

Dr Prasanta Mukhopadhyay

Quality Report

Doctors Surgery
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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

We carried out a focused inspection on 21 October 2014 to follow up on concerns we found when we last inspected the practice in May 2014.

We found that improvements had been made to the arrangements for protecting patients and staff against the risk of infections. The practice looked visibly clean and the flooring in the doctor's consultation rooms and the

nurse's treatment room had been replaced. All staff had undertaken infection control training. The practice had an infection control policy and procedure in place and infection control checklist had been completed. However the policy and procedure was incomplete and did not identify the clinical and non-clinical staff responsible for cleaning or overseeing and monitoring the infection

Summary of findings

control practices. The policy did not include any information or guidance around dealing with bodily fluids such as blood and urine samples, managing and disposal of sharps or contaminated materials, dealing with needle-stick injuries. The audit checklist was incomplete. Questions within the checklist around waste handling, body fluid spillage and decontamination of equipment were not completed. We saw that where the checklist identified areas for action and improvements that there was no plan for addressing these

We found that improvements had been made to protect patients and staff against the risks of unsafe or unsuitable premises. The practice had arrangements in place for dealing with an outbreak of fire. A fire risk assessment checklist was carried out in July 2014. The assessment identified people who may be at particular risk in the event of a fire such as lone working staff, disabled, elderly or very young patients. All staff had undertaken fire safety training and were aware of the fire safety and evacuation procedures. Fire detection and safety equipment including fire alarms, emergency lighting and fire extinguishers were tested regularly to ensure that they were safe and in good working order.

We found that improvements had been made in supporting staff to deliver safe and effective patient care and treatment. All staff had undertaken an appraisal of their roles and performance. Staff working at the practice had undertaken training in emergency life support, fire safety and infection control. Where the appraisal system had identified areas for staff development and training there were no plans in place to show how staff were to be supported in achieving this training.

The practice did not have arrangements in place for monitoring and improving the quality and safety of the services provided. Checklists for identifying risks within the practice were incomplete and where areas for improvements were identified there were no plans in place for addressing these issues. Checks in respect of fridge temperatures used for the storage of medicines such as vaccines and checking the expiry date of medicines were not consistently carried out or monitored.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Summary of findings

Areas for improvement

Action the service MUST take to improve

The provider must ensure that patients and staff are protected against the risks of infection through effective arrangements for monitoring and improving the infection control procedures within the practice.

The provider must ensure that patients and staff are protected against the risks of unsafe or unsuitable care and treatment by way of a system to monitor and improve the quality of the services provided.

Dr Prasanta Mukhopadhyay

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr Prasanta Mukhopadhyay

Dr Prasanta Mukhopadhyay is located in Tilbury Town. The practice provides a range of primary medical services to around 2,800 patients.

The practice is managed by Dr Prasanta Mukhopadhyay, and a locum GP who covers morning surgery on Thursdays, morning and afternoon surgeries on Fridays. The practice is supported by one part time nurse who works 14 hours each week providing nurse appointments on Tuesday and Wednesday afternoons and Thursday mornings. The practice manager also works part time.

Dr Prasanta Mukhopadhyay is contracted to provide services under the NHS General Medical Services contract.

The practice does not have any branch surgeries and does not provide dispensing services.

Dr Prasanta Mukhopadhyay has opted out of providing out-of-hours services to patients. These services are provided by a local out-of hour's provider and details of how to access these services are available in the practice.

Why we carried out this inspection

We carried out this inspection to follow up on concerns we had about the practice. When we inspected the practice in May 2014 we identified areas where improvements were required.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 October 2013. During our visit we spoke with the Dr Prasanta Mukhopadhyay and the practice manager.

Are services safe?

Our findings

Cleanliness and infection control

We observed the premises to be clean and tidy. The flooring in treatment and doctors consulting rooms had been replaced so that it was sealed and impermeable to promote cleaning and reduce the risk of infections. Hand hygiene posters and hand sanitising gels were available throughout the practice, including the reception and waiting area.

We saw records, which showed that all staff working at the practice had undertaken infection control training since we last inspected the practice in May 2014. We saw that there was available appropriate personal protective equipment such as latex gloves, aprons and eye wear available for staff.

We were told that the GP was the appointed lead for overseeing infection control practices. The practice had in place an infection control policy and a protocol for decontamination of surfaces and the environment. These documents were not fully completed and were not bespoke to the practice. The infection control policy set out the statement and commitment for minimising the risk of infection to staff and patients. It did not identify the clinical and non-clinical staff responsible for cleaning or overseeing and monitoring the infection control practices. The policy did not include any information or guidance around dealing with bodily fluids such as blood and urine samples, managing and disposal of sharps or contaminated materials, dealing with needle-stick injuries.

