

Dr Ravi Sharma

Quality Report

St Peter's Medical Practice,
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Nottinghamshire
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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 effective?

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 Ravi Sharma on 1 September 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Dr Ravi Sharma on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 21 March 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 1 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had implemented a procedure for the monitoring and management of high risk medication and patients receiving.
- The practice had clinical meetings in place with the nurse, GP and the long term locum.
- The practice had an improvement plan including clinical audits.

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?

At the inspection in September 2016 we found that the practice processes for prescribing high risk medication and monitoring was not in place or being monitored formally.

The practice had taken appropriate action and is now rated good for the provision of safe services.

- At this recent inspection we found that the practice had implemented a process for prescribing high risk medication and monitoring was in place.

Good



Are services effective?

At the inspection in September 2016 the practice were not able to demonstrate quality improvement. Clinical audits were limited and there was no audit plan in place. The practice clinical team did not have meetings to ensure information was shared and patients were discussed.

The practice had taken appropriate action and is now rated good for the provision of effective services.

- The practice had an audit plan for the year.
- We looked at four completed two cycle audits that the practice had undertaken. One of these had been undertaken following a significant event that the practice had completed. The audits showed improvement in processes and in prescribing.
- The practice had clinical team meetings which had been in place since November 2016 and we reviewed four sets of minutes. The meeting minutes showed that the clinical team including the practice nurse and the long term locum were discussing patients that needed to be discussed and sharing information such as recent guidance and audits completed.

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 had resolved the concerns for safe and effective identified at our inspection on 1 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safe and effective identified at our inspection on 1 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safe and effective identified at our inspection on 1 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safe and effective identified at our inspection on 1 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe and effective identified at our inspection on 1 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe and effective identified at our inspection on 1 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Dr Ravi Sharma

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Dr Ravi Sharma

Dr Ravi Sharma is a single handed practice which provides primary care services to approximately 2735 under a Personal Medical Services (PMS) contract.

- The practice is situated in the centre of Mansfield in a shared building that is accessible to patients with wheelchairs and those with limited mobility.
- There is a car park at the practice and is close to bus routes and train station.
- Services are provided from St Peter's Medical Practice, Mansfield, Nottinghamshire, NG18 1EE.
- The practice consists of one GP (male), a practice nurse and a health care assistant (HCA). The practice was also supported by a long term locum two days per week.
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice has a lower than average number of patients aged 0 to 24 years of age.
- The practice has high deprivation and sits in the third more deprived centile.

- The practice is registered to provide the following regulated activities; surgical procedures; maternity and midwifery services, diagnostic and screening procedures and treatment of disease, disorder or injury.
- The practice lies within the NHS Mansfield and Ashfield Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.
- The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are from 8.30am to 10.40am and 4pm to 5.40pm.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Ravi Sharma on 1 September 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. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Dr Ravi Sharma on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Ravi Sharma on 21 March 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:

Detailed findings

- Spoke with a range of staff (practice manager, nurse and GP).
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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 1 September 2016, we rated the practice as requires improvement for providing safe services as the arrangements for monitoring and managing high risk drugs were not effective.

These arrangements had significantly improved when we undertook a follow up inspection on 21 March 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At the inspection in September 2016 the practice did not have a formal process for reviews of patients on high risk medications.

At the most recent inspection we found that the practice process had been strengthened and that all staff understood the process. We viewed examples of monitoring and checks that had been conducted prior to the prescribing of these drugs. This was in line with the practice process.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 1 September 2016, we rated the practice as requires improvement for providing effective services as the arrangements for quality improvement and clinical audit was not effective. The practice clinical team were not meeting to ensure information was shared and patients were discussed.

These arrangements had significantly improved when we undertook a follow up inspection on 21 March 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

The practice had discussed new guidance in clinical meetings. These guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

At the inspection in September 2016 there had been three clinical audits completed in the last two years, one of these were completed audits where the improvements made were implemented and monitored.

At the most recent inspection we were shown an audit plan for the year. We looked at four completed two cycle audits

that the practice had undertaken. One of these had been undertaken following a significant event that the practice had completed. The audits showed improvement in processes and in prescribing.

We were shown that there were four other audits that were in the process of completion by the practice. The clinical meeting minutes showed that audits were discussed and actions taken shared with the team. There was an audit plan for the practice. The GP had requested areas that the practice was to work on in the coming year. Audit had been identified as an area that the GP planned to request training on in their appraisal in June 2017

Coordinating patient care and information sharing

At the inspection in September 2016 there were no clinical meetings with the nurse, GP and long term locum to ensure information was shared and patients were discussed.

At the most recent inspection we were shown the agenda and minutes of the clinical meetings that were now in place. These had been in place since November 2016 and we reviewed four sets of minutes. The meeting minutes showed that the clinical team including the practice nurse and the long term locum were discussing patients that needed to be discussed and sharing information such as recent guidance and audits completed