

Dr Kirit Shah

Quality Report

8 Jonathan Street,
London
SE11 5NH
Tel: 020 77351971
Website: www.vauxhallsurgery.co.uk

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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 effective?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Kirit Shah on 3 February 2016. Breaches of legal requirements were found. After the comprehensive inspection, the practice submitted an action plan, outlining what they would do to meet the legal requirements in relation to the breaches of regulations 9 (Person centred care); 12 (Safe care and treatment); 13 (Safeguarding service users from abuse and improper treatment); 17 (Good governance) and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook a focussed inspection on 1 December 2016 to check that the practice had followed their plan and to confirm that they now met the legal requirements. We found that there remained one breach of regulation in relation to regulation 17, good governance.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Kirit Shah on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 3 July 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 December 2016. This report covers our findings in relation to those requirements.

Overall the practice remains rated as Good. The rating for providing Effective care is now Good. Our key findings were as follows:

- Clinical audits had been carried out and completed with a second cycle. Clinical audits related to NICE guidelines and resulted in changed and better outcomes for patients.
- The practice monitored that these guidelines were followed through, for example, regular discussion at clinical meetings. We saw copies of minutes of these meetings.
- We reviewed a number of care plans and found them to be well documented.
- Clinical staff participated in multi-disciplinary meetings where the needs of specific patients were discussed and the opportunity given to discuss concerns, issues and ongoing care.
- We found that the practice had adequate levels of clinical staff, through the use of a long term locum GP and a locum practice nurse to supplement the existing practice nurse availability. However, we noted that patients did not have access to a female GP, the long term female locum GP having recently left the practice.

Summary of findings

At our initial inspection on 3 February 2016 we found a number of single use pieces of equipment that were out of date. We found similar issues when we re-inspected on 1 December 2016. Disappointingly, at the visit on 3 July 2017 we again found out of date dressings, blood test tubes, blood collection kits and a stitch cutter. This was in spite of the provider telling us they had a new standard operating procedure template in place to use to carry out equipment checks. The provider needs to make improvements in this regard, as outlined below.

Importantly the provider should:

- Keep under review the lack of access to a female GP to ascertain if the needs of patients are being met in this regard.
- Review the process for checking single use equipment to ensure the system is robust.

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 effective?

- Clinical audits had been carried out and completed with a second cycle. Clinical audits related to NICE guidelines and resulted in changed and better outcomes for patients.
- The practice monitored that these guidelines were followed through, for example, regular discussion at clinical meetings. We saw copies of minutes of these meetings.
- We reviewed a number of care plans and found them to be well documented.
- Clinical staff participated in multi-disciplinary meetings where the needs of specific patients were discussed and the opportunity given to discuss concerns, issues and ongoing care.
- We found that the practice had adequate levels of clinical staff, through the use of a long term locum male GP and a locum practice nurse to supplement the existing practice nurse availability. However, we noted that patients did not have access to a female GP, the long term locum female GP having recently left the practice.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Keep under review the lack of access to a female GP to ascertain if the needs of patients are being met in this regard.
- Review the process for checking single use equipment to ensure the system is effective.

Dr Kirit Shah

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Dr Kirit Shah

Dr Shah's practice provided services to approximately 3400 patients in the Vauxhall area of south east London under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). It sits within the Lambeth clinical commissioning group (CCG) which has 48 member practices serving a registered patient population of more than 380,000. Dr Shah's practice provides a number of enhanced services including timely diagnosis and support for people with dementia; support for patients with a learning disability; minor surgery and remote care monitoring.

The staff team at the practice consists of one full time male GP, a locum male GP, a female practice manager, a practice nurse, a locum practice nurse and one full time and three part time administrators/receptionists. The practice provides nine GP sessions per week. The service is provided from this location only, and is located in rented property. It provides an online appointment booking system and an electronic repeat prescription service. Patients can also view test results online. The premises are not purpose built but a ramp has been fitted to enable ease of access for patients with mobility difficulties and a hearing loop has been installed.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments with the practice nurse start at 8am, and with a GP from 9am. The practice provides extended

opening hours with GP appointments on a Tuesday morning from 7.15am and on Monday and Tuesday evenings until 7pm. No appointments are provided on Thursday afternoons. Patients who wish to see a GP during this time or between 8am and 9am are referred to the Lambeth GP access hub (which provides additional GP and nurse appointment at four specific GP practices spread across the borough). Outside of these hours, patients are advised to contact the practice's out of hours provider, whose number is displayed on the practice noticeboard.

