

Dr Sanjay Mittal

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 well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr Sanjay Mittal on 31 October 2016. After the comprehensive inspection, the practice was rated as requires improvement for providing well-led services.

We issued a requirement notice in relation to:

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Good Governance.

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

This inspection was an announced focused inspection carried out on 25 September 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 at our previous inspection on 31 October 2016. This report covers our findings in relation to those requirements.

Our key findings across all the areas we inspected were as follows:

- Systems were in place to show the action taken to address alerts about medicines that may affect patients' safety.

- Systems to monitor children who fail to attend hospital appointments had been reviewed and procedures put in place to ensure these were appropriately managed.
- At risk registers for children and vulnerable adults were maintained and appropriately managed.
- Employment checks required by legislation had been completed for all staff employed.
- The plans for ongoing clinical audits that support improvements for patients had been reviewed.
- Arrangements to ensure the GP was actively involved in the appraisal and supervision of the advanced nurse practitioners had been introduced.
- Systems were in place to ensure patients discharged from hospital were followed up in a timely way.
- Plans were in place to review the reasons for lower patient satisfaction in the GP national survey for patient experience of their interaction with GPs. For example, the GP was looking at using an accredited patient satisfaction survey as part of their revalidation.
- Pro-active plans had been introduced to identify carers and establishing what support they need. The number of carers identified remained just under 1% but had increased from 30 (0.65%) to 45 (0.97%).
- At this inspection we found that the practice had addressed all the concerns raised and is now rated as good for providing well-led services.

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 well-led?

The practice is rated as good for being well-led.

- The practice had improved its governance arrangements to ensure patients and staff were protected from the risk of harm. These included:
 - The effective implementation of systems for managing medicine alerts.
 - Ensuring children who did not attend for hospital events were followed up.
 - Implementing procedures for maintaining and managing at risk registers for children and vulnerable adults.
 - Updating and completing checks on the ongoing suitability of GP locums working at the practice.
 - Implementing plans for ongoing clinical audits that support improvements for patients.
 - Introducing arrangements to ensure the GP was actively involved in the appraisal and supervision of the advanced nurse practitioners.
- The practice had reviewed a number of its policies and procedures to govern activity to support improvements in services.
- The provider was aware of and complied with the requirements of the duty of candour. The GP and management team encouraged a culture of openness and honesty.

Good



Dr Sanjay Mittal

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector and supported by a GP specialist advisor.

Background to Dr Sanjay Mittal

Dr Sanjay Mittal is registered with the Care Quality Commission (CQC) as an individual GP practice. The practice is located in an inner city area of Wolverhampton and has good transport links for patients travelling by public transport. Parking is available for patients travelling by car. The practice is accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The practice is part of the NHS Wolverhampton Clinical Commissioning Group (CCG). The practice holds a Personal Medical Services (PMS) contract with NHS England. A PMS contract is a locally agreed contract between NHS England and the practice and offers variation in the range of services that may be provided by the practice. The practice provides Directed Enhanced Services, such as childhood vaccinations and immunisations, management and support for patients with dementia and the care of patients with a learning disability. At the time of our inspection there were approximately 4,606 patients. The practice is located in one of the most deprived areas of Wolverhampton. People living in more deprived areas tend to have a greater need for health services. The practice patient population are mostly under the age of 65 years. There is a higher practice value for income deprivation

affecting children and older people in comparison to the practice average across England. The level of income deprivation affecting children of 30% is higher than the national average of 20%. The level of income deprivation affecting older people is higher than the national average (27% compared to 16%).

The practice team consists of one male GP who works full time, approximately 10 sessions per week. The GP is supported by two advanced nurse practitioners. Clinical staff are supported by two practice managers, four reception staff and an information technology lead. One of the receptionists has a dual role as a phlebotomist (someone who takes blood from patients). In total there are 10 staff employed either full or part time hours to meet the needs of patients. The practice uses a GP buddy system, a regular local GP to cover short periods of absence and locum GPs occasionally.

The practice is accessible by phone between 8am and 6.30pm Monday to Friday. Appointments times for patients vary for the GP and advanced nurse practitioners and include both morning and afternoon clinic sessions. Appointments with the GP are available between 8am and 11am Monday to Friday, 4pm to 6.30pm Tuesday, Wednesday and Friday, 5pm to 8pm on a Monday and 5pm to 7.30pm on Thursday. The GP also carried out a baby clinic between 1pm and 3pm on a Thursday. The practice offers extended hours appointments on Monday and Thursday evenings. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service Vocare via the NHS 111 service.