There were cleaning schedules in place and the practice manager told us that a cleaner was employed for two hours each day to clean the practice. The cleaning schedules included brief descriptions of cleaning tasks that were to be carried out on a daily weekly, monthly or on a periodic basis. There were no cleaning schedules in place for cleaning clinical areas such as the doctors and nurse consultation rooms. The practice manager told us that the nurse, who worked part time, would be responsible for cleaning the treatment room. The practice manager told us that they carried out checks daily to ensure that cleaning tasks had been completed. They confirmed that there were no records kept to show that these checks had been carried out.

An infection control checklist had been completed by the practice manager in June 2014. The checklist indicated that the practice policies and procedures included information and written instructions were available for staff on areas such as handling specimens, and needle stick injuries. Some sections of the checklist had not been completed. For example questions within the checklist around waste handling, body fluid spillage and decontamination of equipment were not completed. We saw that where the checklist identified areas for action and improvements that there was no plan for addressing these. For example the checklist indicated that carpets in some areas of the practice required cleaning and items of furniture which were in an unsuitable state of repair and were to be disposed of. There was no plan in place or other information recorded as to how and by when these issues were to be addressed.

The GP told us that they only used single use, disposable instruments such as scissors and stitch removers. We saw a number of single use items and these were intact and within their use by dates.

Medicines Management

We checked a sample of medicines, including vaccines and those for use in a medical emergency and these were found to be in date. There were no written procedures in place for checking and monitoring stocks to ensure that they were in date and that there were sufficient medicines available. Where appropriate medicines were stored in a fridge to maintain their temperature in line with the manufacturers instructions. The GP told us that the fridge temperatures were checked on a daily basis. However there were no records in place to show that these checks had been carried out or that the checking procedures were monitored.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place for dealing with medical emergencies such as anaphylaxis and cardio-pulmonary or respiratory arrest. All staff working at the practice had recently undertaken training in emergency life support and cardio-pulmonary resuscitation. The practice had an anaphylaxis procedure and medicines were available. Staff we spoke with were aware of the procedure and where to locate emergency medicines and medical oxygen. We looked at a sample of medicines and

Are services safe?

these were all in date and stored appropriately. The GP told us that medicines were checked regularly. However there were no written procedures in place for doing so or identifying roles and responsibilities for these checks.

The practice had arrangements in place for dealing with an outbreak of fire. A fire risk assessment checklist was carried out in July 2014. The assessment identified people who may be at particular risk in the event of a fire such as lone working staff, disabled, elderly or very young patients. Where areas of risk were identified these and the plans to minimise these risks were implemented and shared with staff. For example, it was identified that it was possible that staff may not be aware of patients who were using the toilet facilities in the event of a fire and therefore these people may be a higher risk. To minimise this, staff told us that toilets were now locked and that patients requested a key to use the facilities so that staff could be aware and ensure that all patients were safely evacuated if needed.

Records showed that all staff had undertaken fire marshall training that included arrangements for evacuation of the premises in the event of an outbreak of fire at the practice. Fire exits were clearly identified and staff were aware of the fire evacuation procedures. The local fire and rescue service had carried out an inspection of the practice premises in February 2014 where they identified areas for improvement. These included ensuring that appropriate checks being carried out to ensure the safety of fixed wiring within the practice. When we carried out this inspection we saw the areas identified for improvement had been completed. Fire extinguishers had been replaced where needed and these were checked periodically.

The practice manager told us that fire alarms and emergency lighting were checked and tested monthly. They showed us the practice fire log, however but this was not completed consistently. The practice manager showed us that some records of fire safety checks had been recorded in the practice diary.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

The practice team consisted of the primary GP, a part time locum GP, one part time nurse, three part time reception staff and the practice manager who all worked part time. Both the practice manager and GP told us of the difficulties in providing time and access to training given that all staff at the practice worked part time.

We reviewed staff training records and saw that all staff had undertaken training in safeguarding children and adults, emergency life support, infection control and fire safety. All staff recently had an appraisal of their work and performance. These were the first staff appraisals that had been conducted within the practice. They included a pre-appraisal assessment, which staff completed to highlight strengths, areas for improvements, what had gone well in the past year and any challenges they faced. From the appraisal some limited learning and development objectives had been identified. For example one member

of reception staff had identified training needs in the computerised patient records system (System One). There was no recorded information as to how this was to be achieved.

Practice nurses had defined duties they were expected to perform such as cervical cytology, immunisations and vaccinations. From their appraisal document we saw that they had identified training and development needs around chronic disease management. There was no plan in place as to how this was to be achieved. The GP and practice manager told us that the nurse was provided with paid study leave. However there we found no training certificates to evidence training undertaken, and the GP could not tell us what training had been attended. There were no records available as to the training the nurse had undertaken in administering vaccinations or performing cervical cytology. The GP told us that due to the nurse working part time hours at the practice it had not been possible to undertake clinical supervision of their skills and competence.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations
2010 Cleanliness and infection control

Patients and staff were not protected against the risks of infection because the appropriate guidance was not being followed.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations
2010 Assessing and monitoring the quality of service providers

Patients were not protected against the risks of unsafe or unsuitable care and treatment because the provider did not assess, monitor and improve where necessary the quality and safety of services provided.