The practice is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, family planning, surgical procedures, and diagnostic and screening procedures.

The practice has a lower percentage than the national average of people with a long standing health conditions (46% compared to a national average of 54%) but is comparable to the national average for people with health related problems in daily life (48% compared to a national average of 49%). The average male and female life expectancy for the CCG area and the practice is in line with the national average for both males and females.

The population in this CCG area is predominantly white British. The second highest ethnic group is black or black British. The practice sits in an area which rates within the 30% most deprived neighbourhoods in the country with a value of 36.5 compared to the practice average across England of 23.6. The patient population is characterised by a below England average for patients, male and female, over the age of 55; and an above England average for patients, male and female, between the ages of 25 and 49.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Kirit Shah on 3 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement.

We undertook a follow up focused inspection of Dr Kirit Shah on 1 December 2016. 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. At that inspection the practice was rated as requires improvement for providing effective services. The reports following the inspections on 3 February 2016 and 1 December 2016 can be found by selecting the 'all reports' link for Dr Kirit Shah on our website at www.cqc.org.uk.

We undertook a further follow up focused inspection of Dr Kirit Shah on 3 July 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. We inspected the practice against one of the five questions we ask about services: is the service effective? We also considered other parts of the safe domain in relation to the areas where we had identified that improvements should be made.

How we carried out this inspection

During our visit we:

- Spoke with the GP, practice manager and practice nurse.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed completed clinical audits.
- Checked equipment.
- Reviewed minutes of clinical and multi-disciplinary meetings.

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 effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 1 December 2016, we rated the practice as requires improvement for providing effective services as the practice had not yet demonstrated an effective quality improvement programme, for example two cycle, completed audits. These arrangements had improved when we undertook a follow up inspection on 3 July 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. We saw, for example, that in line with NICE guidance, the practice was starting to review its patients with atrial fibrillation.
- The practice monitored that these guidelines were followed through, for example, regular discussion at clinical meetings. We saw copies of minutes of these meetings.
- We reviewed 24 patient records. We saw that these were being appropriately maintained and included care plans where necessary. These were normally completed by the practice nurse. The nurse also carried out holistic care assessments for patients who met the criteria for a Clinical Commissioning Group (CCG) led initiative to review the care of patients prescribed four or more medicines. At the time of this inspection the practice was exceeding the target set by the CCG.

Management, monitoring and improving outcomes for people

- The practice sent us copies of two audits, both of which had been completed with a second cycle. One related to the prescribing of Vitamin D; the other to calcium and vitamin D deficiency in patients with osteoporosis. The first had led to an increase in prescribing as the audit identified additional patients who could benefit from vitamin D. The second led to improved diagnosis and

more appropriate treatment. For example, the number of patients identified with osteoporosis and receiving appropriate treatment had risen from one to seven; and the number of patients on the practice's osteoporosis register had improved from one to 18.

- We saw other quality initiatives that had been put into place. These included liaison with the practice's patient participation group to engage with the local community and secure premises to hold exercise classes; and the commencement of audits relating to atrial fibrillation and diabetes.

Effective staffing

- We found that the practice had adequate levels of clinical staff, through the use of a long term locum male GP and a locum practice nurse to supplement the existing practice nurse availability.
- We noted that the practice no longer provided regular access to a female GP, as the long term female locum GP had left. The (lead) GP acknowledged the need for the practice to make efforts to provide patients with access to a female doctor.

Coordinating patient care and information sharing

- We noted that clinical staff participated in multi-disciplinary meetings where the needs of specific patients were discussed and the opportunity given to discuss concerns, issues and ongoing care. We saw minutes of a recent meeting between the practice, midwives, district nurses, community matron, health visitor and palliative care team.
- Test results were checked by the GP or practice nurse and actioned daily. There were no results waiting to be actioned at the time of our inspection.
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Consent to care and treatment

- The GP was aware of the need to carry out assessments of capacity to consent in line with relevant guidance when providing care and treatment for children and young people.