Detailed findings

Why we carried out this inspection

We previously undertook a comprehensive inspection of Dr Sanjay Mittal on 31 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing well-led services. The full comprehensive report following the inspection on 31 October 2016 can be found by selecting the 'all reports' link for Dr Sanjay Mittal on our website at www.cqc.org.uk.

How we carried out this inspection

We carried out a focused inspection of Dr Sanjay Mittal on 25 September 2017. This was to ensure that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified at our previous inspection on 31 October 2016.

During our visit we:

- Spoke with the GP, one of the practice managers and one of the advanced nurse practitioners.
- Visited the practice main location.
- Looked at information the practice used to deliver safe care and treatment.
- Looked at other relevant documentation.

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 Care Quality Commission (CQC) at that time.

Are services well-led?

Good 

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

Our findings

During our previous inspection in October 2016, we found that effective arrangements were not in place to provide a well-led service. This was because:

- The practice did not ensure appropriate systems were in place to demonstrate the action taken to address alerts about medicines that may affect patients' safety.
- Processes were not in place to monitor and manage children who failed to attend hospital appointments.
- At risk registers for children and vulnerable adults were not always maintained and appropriately managed.
- Employment checks required by legislation had not been completed for all staff employed.
- Arrangements were not in place to ensure GP involvement in the appraisal and supervision of the advanced nurse practitioners.
- Ongoing clinical audits that support improvements for patients had not been introduced.
- Processes were not in place to ensure patients discharged from hospital were followed up in a timely way.

This resulted in the practice being rated as requires improvement for providing well led services. At this inspection we found that the practice had addressed all the concerns raised and is now rated as good for providing well-led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The statement of purpose described the vision for the practice as driven by a culture of openness, honesty and a committed team of staff. The GP and staff we spoke with demonstrated the values of the practice and a commitment to improving the quality of the service for patients.

Governance arrangements

At this inspection we saw improvements in the governance arrangements within the practice which supported the delivery of the practice's strategy for good quality care.

- The arrangements for identifying, recording and managing risks and implementing mitigating actions had improved. For example:
- At the inspection in October 2016 we found the practice did not have systems in place to demonstrate medicine

safety alerts were acted on. At this inspection we found that these arrangements had been reviewed and systems which included a lead person identified to ensure all safety alerts received were acted on where appropriate.

- At the last inspection the practice had not ensured national guidelines for children who do not attend for hospital events were followed. At this inspection we saw that a practice policy and procedure had been developed and implemented. Records we looked at showed that the policy had been adhered to by staff and all children had been followed up and referred to the relevant professionals where appropriate. The policy included a review of the arrangements for maintaining and managing at risk registers for children and vulnerable adults and the follow up of patients discharged from hospital.
- At the inspection in October 2016 we found that not all We reviewed the personnel files for locum GPs at this inspection. We found the files had been updated and contained evidence of qualifications, current registration and that checks had been completed (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The same GP locums were used, which supported continuity of care for patients.
- At this inspection we found that the plans for ongoing clinical audits that support improvements for patients had been reviewed. Clinical audits and quality improvement topics had been identified to be carried out by the GP and advanced nurse practitioners to support improvement in the services provided for patients.

Leadership and culture

The provider was aware of and had systems in place to ensure compliance with the requirements of 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 GP and the management team encouraged a culture of openness and honesty. There were systems in place to ensure that when things went wrong with care and treatment affected patients received reasonable support, relevant information and a verbal and written apology.

Are services well-led?

Good 

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

There was a clear leadership structure in place. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We found that there was a positive sense of staff working together to make and sustain improvements at the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. We saw the outcome a recent patient survey carried out at the practice, which helped to review the reasons for lower patient satisfaction in the GP national survey for patient experience of their interaction with GPs. Plans were in place to review this on a larger scale. The GP planned to look at the possibility of using an accredited patient satisfaction survey to obtain patients views on the service they received. The practice continued to gather feedback from patients through the patient participation group (PPG) and through surveys, which included the outcome of friends and family surveys and complaints received.

The practice had gathered feedback from staff through appraisals and informal discussions. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice was involved in a number of local pilot initiatives which supported improvement in patient care across Wolverhampton. The GP could demonstrate involvement in clinical meetings with their peers to enable them to discuss clinical issues they had come across, new guidance and improvements for patients.

At the inspection in October 2016 the practice had identified areas where continuous improvement was needed and had put plans in place to address these. At this inspection we found that staff had received training related to the principles of the Mental Capacity Act. Arrangements had been put in place to provide protected time for the advanced nurse practitioners and the GP to meet to support supervision and the discussion of patient care. We saw documents which confirmed that these meetings took place and evidence of the topics discussed were available.