

# Dr H Singh & Partners

## 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 H Singh & Partners on 25 April 2017. The overall rating for the practice was Good with Requires Improvement in Well Led. The full comprehensive report on the 25 April 2017 inspection can be found by selecting the 'all reports' link for Dr H Singh & Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 10 October 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 25 April 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as Good.

### Our key findings were as follows:

- The practice had ensured that staff at the practice were up to date with their routine immunisations and took appropriate action as required.
- The practice demonstrated that they had introduced a system for the receipt, monitoring and

implementation of National Institute for Health and Care Excellence (NICE) updates and guidelines. However, we found that the actions taken were not consistently documented.

- A GP's bag contained three medicines which exceeded their expiry dates. During the inspection these were replaced and immediately following the inspection we received confirmation that appropriate remedial actions had taken place.

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

### Importantly, the provider should:

- Consistently document the actions taken by the practice following receipt of MHRA and guidance such as NICE guidelines with an auditable trail of any actions taken.
- Consider changes to the process in place to monitor medicines held in the GP bags to make it more robust.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Dr H Singh & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr H Singh & Partners

Dr H Singh and Partners is registered with the Care Quality Commission (CQC) as a partnership provider in Newcastle-under-Lyme, North Staffordshire. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP

Contract. The practice area is one of high deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 5,065 patients.

Demographically the practice population has a higher proportion of patients aged over 65 (21%) and 75 (9%) when compared with the national averages of 17% and 8% respectively. The percentage of patients with a long-standing health condition is 62% which is above the local CCG average of 57% and national average of 54%. This could mean increased demand for GP services.

The practice is located in a purpose built single storey building. It also offers on-site parking, disabled parking, a disabled toilet, wheelchair and step-free access. The opening times at the practice are between 8am and 6pm Monday to Friday except Thursdays when it closes at 1pm.

GP appointments are from 9am to 11.30am every morning and 3pm to 5.50pm daily (except Thursday afternoon when the practice is closed). On the day appointments are available and patients can book appointments two weeks in advance. The practice does not routinely provide an

out-of-hours service to their own patients but patients are directed to the out of hours service, Staffordshire Doctors Urgent Care, via NHS 111, when the practice is closed. The practice staffing comprises of:

- Two full time male GP partners
- Two female practice nurses providing 1.8 whole time equivalent hours
- A full time practice manager
- An assistant practice manager
- An Elderly Care Facilitator (non-clinical role)
- A team of administrative staff working a range of hours.
- Cleaner

The practice provides a number of specialist clinics and services. For example long term condition management including asthma, diabetes and high blood pressure. It also offers services for family planning, childhood immunisations, travel vaccinations and smoking cessation support. The practice is an approved training practice for GP registrars.

## Why we carried out this inspection

We previously undertook a comprehensive inspection of Dr H Singh & Partners on 25 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement.

# Detailed findings

The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Dr H Singh & Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr H Singh & Partners on 10 October 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:

- Spoke with a range of staff (Practice manager, assistant practice manager two GP partners and a practice nurse).
- Observed how patients were being cared for in the reception area.
- 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 well-led?

Good 

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

## Our findings

At our previous inspection on 25 April 2017, we rated the practice as requires improvement for providing well-led services as the practice had not:

- Reviewed whether staff were up to date with their routine immunisations and therefore take appropriate action as required.
- Introduced a systematic approach for the receipt, monitoring and implementation of the National Institute for Health and Care Excellence (NICE) updates and guidelines.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 10 October 2017. Consistent documentation however would further improve the systems in place.

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

### Governance arrangements

The practice had ensured that all staff at the practice were up to date with their routine immunisations and took appropriate action as required. Records were maintained of staff's full immunisation status. The practice decided to complete a risk assessment for one staff member in respect of their Measles Mumps and Rubella (MMR) and chickenpox immunity with staff member choice considered. This staff member did have the annual flu vaccination. The practice manager had implemented a systematic process for any new staff recruited to ensure records were maintained of their immunisation status.

The practice demonstrated that they had introduced a system for the receipt, monitoring and implementation of the NICE updates and guidelines. These were dated and

signed by clinical staff and discussed at the weekly clinical meetings which were minuted. However, we found that the actions taken were not consistently documented. The practice acknowledged the documentary gaps and assured us that the system in place would be improved and responsibility taken to ensure actions were signed off as complete.

We reviewed the practice medicine safety alert system receipt, monitoring and implementation systems. We found there were systems in place for receipt, monitoring and actions taken in place. However; we found that the actions taken were not consistently documented. For example; an alert was signed as seen by the GPs but there was no record attached of the patient searches completed or action taken. On further review it was established that patient record searches had been completed and action taken. The practice acknowledged the documentary gaps and assured us that the system in place would be improved further and responsibility would be taken to ensure actions were signed off as complete. The practice put in place measures to audit the medicine alert event as a matter of urgency, with a re-audit planned in three months' time as part of their training update.

A GP's bag contained three medicines which exceeded their expiry dates. The stock list for medicines held in the GP's bags did not document the quantity of stock held, only the medicine name and dosage. During the inspection these medicines were replaced and immediately following the inspection we received confirmation that appropriate remedial action had taken place. The practice advised that they had instigated a significant event analysis to investigate why this had happened, what they could do to reduce the risk of reoccurrence and to ensure a more robust system was put in place.