

# Dr Satya Kacker

## Quality Report

Broom Valley Medical Centre  
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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 Satya Kacker on 2 June 2015. The overall rating for the practice was good with requires improvement for being safe. The full comprehensive report from June 2015 inspection can be found by selecting the 'all reports' link for 'Dr Satya Kacker' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 9 March 2017 to confirm that the practice had addressed the areas for improvement recommended in our previous inspection on 2 June 2015. This report covers our findings in relation to those improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- The practice now had access to telephone interpretation services for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

**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 now rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had reviewed the systems, processes and practices to minimise risks to patient safety. For example, a legionella risk assessment had been completed. A risk assessment had been completed as to why the practice did not keep oxygen on the premises.
- The practice had adequate arrangements to respond to emergencies and major incidents.

# Summary of findings

## The six population groups and what we found

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

# Dr Satya Kacker

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC lead inspector and a second inspector.

## Background to Dr Satya Kacker

Dr Satya Kacker's practice, or Broom Valley Medical Centre as it is known locally, is located in the Broom Valley area of Rotherham. The practice is part of Rotherham Clinical Commissioning Group (CCG) and is responsible for providing services for 1,815 patients under the personal medical services (PMS) contract with NHS England. The practice catchment area is classed as within the group of the third more deprived areas in England. The age profile of the practice population differs slightly to other GP practices in the Rotherham CCG area. It has a larger number of male patients aged from birth to nine years old and 35 to 39 years old and a higher number of females from five to 14 years old registered at the practice.

The practice has one female GP who works eight sessions per week and male locum GP who works four sessions per week. They are supported by a practice nurse, a senior receptionist, three receptionists and a practice manager. Two health trainers hold weekly clinics at the practice to support patients.

The practice is open from 8am to 6.30pm Monday to Friday.

The practice is located in a converted commercial building with accessible facilities and on road parking to the front of the premises.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Satya Kacker on 2 June 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires improvement for being safe. The full comprehensive report following the inspection from June 2015 can be found by selecting the 'all reports' link for 'Dr Satya Kacker' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## How we carried out this inspection

During our visit we:

- Spoke with the practice manager and a GP.
- Observed information available to patients.
- Reviewed relevant records and audits.

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 2 June 2015 we rated the practice as requires improvement for providing safe services as there were shortfalls in the governance of the practice. For example, a legionella risk assessment had not been completed, learning from incidents was not completed in a timely manner and the practice did not risk assess the absence of the lack of availability of oxygen on the premises. Staff completed appraisal forms but they did not meet with their manager to discuss them and agree the objectives. Patients did not have access to telephone interpreting services. Some audits were undertaken but these were not necessarily relevant to the patient population.

The practice is now rated as good for being safe.

### Safe track record and learning

The provider had reviewed the system for reporting and recording significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. We saw evidence that lessons were shared and action was taken to improve safety in the practice in a timely manner. For example, following an incident where a patient was given the incorrect prescription the procedure was reviewed and updated and shared with staff to prevent it happening again. Actions identified from incidents were followed up and completed within the time frames given.

### Overview of safety systems and processes

We reviewed the most recent recruit's personnel file since our last inspection. Appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in

previous employments in the form of verbal references, qualifications, registration with the appropriate professional body and the appropriate checks through the disclosure and barring service.

Since our last inspection two clinical audits had been completed where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, staff had identified they referred more patients to skin specialists compared to other practices in the area. Action taken as a result included review of those patients and revisiting the guidelines to follow when considering a referral. The second cycle of the audit demonstrated a 22% reduction in referrals. Another audit of patients with high blood glucose levels resulted in the practice securing a male health trainer to work from the practice one day a week to support patients with diabetes.

The practice now had access to telephone interpretation services for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety. A legionella risk assessment had been completed in June 2016 and the actions identified had been completed. Staff regularly tested water temperatures and flushed little used outlets weekly. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

All staff had a recent appraisal and met with their manager for feedback and to agree development plans.

### Arrangements to deal with emergencies and major incidents

Staff had completed a risk assessment to assess the risks of not keeping oxygen on the premises. The practice was within two miles of the local accident and emergency unit.