Dr Yogesh Amin

Quality Report

Central Surgery,
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Folkestone,
Kent,
CT20 2QH
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Website: n/a

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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.

Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services well-led?	**Inadequate**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Yogesh Amin on 8 February 2017. The overall rating for the practice was inadequate. The full comprehensive report on the February 2017 inspection can be found by selecting the 'all reports' link for Dr Yogesh Amin on our website at www.cqc.org.uk.

Following the risks identified at the earlier inspection the Commission issued two warning notices on 27 March 2017. The notices detailed breaches of the regulations relating to the care and treatment received by patients and the governance of the practice. The practice was required to be compliant with the regulations by 15 May 2017.

This inspection was an announced focussed inspection carried out on 4 July 2017. This was to confirm that the practice had met the legal requirements in relation to the breaches in regulations that we identified in February 2017 and were detailed within the warning notices served on 27 March 2017. The practice provided records and information to demonstrate that the requirements of the Warning Notices had been met.

Our key findings were as follows:

- There was an effective system for reporting, recording, investigating and learning from significant events.
- The practice maintained appropriate standards of cleanliness and hygiene and addressed risks identified through their infection prevention control audit.
- We found safe and appropriate prescribing of medicines. Appropriate reviews had been conducted for patients receiving high risk medicines and the practice adhered to local guidelines.
- We found appropriate recruitment checks had been conducted for their clinical staff.
- All electrical and clinical equipment had been checked and calibrated to ensure it was safe to use and was in good working order.
- The clinical team had access to and followed current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice had conducted clinical audits and used them to obtain assurance regarding the appropriateness of referrals made to secondary care.

Summary of findings

- We found there was clear leadership within the practice by the GP. They were working with neighbouring practices, NHS England and South Kent Clinical Commissioning Group to manage the transition of service on the retirement of the GP.
- The practice had established governance systems in partnership with South Kent Clinical Commissioning Group Medicine Management Team to help them identify risks and respond in a timely and appropriate manner.
- The practice had introduced online appointments and prescribing services to their patients to increase the responsiveness of the service.

However, there were also areas of practice where the provider would benefit from continuing to make improvements:

- Embed governance systems and processes to ensure the timely identification and management of risks.
- Improve clinical audits to better inform improvements to services.

The practice had complied with the warning notices. However, they will remain in special measures until their re-inspection in 2017. Services placed in special measures are inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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?

Inadequate

The practice was rated as inadequate for providing safe services and improvements were required to be made following their initial inspection in February 2017.

At our focused inspection on the 4 July 2017 we found evidence that the requirements of the Warning Notice had been met. This included;

- There was an effective system for reporting, recording, investigating and learning from significant events.
- The practice maintained appropriate standards of cleanliness and hygiene and addressed risks identified through their infection prevention control audit.
- The infection prevention control lead had received appropriate training to undertake the role.
- The practice maintained records of the vaccination status of their clinicians in respect of the Hepatitis B virus.
- The practice received and acted on safety alerts in a timely and appropriate manner.
- We found safe and appropriate prescribing of medicines. Appropriate reviews had been conducted for patients receiving high risk medicines and the practice adhered to local guidelines.
- The staff told us they individually checked all prescriptions to ensure they had been appropriately signed prior to them being dispensed. Prescription pads were securely stored and there were systems to monitor their use.
- We found appropriate recruitment checks had been conducted for their clinical staff.
- All electrical and clinical equipment had been checked and calibrated to ensure it was safe to use and was in good working order.
- We found the practice had conducted a legionella assessment in February 2017.

Are services effective?

Requires improvement

The practice was rated as requires improvement for providing effective services and improvements were required to be made following their initial inspection in February 2017.

At our focused inspection on the 4 July 2017 we found evidence that the requirements of the Warning Notice had been met. This included;

Summary of findings

- The clinical team had access to and followed current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice had conducted clinical audits which showed appropriate clinical referrals had been made to secondary care.

Are services well-led?

Inadequate

The practice was rated as inadequate for providing well led services and improvements were required to be made following their initial inspection in February 2017.

