

Dr Prathap Jana


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.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	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 Dr Prathap Jana on 9 February 2016. Breaches of the legal requirements were found. Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches.

We undertook this focussed inspection on 1 September 2016, to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those

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

The areas where the practice should continue to make improvements are:

- Ensure further risk assessment is carried out to include all potential risks from legionella (a germ found in the environment which can contaminate water systems in buildings).

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?

At our previous comprehensive inspection on 9 February 2016 the practice had been rated as requires improvement for providing safe services.

- The practice did not have systems that identified notifiable safety incidents.
- Blank prescriptions were stored securely. However, the practice did not have a system to monitor their use.
- The practice had been unable to demonstrate all appropriate recruitment checks had been undertaken prior to directly employing locum GPs. For example, references.
- The practice was unable to demonstrate they had a system for the routine management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings).
- The practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.

At our focussed follow-up inspection on 1 September 2016, the practice provided records and information to demonstrate that the requirements had been met.

- The practice had introduced a system that managed national patient safety alerts and we saw that actions taken and by whom were now being accurately recorded.
- The practice had introduced a system that monitored the use of blank prescription forms.
- The practice had revised recruitment procedures which now included all appropriate recruitment checks being undertaken prior to employing staff including locum GPs.
- The practice had introduced a system for the routine management, testing and investigation of legionella. However, further action should be considered in regard to some aspects of legionella risk assessment.
- The practice had revised emergency equipment availability and was now able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.

Good



Are services effective?

At our previous comprehensive inspection on 9 February 2016 the practice had been rated as requires improvement for providing effective services.

Good



Summary of findings

- The practice was unable to demonstrate that locum GPs employed directly were up to date with attending mandatory courses.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. However, there were no records of multidisciplinary meetings.

At our focussed follow-up inspection on 1 September 2016, the practice provided records and information to demonstrate that the requirements had been met.

- Records showed that locum GPs employed directly were now up to date with mandatory training such as safeguarding, fire safety and basic life support.
- Although there were no separate minutes or notes to demonstrate multidisciplinary meetings took place at Dr Prathap Jana, staff told us that a record of such meetings was made in individual patient's records. We looked at two patients' records which confirmed this practice.

Are services responsive to people's needs?

At our previous comprehensive inspection on 9 February 2016 the practice had been rated as requires improvement for providing responsive services.

- Records of patient consultations were not always legible and the practice did not have a system to help ensure records of consultations with GPs at other practices were received.

At our focussed follow-up inspection on 1 September 2016, the practice provided records and information to demonstrate that the requirements had been met.

- Records of patient consultations we looked at were legible and the practice had introduced a system to help ensure records of consultations with GPs at other practices were received.

Good



Are services well-led?

At our previous comprehensive inspection on 9 February 2016 the practice had been rated as requires improvement for providing well-led services.

- The practice had failed to identify or consider some potential risks. For example, the potential risk of infection from legionella in the building's water system and the risks associated with their informal arrangements for patients to be seen at another practice on Wednesday afternoons.

Good



Summary of findings

At our focussed follow-up inspection on 1 September 2016, the practice provided records and information to demonstrate that the requirements had been met.

- The practice had considered potential risks and carried out actions to reduce these where possible. For example, in relation to the risk of infection from legionella in the building's water system and the risks associated with their informal arrangements for patients to be seen at another practice on Wednesday afternoons. However, further action should be considered in regard to some aspects of legionella risk assessment.

Summary of findings

The six population groups and what we found

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

Older people

At our previous comprehensive inspection on 9 February 2016 the practice had been rated as requires improvement for the care of older people. The provider had been rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 1 September 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe, effective, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People with long term conditions

At our previous comprehensive inspection on 9 February 2016 the practice had been rated as requires improvement for the care of people with long-term conditions. The provider had been rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 1 September 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe, effective, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



Families, children and young people

At our previous comprehensive inspection on 9 February 2016 the practice had been rated as requires improvement for the care of families, children and young people. The provider had been rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 1 September 2016, the practice provided records and information to demonstrate that the

Good



Summary of findings

requirements had been met. The provider is rated as good for providing safe, effective, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Working age people (including those recently retired and students)

At our previous comprehensive inspection on 9 February 2016 the practice had been rated as requires improvement for the care of working age people (including those recently retired and students). The provider had been rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 1 September 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe, effective, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People whose circumstances may make them vulnerable

