

Dr Ghanshyam Patel

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



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 Ghanshyam Patel Practice on the 13 December 2016. The overall rating for the practice was good, with requires improvement for providing safe services. The full comprehensive report on the 13 December 2016 inspection can be found by selecting the 'all reports' link for Dr Ghanshyam Patel on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 8 August 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 16 December 2016 and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- The provider had reviewed systems processes and practices to minimise risks to patient safety. For

example a legionella risk assessment had been completed and fire drills and fire alarm checks were being performed. Staff had correctly labelled the sharps bins and weekly health and safety checks.

- Following this visit the provider submitted an environmental risk assessment completed on 10 August 2017 to the Commission.
- Staff were aware of current evidence based guidance and records of actions taken in response to safety alerts kept.
- The process for recruitment checks had been updated and necessary pre-employment checks now undertaken.

However, there were also areas of practice where the provider should continue to make improvements.

- The environmental risk assessment did not identify all the possible risks in the premises. The provider should continue to ensure all premises and equipment used by the service provider is fit for use.

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?

The practice is rated as good for providing safe services.

Good



- The provider had reviewed systems processes and practices to minimise risks to patient safety. For example a legionella risk assessment had been completed and fire drills and fire alarm checks were being performed. Staff had correctly labelled the sharps bins and weekly health and safety checks.
- Staff were aware of current evidence based guidance and records of actions taken in response to safety alerts kept.
- The process for recruitment checks had been updated and necessary pre-employment checks now undertaken,
- Following this visit the provider submitted an environmental risk assessment completed on 10 August 2017 to the Commission. However, this did not identify all the possible risks in the premises. The provider should continue to ensure all premises and equipment used by the service provider is fit for use.

Dr Ghanshyam Patel

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector.

Background to Dr Ghanshyam Patel

Dr Ghanshyam Patel (also known as Veritas Health Centre) is situated in Sheffield. Car parking is available on the road outside the practice.

The practice provides General Medical Services (GMS) for 1,400 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It provides enhanced services; this includes those for patients living with dementia. The practice is situated in one of the fifth less deprived areas nationally.

Dr Patel (male) is supported by a female locum GP, a practice nurse, practice manager and a small reception team.

The practice is open:-

- 8am to 1pm and 4pm to 6pm Monday to Friday, except Thursday, when it is closed in the afternoon.
- Appointments are available 9am to 11am and 4.20pm to 6pm daily, except when it is closed on a Thursday afternoon.
- The GP is also available between 11am and 11.30am and between 5pm and 6pm Monday to Friday, except Thursday afternoon, for telephone consultations.

- The nurse is also available for telephone consultations between 10.30am and 11.30am, and 5pm and 6pm on Monday, Tuesday, Wednesday, and Friday.

When the practice is closed, the Sheffield GP collaborative provides GP services. Access to the out of hours services is through the NHS 111 service. The practice telephone number directs the caller to the appropriate service when the practice is closed.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Ghanshyam Patel Practice on 13 December 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 providing safe services. The full comprehensive report following the inspection on 13 December 2016 can be found by selecting the 'all reports' link for Dr Ghanshyam Patel on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Ghanshyam Patel on 8 August 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:

- Review the action report submitted to the CQC in March 2017.

Detailed findings

- Spoke with the practice manager, practice nurse and a receptionist..
- Reviewed policies, procedures, and documents to make a judgement about whether the practice had made improvements.

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 13 December 2016, we rated the practice as requires improvement for providing safe services. This was because we found that staff had not had the necessary recruitment checks before they started work. In addition, the provider had not ensured staff followed the health and safety requirements. Following the inspection, on the 3 March 2017, the practice provided CQC with a action plan of how they would ensure compliance with the regulations. These arrangements had significantly improved when we undertook a follow up inspection on 8 August 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At our previous inspection, we found that the practice did not maintain a record of actions taken in response to National Patient Safety Alerts (NPSA) regarding equipment and medication. At this inspection, we found that the practice manager maintained a record of each NPSA and what actions the staff had taken. We spoke with the practice nurse, who confirmed they had regularly received NPSA from the practice manager.

Overview of safety systems and process

During this inspection we reviewed recruitment policy and found it contained the necessary instructions of what actions the provider must take before staff commenced employment. We looked at one personnel file of an employee who had commenced work following our last inspection in December 2016. We found the practice manager had undertaken the appropriate recruitment checks prior to employment. This was also confirmed by the employee. For example, an employment history, proof of identification, qualifications, and the appropriate checks through the Disclosure and Barring Service. The file also contained evidence of the new staff's induction programme.

We spoke with the nurse who explained how they checked all sharp bins weekly to ensure all were correctly labelled and we observed this had occurred.

Monitoring risks to patients

At this inspection we reviewed the areas of health and safety that had not been maintained at the previous inspection and found.

- The practice had reviewed the legionella risk assessment and had carried out a weekly check of the system. (A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.)
- The practice had carried out fire drills and fire alarm checks.
- The previously unlocked cellar door in the reception area that lead onto steep stone steps, was locked by staff, and had a sign to warn staff that the steps were steep. The cellar only contained archived patient files. During the inspection, the staff also put up a further danger sign to ensure patients were fully aware of the risks.
- The practice manager had completed weekly health and safety checks. However, they had not completed an annual environmental risk assessment. Following the inspection the practice manager submitted a environmental risk assessment for the premises carried out on the 8 August 2017. This had four points that included the hazard, risk score, the existing control and preventative measures and the staff responsible. This included the steep steps into the cellar. The environmental risk assessment did not identify all the possible risks in the premises. The provider should continue to ensure all premises and equipment used by the service provider is fit for use.