

# Dr P Oza and Dr R Nam

## 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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection of P Oza and Dr R Nam's practice on 16 December 2015. This inspection was undertaken to follow up a revised warning notice we issued to the provider as they had failed to comply with the law in respect of providing safe care and treatment for patients, specifically in respect of safe infection control management.

The overall rating for this practice remains as 'requires improvement'. The practice will receive a further inspection within six months of the publication date of the initial report (17 September 2015) at which ratings will be reviewed as part of a comprehensive inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr P Oza and Dr R Nam on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Our key findings across the areas we inspected on 16 December 2015 were as follows:

# Summary of findings

- The practice had achieved compliance with the warning notice to meet the legal requirements in respect of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014.
- Significant improvements had been achieved in addressing the infection control concerns identified at the comprehensive inspection on 7 July 2015 and the subsequent unannounced visit on 7 October.
- The practice had sought advice from the local CCG's Infection Prevention and Control Nurse who had assisted the practice manager in undertaking a comprehensive infection control audit. A robust action plan had been developed to address the identified areas of concern.
- The practice has implemented robust cleaning schedules for the practice and these were being monitored effectively. A cleaner now attended the practice each day and completed the scheduled daily, weekly and monthly cleaning tasks.
- There was evidence that the partners had provided leadership in responding to the actions required following the issue of the revised warning notice to ensure compliance with the regulations.
- Additionally, the practice had purchased a data logger for the vaccine refrigerator. It was highlighted at our focussed inspection on 7 October that the practice did not have a data logger and no risk assessment was available to manage vaccine supplies in the event of a refrigerator malfunction.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Dr P Oza and Dr R Nam

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team consisted of a CQC Inspector.

## Background to Dr P Oza and Dr R Nam

Dr P Oza and Dr R Nam provide primary medical services to approximately 4121 patients through a personal medical services (PMS) contract. The practice is situated in a former mining community, and serves one of the more deprived areas of the country.

The practice team consists of two GP partners providing 20 clinical sessions per week. They are supported by a full time practice nurse and a part time healthcare assistant. The practice employs a part-time practice manager and five reception staff. The practice opens between 8.30am and 6.00pm Monday to Friday. Appointments with a doctor are available between 8.30am and 11.30am every morning and from 3.40pm to 5.40pm every afternoon. Extended hours' surgeries are available on one Wednesday evening (6.30pm to 8.30pm) and one Saturday morning (9.10am to 11.10am) per month.

## Why we carried out this inspection

We undertook a focused inspection of Dr P Oza and Dr R Nam on 16 December 2015. This inspection was carried out

to check that improvements had been made to meet legal requirements in respect of compliance with Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014, following our comprehensive inspection on 7 July 2015 and unannounced focused inspection on 7 October 2015. The practice had received a revised warning notice on 13 November 2015 to ensure their compliance with this regulation by 30 November 2015.

When we initially inspected this practice on 7 July 2015 as part of our new comprehensive inspection programme, we were concerned about the safe care and treatment of patients in respect of; cleanliness and the prevention of infection, the arrangements in place to ensure the health and safety of patients, staff and others, the absence of oxygen for use in an emergency and the presence of out of date medical consumables. We issued a warning notice to the provider and informed them they must become compliant with the law by 30 September 2015.

The practice received a follow up inspection on 7 October and it was noted that there had been improvements in addressing the concerns with the exception of infection control standards. Patients were at risk of harm due to the systems and processes in place to manage infection control being below an acceptable standard. For example, with regards to the frequency of cleaning within the practice.

The practice could not demonstrate that the areas for improvement were being undertaken by the whole team under the direction of senior clinicians.

# Are services safe?

## Our findings

Our focused inspection on 16 December 2015 found that the practice had implemented clearly defined systems, processes and practices to manage infection control.

Systems to manage infection prevention and control had improved vastly at our focused inspection on 16 December 2015.

The practice had a comprehensive infection control audit completed in November 2015 by a member of the Infection Prevention and Control Team, which had been undertaken jointly with the practice manager. The practice manager had formulated an action plan based on the audit, and was working to address the findings by prioritising the key areas for completion. We saw the action plan and observed that a number of objectives had been completed fully, whilst others were still in progress. Only two action points had not been commenced but these were a low priority and did not require urgent attention.

Our comprehensive inspection in July 2015 highlighted that the practice cleaner only attended the practice on two days each week. At our focused inspection on 7 October, we found the situation had not changed. During our inspection on 16 December, the practice informed us that their cleaner now attended the practice for three hours each day from Monday to Friday. We observed that all areas in the practice were cleaned to a high standard and the premises were tidy and well maintained. High standards of cleanliness are important to keep patients safe from the risk of infection, for example when having minor surgical procedures.

The practice manager had developed a practice cleaning policy which had been implemented. The new procedure

had been discussed at a practice team meeting in October 2015 to raise staff awareness and individual responsibilities with regards to the policy. The revised policy indicated each room had a cleaning specification and listed the tasks required on a daily, weekly and monthly basis.

We observed that each room had a designated cleaning schedule displayed in the room. The cleaner signed a form each day to confirm the tasks completed. The practice had introduced an internal weekly cleanliness audit which was undertaken by a senior member of the administration team and this was signed off by the practice manager.

At our previous visit on 7 October, we saw a bowl containing liquid in one doctor's treatment room and were informed this was for the sterilisation of ear pieces. There was no label on the bowl to identify the liquid or the date it was changed, and were informed this was changed on a weekly basis but the provider could not provide evidence to confirm this. At the focused inspection on 16 December, the practice had stopped using this method for sterilisation and only used disposable ear pieces.

Our comprehensive inspection on 7 July 2015 highlighted that screening curtains posed a potential infection control risk as there was no evidence of cleaning schedules. We observed that these had been replaced with disposable curtains at our visit on 16 December, and the curtains were clearly marked with the date to replace them.

The practice manager informed us that the practice team had learnt from the inspection and the whole practice team were now engaged with the process. Leadership was being provided to manage and support the new procedures.