At our previous comprehensive inspection on 9 February 2016 the practice had been rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider had been rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 1 September 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe, effective, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People experiencing poor mental health (including people with dementia)

At our previous comprehensive inspection on 9 February 2016 the practice had been rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider had been rated as requires improvement

Good



Summary of findings

for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 1 September 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe, effective, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Dr Prathap Jana

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr Prathap Jana

Dr Prathap Jana is situated in Gillingham, Kent and has a registered patient population of approximately 1,976. There are more patients registered between the ages of 10 and 19 years as well as between the ages of 45 and 54 years than the national average. There are few patients registered between the ages of 30 and 39 years as well as between the ages of 60 and 64 years than the national average. The practice is located in an area with a higher than average deprivation score.

The practice staff consists of one GP (male), one practice manager, two practice nurses (both female) as well as administration and reception staff. The practice also directly employs locum GPs. There is a reception and waiting area on the ground floor. All patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is not a teaching or a training practice (teaching practices take medical students and training practices have GP trainees and F2 doctors).

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice is open Monday to Friday between the hours of 8am to 1pm and 3pm to 6pm. Extended hours surgeries

are offered Tuesday 6.30pm to 7.30pm. Primary medical services are available to patients registered at Dr Prathap Jana via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Services are provided from 151 Napier Road, Gillingham, Kent, ME7 4HH, only.

Why we carried out this inspection

We undertook an announced focused inspection of Dr Prathap Jana on 1 September 2016. This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection on 9 February 2016.

We inspected this practice against four of the five questions we ask about services; is the service safe, is the service effective, is the service responsive and is the service well-led. This is because the service was not meeting some of the legal requirements in relation to these questions.

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. During our visit we spoke with the practice manager and reviewed information, documents and records kept at the practice.

Are services safe?

Our findings

Safe track record and learning

The practice had a system that identified notifiable safety incidents. For example, staff told us that national patient safety agency alerts were received by the practice manager via email and distributed to GPs electronically. We saw records that confirmed this and that actions were taken as a result of receiving such alerts.

Overview of safety systems and processes

- Blank prescription forms were securely stored and the practice had introduced a system to monitor their use which included written guidance for staff to follow.
- Staff told us the practice had revised their recruitment processes to help ensure all appropriate recruitment checks were undertaken prior to directly employing locum GPs. We reviewed personnel files and found appropriate recruitment checks had been undertaken by the practice prior to employment of locum GPs. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

- The practice had introduced a system for the routine management of legionella (a germ found in the

environment which can contaminate water systems in buildings). A limited risk assessment had been carried out and an action plan made to reduce identified risks. The risk assessment did not include all potential sources of risk from legionella, such as 'dead legs' (disused or blind pipes of the building's water system). However, records demonstrated that water samples had been sent off for legionella testing and results showed no traces of the legionella bacteria. The practice recorded the water temperature from hot and cold outlets as well as regular flushing of taps that were used infrequently.

Arrangements to deal with emergencies and major incidents

The practice had revised emergency equipment availability and was now able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.

- Records showed that locum GPs employed directly by the practice had received basic life support training.
- The practice had purchased an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). We saw that this was in working order and contained defibrillation pads that were within their expiry date.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

- The practice was now able to demonstrate that locum GPs employed directly were up to date with attending mandatory courses, such as safeguarding, fire safety and basic life support.

Coordinating patient care and information sharing

Staff told us that meetings took place with other health care professionals, such as palliative care staff, on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. Although there were no separate minutes or notes we saw that such meetings were recorded in individual patient's records.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Access to the service

Staff told us that the GP did not work at the practice on Wednesday afternoons. The practice had an informal arrangement for patients to be seen by another local practice on Wednesday afternoons. A written protocol had

been introduced to guide staff and help ensure that records of consultations with the GP at the other practice were received by Dr Prathap Jana. We saw that details of patients seen by the GP at the other practice were noted in a log book by staff and that legible consultation notes had been received and added to the individual patient's records.

Are services well-led?

Good 

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

Our findings

Governance arrangements

The practice had considered potential risks and carried out actions to reduce these where possible in relation to:

- The risk of infection from legionella in the building's water system. However, further action should be

considered in regard to some aspects of legionella risk assessment. For example, from potential sources of risk from legionella such as 'dead legs' (disused or blind pipes of the building's water system).

- The risks associated with not keeping an automated external defibrillator for use in an emergency.
- The risks associated with their informal arrangements for patients to be seen at another practice on Wednesday afternoons.