

# Drs Shrivastava & Raolu

## Quality Report

Maltby Services Centre  
Rotherham  
S66 8LE  
Tel: 01709 813514  
Website:

Date of inspection visit: 23 February 2017  
Date of publication: 04/05/2017

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



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Shrivastava and Raolu on 12 January 2016. The overall rating for the practice was good but with requires improvement for safety. The full comprehensive report for the 12 January 2016 inspection can be found by selecting the 'all reports' link for Drs Shrivastava and Raolu on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 23 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 12 January 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as Good.

Improvements had been made since our last inspection on 12 January 2016. Our key findings were as follows:

- Recruitment procedures had been improved. Disclosure and barring Service (DBS) checks and references had been obtained prior to employment.

We also found DBS checks for staff who acted as chaperones and staff vaccination and immunity status checks had been obtained since the last inspection.

- Health and safety procedures had been improved. Control of substances hazardous to health and sharps injuries risk assessments had been developed and implemented. Staff had received training in fire safety and infection prevention and control (IPC). The IPC procedure had been updated.
- Processes to ensure staff had appropriate medical indemnity insurance had been improved. Staff had medical indemnity insurance in place and the practice had also implemented records to enable the practice to monitor that their insurance was up to date.
- Staff told us they felt more involved in discussions about how to run and develop the practice and regular practice meetings had been held.
- Clinical supervision had been provided since the last inspection and regular practice nurse meetings had been implemented since the beginning of 2017.

The areas where the provider should make improvement are:

# Summary of findings

- At our last inspection on the 12 January 2016 we found the practice had a defibrillator. This equipment was shared with a neighbouring practice and was held in a shared utility room. We observed that the equipment was stored in a box which was labelled, however a clipboard had been placed on the box and the label was hidden so the equipment may not have been easy to locate in an emergency. At this inspection we observed a similar situation with a box obscuring the label. This arrangement should be reviewed with the other practice to ensure this equipment is clearly displayed.
- At our last inspection on 12 January 2017 we found staff induction was not recorded. At this inspection,

the practice manager told us staff induction was not recorded although staff told us induction had been recorded for the most recently employed member of staff. Evidence of induction records could not be provided on the day of inspection as the member of staff who held these was off duty. They told us these would be provided following the inspection but at the time of writing the report CQC had not received a copy of the document. The processes for recording induction should be reviewed and applied consistently and records should be available.

**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?

Improvements had been made since our last inspection on 12 January 2016 and the practice is now rated as good for providing safe services. Our key findings were as follows:

- Recruitment procedures had been improved. Disclosure and barring Service (DBS) checks and references had been obtained prior to employment. We also found DBS checks for staff who acted as chaperones and staff vaccination and immunity status checks had been obtained since the last inspection.
- Health and safety procedures had been improved. Control of substances hazardous to health and sharps injuries risk assessments had been developed and implemented and staff had received training in fire safety and infection prevention and control (IPC). The IPC procedure had been updated.
- Processes to ensure staff had adequate medical indemnity insurance had been improved. Staff had medical indemnity insurance in place and the practice had also implemented records to enable the practice to monitor that the insurance was up to date.

The areas where the provider should make improvement are:

- At our last inspection on the 12 January 2016 we found the practice had a defibrillator. This equipment was shared with the neighbouring practice and was held in a shared utility room. We observed that the equipment was stored in a box which was labelled, however a clipboard had been placed on the box and the label was hidden so the equipment may not have been easy to locate in an emergency. At this inspection we observed a similar situation with a box obscuring the label. This arrangement should be reviewed with the other practice to ensure this equipment is clearly displayed.

Good



# Drs Shrivastava & Raolu

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector.

## Background to Drs Shrivastava & Raolu

Dr Shrivastava and Raolu practice is situated within a purpose built surgery in a building known as Maltby Services Centre in Maltby, Rotherham. This was built in 2008 and provides a joint service centre comprising of Local Authority offices, leisure facilities and NHS services.

The surgery operates over two floors but all the patient facilities are on the ground floor.

The practice provides General Medical Services (GMS) for 3,200 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area.

There are two GP partners, one male and one female. The nursing team comprises of one nurse practitioner, two practice nurses and a health care assistant. There is a practice manager and administration and reception team.

The practice reception hours are 8am to 6.30pm, Monday to Friday. Surgery times are 8am to 6.30pm Monday to Friday.

Out of hours services are provided by Local Care Direct. Calls are diverted to this service when the practice is closed. A walk-in centre is available at Rotherham Community Health Centre

## Why we carried out this inspection

We undertook a comprehensive inspection of Drs Shrivastava and Raolu on 12 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good overall but with requires improvement for safety. The full comprehensive report following the inspection on 12 January 2017 can be found by selecting the 'all reports' link for Drs Shrivastava and Raolu on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Drs Shrivastava and Raolu on 12 January 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.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff (practice manager, practice nurse and health care assistant).
- Looked at management records including recruitment files.

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 safe?

## Our findings

At our previous inspection on 12 January 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment, health and safety risk assessment and staff training were not adequate.

These arrangements had improved when we undertook a follow up inspection on 23 February 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

At our last inspection on the 12 January 2016 we found not all the required recruitment checks had been undertaken prior to employment. For example, Disclosure and Barring Service (DBS) checks, for those staff who required these and references had not always been obtained prior to employment. At this inspection we looked at recruitment records for the member of staff employed since the last inspection. We found all the required checks in relation to DBS and references had been obtained. We also so found there had been improvements since the last inspection in relation to DBS checks for staff who acted as chaperones and staff vaccination and immunity status checks. Records showed DBS checks had been completed for staff who acted as chaperones and records of staff vaccination or immunity status were maintained.

At our last inspection on the 12 January 2016 we found the risk assessments to manage health and safety matters did not adequately describe hazards and the control measures in place for control of substances hazardous to health and sharps injuries and the infection prevention and control (IPC) policy and procedure was not up to date. We also found staff had not all received training in health and safety matters such as IPC and fire safety. At this inspection we saw that risk assessments had been developed and

implemented. Records showed staff had received training in fire safety and IPC. Staff we spoke with confirmed they had received this training. However, induction records for the new member of staff to evidence the health and safety training they had received were not available to view on the day of the inspection. The practice manager told us they had updated the IPC procedure although this was not dated or signed and did not include guidance as to how often sharps boxes should be changed. The National Institute for Health and Care Excellence (NICE) guidance recommends sharps boxes are changed at least 3 monthly even if not full. The practice manager updated the procedure during the inspection. We observed one sharps boxes which had exceeded the 3 month timescale and one which was not dated or signed on implementation.

At our last inspection on the 12 January 2016 we found systems and processes were not in place to ensure relevant staff had appropriate medical indemnity insurance in place as required by The Health Care and Associated Professions (Indemnity Arrangements) Order 2014. At this inspection we found the staff had medical indemnity insurance in place. The practice had also implemented records to enable the practice to monitor that the insurance was up to date.

### Arrangements to deal with emergencies and major incidents

At our last inspection on the 12 January 2016 we found the practice had a defibrillator. This equipment was shared with the neighbouring practice and was held in a shared utility room. We observed that the equipment was stored in a box which was labelled, however a clipboard had been placed on the box and the label was hidden so the equipment may not have been easy to locate in an emergency. At this inspection we observed a similar situation with a box obscuring the label. This arrangement should be reviewed with the other practice to ensure this equipment is clearly displayed.