At our focused inspection on the 4 July 2017 we found evidence that the requirements of the Warning Notice had been met. This included;

- There was clear leadership within the practice by the GP. They were working with neighbouring practices, NHS England and South Kent Clinical Commissioning Group to manage the transition of service on the retirement of the GP.
- The practice held monthly meetings which included the discussion of significant incidents.
- The practice had established governance systems in partnership with South Kent Clinical Commissioning Group Medicine Management Team to help them identify risks and respond in a timely and appropriate manner.
- The practice employed a regular GP locum in the absence of the GP. They were aware of their responsibilities, systems and processes as outlined by the locum GP induction pack.
- The practice had introduced online appointments and prescribing services to their patients to increase the responsiveness of the service.
- The practice had formed a patient participation group.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Embed governance systems and processes to ensure the timely identification and management of risks.
- Improve clinical audits to better inform improvements to services.

Dr Yogesh Amin

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC inspector, who was supported by a CQC GP specialist advisor and a CQC practice manager specialist advisor.

Background to Dr Yogesh Amin

Dr Yogesh Amin (also known as Central Road Surgery) is a single handed General Practitioner (GP) who delivers services from a converted house to patients in the local area in Folkestone, Kent. There are approximately 2,500 patients on the practice list. There is on-site parking and patient areas are accessible to patients with mobility issues, as well as parents with children and babies. The practice is located near bus-stops and the railway station. The practice **patient population age is close to national averages but the surrounding area has a higher than average amount of people living in deprived circumstances.**

The practice holds a General Medical Service contract and consists of one GP (male) and one regular locum GP (male). There is a sessional practice nurse (female) who provides one day per week. The GPs and nurse are supported by a practice manager as well as administration and reception staff. A wide range of services are offered by the practice including diabetes clinics and child immunisations.

Alongside several other local GPs in the South Kent Coast Clinical Commissioning Group (CCG) patients from the practice can also access services between 8am to 8pm at the Queen Victoria Hospital Hub in Folkestone, Kent and an urgent home visit service by a paramedic practitioner via funding from the Prime Minister's Challenge Fund.

Out of hour's services are provided by Integrated Care 24 (IC24). Details of how to access this service are available at the practice.

Services are delivered from:

Central Surgery, 86 Cheriton Road, Folkestone, Kent, CT20 2QH.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Yogesh Amin on 8 February 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate. The full comprehensive report following the inspection on 8 February 2017 can be found by selecting the 'all reports' link for Dr Yogesh Amin on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Yogesh Amin on 4 July 2017. This inspection was carried out to check compliance with the two warning notices issued on 27 March 2017 relating to safe care and treatment of patients and the good governance of the practice. The practice was required to meet the legal requirements of the notices by 15 May 2017.

How we carried out this inspection

During our visit we:

Detailed findings

- Spoke with a range of staff (GP and the reception team) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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.

Inadequate

Are services safe?

Our findings

At our previous inspection on 8 February 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect of the identification, recording and investigation of significant incidents, medicine management, cleanliness and infection control, recording the vaccination status of clinical staff were not sufficient We issued warning notices in respect of the breaches of regulations.

These arrangements had significantly improved when we undertook a follow up inspection on 4 July 2017.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they had received training on the identification and formal recording of such incidents. They provided examples of significant incidents they had reported and the outcome of their investigations and discussions. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had reported 12 incidents since February 2017. We reviewed three incidents and saw that they had been investigated, discussed with the practice team and learning identified and shared. We reviewed significant event meeting minutes from May 2017 and June 2017. We found where things went wrong with the care, treatment or timeliness of the service being provided patients were informed and received a prompt and honest explanation.
- The practice team was small, consisting of six staff members, so they spoke regularly and tried to resolve issues at the time of reporting. They accepted the practice could strengthen their analysis of incidents and how they evidenced the sharing of learning and actions taken to mitigate the risk of incidents re-occurring.

The practice maintained appropriate standards of cleanliness and hygiene.

- We found the premises to be clean and tidy.
- The practice nurse was the infection prevention and control (IPC) clinical lead. They had received additional training in February 2017 to undertake the role and keep up to date with best practice. The practice had reviewed the Department of Health codes of practice on the prevention and control of infection and revised their annual IPC audit. Where actions had been identified we found they had been acted upon and the risk mitigated showing improvements. For example, the practice had replaced a damaged examination couch.
- The practice asked staff for and maintained records of the vaccination status of their clinicians in respect of the Hepatitis B virus. (Hepatitis B is a type of virus that can infect the liver. This virus can be contracted by health care personnel and others as a result of a needle stick injury if they have not been immunised against the virus).

