

Dr Pradeep Kumar Singh

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 well-led?		Good	

Summary of findings

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Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Risks to patients who used services were identified, assessed and systems and processes established and maintained to ensure patient and staff safety. The practice had undertaken criminal record checks on all staff. Fire assessments and equipment checks had been conducted. National guidance from the Medicines and Health products Regulatory Agency had been followed to ensure the safe management of medicines and medical equipment. Patient manual prescriptions were recorded onto the patient electronic record system and electronic prescribing was being introduced to provide a safe and efficient service for patients.

Good



Are services well-led?

The practice is rated as good for being well led. The practice had conducted risk assessments and established and maintained systems and processes to ensure staff and patients were safe. Fire and legionella assessments had been conducted and equipment appropriately maintained. Staff had successfully undertaken criminal record checks to demonstrate they were of good character and had received formal training to undertake chaperone duties.

Good



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

The provider was rated as good overall and this includes this population group.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It understood patients individual needs and was responsive to them, offering longer appointments and home visits, where necessary.

Good



People with long term conditions

The provider was rated as good overall and this includes this population group.

There were emergency processes in place and referrals were made for patients whose health deteriorated suddenly. Longer appointments and home visits were available when needed. All these patients had a named GP and received regular reviews to check that their health and medication needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The provider was rated as good overall and this includes this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who were on the child protection register. Immunisation rates were high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

The provider was rated as good overall and this includes this population group.

Health checks and health screening were offered and any non-attendance followed up with correspondence and calls as

Good



Summary of findings

appropriate. Although the practice offered extended opening hours for appointments from Monday to Friday, patients could not book appointments or order repeat prescriptions online. Health promotion advice was offered and accessible health promotion material available throughout the practice.

People whose circumstances may make them vulnerable

The provider was rated as good overall and this includes this population group.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for patients with a learning disability and followed up with patients who did not attend, to try and secure their attendance. Longer appointments were offered to patients with a learning disability and those who required additional support.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients contributing to case conferences where requested. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, they knew how to document safeguarding concerns and how to escalate them to the GP who would contact relevant agencies.

Good



People experiencing poor mental health (including people with dementia)

The provider was rated as good overall and this includes this population group.

Patients experiencing poor mental health were known to the practice and invited to regular health and medication reviews. The GP had clinical experience and expertise in the management of poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.

Good



Summary of findings

What people who use the service say

We did not speak to patients during the follow up inspection.

Dr Pradeep Kumar Singh

Detailed findings

Our inspection team

Our inspection team was led by:

Care Quality Commission inspector.

Background to Dr Pradeep Kumar Singh

The practice is situated in a residential area of Basildon, with high representation of young people and children within their patient group. It is recognised nationally as a deprived area, with a transient population due to temporary housing.

The practice benefits from having parking facilities and ramp access. The practice has a small clinical team consisting of one male GP and two practice nurses and a small administrative team of reception staff led by a practice manager. The practice currently holds a General Medical Service contract.

The practice does not have a website for patients to obtain information on the services. The practice has opted out of providing out-of-hours services to their own patients. The services are provided by SEEDS which is the South East Essex Emergency Doctors Service.

Why we carried out this inspection

We inspected this service to check the provider's compliance with the Health and Social Care Act 2008. Our inspections are conducted under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out a follow up inspection of the practice. The purpose of the inspection was to check the practice had addressed the regulatory breaches identified during their last comprehensive inspection conducted on 14 January 2015.

How we carried out this inspection

During our visit we spoke with the practice manager and the GP and reviewed documentation.

Are services safe?

Our findings

The Care Quality Commission's inspection conducted on 14 January. At the time we found the practice had not conducted a criminal record check on all their clinical team to determine their good character or risk assessed staff to identify those who undertook sensitive duties. on our return we found the practice had successfully undertaken DBS checks on all their staff. The practice manager had also successfully completed training in undertaking safer recruitment of staff.

The practice had undertaken a fire risk assessment including actions required to maintain fire safety in March 2015. Where remedial actions were required such as the replacement of emergency lights these had been done.

A legionella assessment had been conducted in March 2015 and their water system cleaned and disinfected in May 2015 to mitigate the potential risks of infection to patients. Legionella is a bacterium which can contaminate water systems in buildings.

The practice had revised guidance from the Medicines and Health products Regulatory Agency in relation to the maintenance of medical equipment. We found they had introduced suitable arrangements to manage the risks of spillage from their mercury sphygmomanometer (blood pressure measuring device).

We found manual prescriptions were recorded onto the electronic patient record to ensure completeness and mitigating the potential risk of duplication of prescribed medicines. The practice were also transferring from their manual prescribing system to electronic prescribing at the end of June 2015. This was promoted to assist in the timely and accurate management of patient needs.

Are services well-led?

Good 

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

Our findings

The Care Quality Commission's inspection conducted on 14 January 2014 found that improvements were required to demonstrate the practice was well led. We previously found no risk assessment or consideration had been given to evacuation procedures for people with limited mobility or communication difficulties to ensure their safe and timely exit from the premises. Risks had also not been assessed in relation to some clinical and administrative staff undergoing pre-employment checks to confirm their suitability to work with patients and access personal information.

We found both issues had been addressed as a priority by the practice. The practice had conducted a fire risk

assessment on 4 March 2015, including a review of their practices, procedures and the suitability of their emergency fire equipment. Where remedial actions were required such as the need for replacement emergency lights these were commissioned and installed in April 2015.

The practice reviewed the suitability of their recruitment policy and procedure. We found the practice had conducted criminal record checks on all staff, both clinical and administrative to determine their suitability to undertake their role. All staff who undertook chaperone duties had successfully undertaken formal chaperone training to enhance their understanding of their role and responsibilities.