

# Dr Prathap Jana

## Inspection report

151 Napier Road  
Gillingham  
ME7 4HH  
Tel: 01634580480  
[www.janasurgery.co.uk](http://www.janasurgery.co.uk)

Date of inspection visit: 12 July 2022  
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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 location		Requires Improvement	
Are services safe?		Requires Improvement	
Are services effective?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Requires Improvement	

# Overall summary

**This practice is rated as Requires Improvement overall.**

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

The full comprehensive report can be found by selecting the 'all reports' link for Dr Prathap Jana on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## **Why we carried out this inspection:**

We carried out an announced inspection at Dr Prathap Jana on 20 May 2022 under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## **How we carried out the inspection:**

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was in line with all data protection and information governance requirements.

This included:

- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Requesting evidence from the provider
- A short site visit

Our judgement of the quality of care at this service is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information from the provider, patients, the public and other organisations.

## **Our findings:**

**We have rated this practice as Requires Improvement overall.**

# Overall summary

- The practice's systems, practices and processes did not always keep people safe and safeguarded from abuse.
- Improvements were required to infection prevention and control systems and processes.
- Risks to patients, staff and visitors were not always assessed, monitored or managed effectively.
- The arrangements for managing medicines did not always keep patients safe.
- Improvements were required to some types of patient reviews.
- Performance in relation to some cancer screening required improvement.
- Some governance documents we looked at were not up to date.
- Processes for managing risks, issues and performance required improvement.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Consider revising practice systems to formally record the monitoring of patient referrals to other services under the two week wait system.
- Consider revising practice systems to include reference to the ombudsman in the complaints policy.
- Continue with plans to recruit patients to the practice's Patient Participation Group (PPG).

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

**Please refer to the detailed report and the evidence tables for further information.**

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP Specialist Advisor.

## Background to Dr Prathap Jana

The registered provider is Dr Prathap Jana.

Dr Prathap Jana is located at 151 Napier Road, Gillingham, Kent, ME7 4HH. The practice is situated within the NHS Kent and Medway Clinical Commissioning Group (CCG) and has a general medical services contract with NHS England for delivering primary care services to the local community.

As part of our inspection we visited Dr Prathap Jana, 151 Napier Road, Gillingham, Kent, ME7 4HH only, where the provider delivers registered activities.

Dr Prathap Jana has a registered patient population of approximately 2,550 patients. The practice is located in an area with a higher than average deprivation score.

There are arrangements with other providers to deliver services to patients outside of the practice's working hours.

The practice staff consists of one GP (male), one pharmacy technician, one social prescriber, as well as reception staff. The practice also employs locum GPs via an agency when required and regularly employs a locum practice nurse directly.

Dr Prathap Jana is registered with the Care Quality Commission (CQC) to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; treatment of disease, disorder or injury.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider was not assessing the risks to the health and safety of services users of receiving the care and treatment and doing all that was reasonably practicable to mitigate any such risk. In particular:</p> <ul style="list-style-type: none"><li>• The fire risk assessment was not dated and was incomplete.</li><li>• The health and safety risk assessment was insufficient.</li><li>• The health and safety policy was limited and failed to contain sufficient detail.</li></ul> <p>Where equipment or medicines were supplied by the service provider, they were not ensuring that there were sufficient quantities of these to ensure the safety of service users and to meet their needs. In particular:</p> <ul style="list-style-type: none"><li>• The practice did not have a paediatric pulse oximeter, a second set of defibrillator pads, glucagon or glucogel, and buccal midazolam or rectal diazepam for use in an emergency.</li></ul> <p>The service provider was not ensuring the proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none"><li>• The prescribing of some high-risk medicines required improvement.</li></ul> <p>The provider was not assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none"><li>• The infection prevention and control audit was incomplete and inaccurate.</li><li>• The legionella risk assessment was not up to date and was insufficient.</li></ul>

## Requirement notices

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person to;

Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. In particular:

- Some processes to manage current and future performance were not sufficiently effective.
- Improvements to care and treatment were required for some types of patient reviews as well as subsequent follow-up activities.
- Improvements were also required to performance related to some cancer indicators.

Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. In particular:

- The provider was unable to demonstrate their processes and systems were effective in the management of risks from: the practice's computer system not alerting staff of all family and other household members of children that were on the risk register; all identifiable fire safety risks; all identifiable infection prevention and control risks; the lack of availability of all emergency equipment and emergency medicines that were required to be kept; the management of all identifiable health and safety risks; the management of all identifiable risks from legionella; management of the prescribing of some high-risk medicines; the management of safety alerts; all governance documents not being up to date.

This section is primarily information for the provider

## Requirement notices

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.