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The GP told us that they read the alerts, sharing them with their clinical team and actioned them. The practice retained records of all alerts received for later reference. The GP signed and dated them once read and actioned.
- The practice staff had received training in conducting searches of the patient record to identify patients who may be receiving medicine contrary to guidance. We checked historical and recent medicines safety alerts from 2012 and 2017. We found all had been appropriately responded to.
- We also reviewed the practice prescribing for high risk medicines. All patients had been coded correctly on the patient clinical record system and were being prescribed in accordance with guidance.
- The practice told us they benefitted from additional governance checks conducted by South Kent Clinical Commissioning Group Medicine Management Team. They alerted the practice to potential prescribing conflicts or non-adherence with guidance so they could review patient care.

Inadequate

Are services safe?

- The staff told us they individually checked all prescriptions to ensure they had been appropriately signed prior to them being dispensed. Since February 2017 the practice had received no reported concerns with their issuing of prescriptions. The practice was aware of national guidance of the management of blank prescription forms and pads. We found they were securely stored and there were systems to monitor their use.

We reviewed the recruitment procedure for locum GPs. We found appropriate recruitment checks had been conducted.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- All electrical and clinical equipment was checked and calibrated in April 2017 to ensure it was safe to use and was in good working order.
- We found the practice had conducted a legionella assessment February 2017. It identified the practice to be a low risk. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 8 February 2017, we rated the practice as requires improvement for providing effective services as the arrangements in response to national guidance and Medicines and Healthcare Products Regulatory Agency (MHRA) were not sufficient. There was also no evidence of quality improvement through clinical audit. We issued a warning notice in respect of the breaches of regulations.

These arrangements had significantly improved when we undertook a follow up inspection on 4 July 2017**.**

Effective needs assessment

We spoke with the GP who was aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. They had access to the recent guidance and used this as appropriate to inform consultations and deliver care and treatment that met patient needs.

We checked a sample of four diabetic patient records and found all were being appropriately monitored and prescribed medicine in accordance with guidance.

Management, monitoring and improving outcomes for people

The practice had conducted three clinical audits, relating to referrals to secondary care and safe prescribing. The audits demonstrated the GP had made appropriate referrals. For example, the GP had audited their referral of patients to the memory clinic over the previous year. The audit demonstrated that all patients had been appropriately referred to the service. A second audit related to the two week cancer referral wait. The audit showed 30% of patients referred were confirmed to have cancer.

The practice acknowledged their clinical audit programme could be improved to assist them to identify and deliver quality improvements to their patients. We found the practice were also conducting governance checks on their clinical system to identify and respond to risks, specifically in respect of medicine management. However, they had not recorded and maintained comprehensive records of these and their actions.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 8 February 2017, we rated the practice as inadequate for providing well-led services as there was no overarching governance structure.

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 4 July 2017.

Vision and strategy

We found there was clear leadership within the practice by the GP. The GP told us they intended to retire in March 2018. They had a memorandum of understanding in place with a local practice and were working with NHS England and South Kent Clinical Commissioning Group to manage the service during transition. The GP told us of their commitment to plan for secure high quality personalised care for their patients.

Governance arrangements

We reviewed monthly practice meeting minutes which included the review of significant events. We looked at the minutes from May 2017 and June 2017, detailing persons in attendance, discussion and actions assigned to individuals. The meeting minutes were distributed throughout the practice including to staff unable to attend, such as their sessional practice nurse and locum GP.

Leadership and culture

The practice employed a regular GP locum in the absence of the GP. They were aware of their responsibilities, systems and processes as outlined by the locum GP induction pack.

The practice told us the loss of their long term practice manager had placed additional demands on a limited staffing structure. However, staff had responded positively to the challenges of taking on new roles and responsibilities. The practice spoke highly of the support they had received from the South Kent Clinical Commissioning Group to address skill and knowledge deficits and support them in the identification and management of risks.

The practice had introduced online appointments and prescribing services to their patients to increase the responsiveness of the service. They told us few patients used the services and their preference was to telephone the surgery and make an appointment or attend in person to request and/or collect prescriptions.

The practice had formed a patient participation group. They had seven patients who had registered an interest and they had scheduled their first meeting on July 2017.