly monitoring checks of cleaning and regular records were maintained. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

We checked staff training records and noted that all clinical and non-clinical staff had completed safeguarding adults, safeguarding children and infection control training relevant to their role.

We found a notice was displayed in the premises, advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Blank prescription forms for use in printers and handwritten pads were handled in accordance with national guidance as these were securely stored and there were systems in place to monitor their use. We noted that the practice had installed new locks on all printers.

Monitoring risks to patients

During the inspection in February 2017 we noted the practice had improved staffing levels. The practice recruited a new full time practice nurse which had reduced the workload on a principal GP. Staff we spoke with on the day of inspection informed us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice in June 2016 we found the practice had not carried out repeat clinical audit cycles and there was limited evidence that findings were used by the practice to improve services. The practice did not have a rolling programme of audits to ensure continuous monitoring. The practice did not have a robust system to follow up patients on two weeks referral procedure for hospital appointments. Care plans were not completed for any patient on the learning disabilities register and patients experiencing poor mental health. Some staff had not completed mandatory training relevant to their role including infection control, safeguarding adult and children, basic life support, equality and diversity, health and safety and fire safety. Improvements had been made and at the February 2017 inspection we found:

Management, monitoring and improving outcomes for people

The practice had demonstrated significant improvements and implemented a rolling programme of audits to ensure continuous improvement and monitoring. We saw evidence that repeated clinical audits were undertaken to demonstrate quality improvement in patient's outcomes.

- The practice had undertaken 13 clinical audits in the last two years, nine of these were clinical audits cycles undertaken in the last six months, where the improvements made were implemented and monitored.

- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, we saw evidence of a minor surgery audit cycle. The aim of the audit was to monitor the rate of success of minor surgery performed on patients. Repeated audits demonstrated high success rate with no episodes of infection or other complications developed after minor surgery performed at the practice.

Effective staffing

- We checked staff training records and noted that all clinical and non-clinical staff had completed training relevant to their role including infection control, safeguarding adult, safeguarding children, basic life support, equality and diversity, health and safety and fire safety.

Coordinating patient care and information sharing

- The practice reviewed their two weeks referral protocol and implemented changes. We saw there was an effective system in place to follow up patients on two weeks referral procedure for hospital appointments.
- The practice had completed care plans for 14 out of 14 patients on the learning disability register.
- The practice had completed care plan for 15 out of 18 patients experiencing poor mental health. We noted the practice had planned in place to complete remaining health checks and care plans by March 2017.

Are services well-led?

Good 

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

Our findings

When we inspected the practice in June 2016, we found governance monitoring of specific areas required improvement. For example, staff training, cleaning standards, staffing levels and tracking of blank prescriptions were not always managed appropriately. The practice had not always undertaken Disclosure and Barring Scheme (DBS) checks or risk assessment of all non-clinical staff undertaking chaperoning duties. The practice had not undertaken regular repeated clinical audits. Improvements had been made and at the February 2017 inspection we found:

Governance arrangements

The practice had demonstrated significant improvements. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. For example:

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had implemented an effective monitoring system and all the areas of concerns from the previous inspection had been resolved.