

Dr Gopal Sinha

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

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5

Detailed findings from this inspection

Our inspection team	8
Background to Dr Gopal Sinha	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Gopal Sinha on 20 October 2016. The overall rating for the practice was requires improvement. The practice was rated as requires improvement for providing safe and well-led services and rated as good for providing effective, caring and responsive services. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Dr Gopal Sinha on our website at www.cqc.org.uk.

This inspection was an announced focused inspection conducted on 18 July 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 20 October 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 standards of cleanliness had improved. All infection control risks had been identified and mitigated. Audits of infection control had been carried out by a lead with appropriate training.
- Systems and processes had been implemented to ensure that recruitment checks were carried out for all locum staff.
- Risk assessments had been carried out and risks appropriately mitigated for staff working alone within the practice.
- A system had been implemented to ensure that reviews of patients on high risk medicines were being undertaken routinely.
- The practice had established and implemented a system to routinely monitor and audit the use of blank prescription pads.

The practice had also taken appropriate action to address areas where they should make improvements:

- Diabetes performance indicators had improved by 30% on last year's Quality and Outcomes Framework data.

Summary of findings

- Action had been taken to address low satisfaction scores relating to GP consultations and access to the practice. The National Patient GP Survey results for 2016/17 showed an increase of between 5 – 10% increases on last year's results.

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



- Since our inspection in 2016 the practice had improved its systems and processes in order to ensure that risks to patients were assessed and well managed.
- Risks relating to staff working alone within the practice had been adequately assessed.
- Standards of cleanliness had been improved and infection control audits had been carried out, with mitigating action having been taken where required. The infection control lead had attended infection control training appropriate to the role.
- A system had been implemented to ensure that reviews of patients on high risk medicines were being undertaken routinely.
- The practice was able to demonstrate they had established and implemented a system to routinely monitor and audit the use of blank prescription pads or forms.
- All locum staff had received appropriate recruitment checks prior to working at the practice.

Are services well-led?

The practice is rated as good for providing well-led services.

Good



- Since our inspection in 2016 the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had improved. Action had been taken to address staff lone working, the safe management of medicine and infection control and prevention issues.

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 well-led identified at our inspection on 20 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

The provider had resolved the concerns for safe and well-led identified at our inspection on 20 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were above the local and national averages. For example, 89% of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 66% and national average 69%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines 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 had resolved the concerns for safe and well-led identified at our inspection on 20 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively 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.
- The practice's uptake for the cervical screening programme was 99%, which was above the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The provider had resolved the concerns for safe and well-led identified at our inspection on 20 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe and well-led identified at our inspection on 20 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe and well-led identified at our inspection on 20 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Performance for mental health related indicators were comparable or above the local and national averages. For example, 84% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100%, which was higher than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Dr Gopal Sinha

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr Gopal Sinha

Dr Gopal Sinha (also known as Grove Park Surgery) is a GP practice based in Maidstone, Kent with a catchment area of approximately 2,170 patients.

The practice is similar across the board to the national averages for each population group. For example, 18% of patients are aged 0 -14 years of age compared to the CCG national average of 17%. Scores were similar for patients aged under 18 years of age and those aged 65, 75 and 85 years and over. The practice is in the fourth centile of the most deprived areas of Kent and has a majority white British population.

The practice holds a General Medical Service contract and consists of a principle GP (male). The GP is supported by a locum GP (female) who works alternate Tuesdays, a practice manager, a practice nurse (female) and an administrative team. A wide range of services and clinics are offered by the practice including asthma and diabetes.

The practice is arranged over two storeys, with all the patient accessible areas being located on the ground floor. The practice is accessible to patients with mobility issues, as well as parents with children and babies.

The practice is open between 8am to 12.30pm and 2pm to 6pm Monday to Friday. There is a duty doctor system for patients to access the practice between 13.30pm to 2pm and 6pm to 6.30pm. Extended hours appointments were offered from 6.30pm to 7.30pm on Wednesdays. In addition, appointments that could be booked up to six

weeks in advance, urgent appointments were also available for people that needed them. There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from:

- Dr Gopal Sinha, Grove Park Surgery, Maidstone, Kent, ME15 9AP

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Gopal Sinha on 20 October 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 overall (rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services). The full comprehensive report following the inspection in October 2016 can be found by selecting the 'all reports' link on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Gopal Sinha on 18 July 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

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the

Detailed findings

comprehensive inspection had been addressed. During our visit we spoke with the principal GP, practice manager and three administrative staff as well as, reviewed information, documents and records kept at the practice.

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 20 October 2016, we rated the practice as requires improvement for providing safe services.

- Risks to patients were generally assessed and well managed, although risks relating to staff working alone within the practice had not been adequately assessed.
- Standards of cleanliness needed to be improved and infection control audits were not carried out annually, therefore mitigating action had not been taken. The infection control lead had not attended infection control leads' training.
- There were inconsistent reviews of patients on high risk medicines.
- There was no log of the location of prescription pads within the practice.
- Locum staff had not received appropriate recruitment checks prior to working at the practice.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection on 18 July 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

- The practice had ensured that risks to patients were assessed and well managed. Additionally, we saw policies and procedures that been implemented to ensure staff working alone within the practice had been assessed.
- Systems and processes had been implemented, in order to ensure that standards of cleanliness had been improved. The practice had appointed a commercial cleaning company in January 2017. We saw records that demonstrated that monthly checks of cleanliness were being routinely completed. Records also showed that hand washing, hepatitis B statuses, aseptic technique

(equipment being cleaned specifically in a way that prevents infection) and decontamination of equipment audits had been completed. Additionally, two consulting room floors had been refurbished to ensure they were washable and sealed. The practice nurse was the infection prevention and control lead and had now attended training in infection prevention and control for practice nurses provided by the West Kent Clinical Commissioning Group (CCG). Records viewed confirmed this. Audits of infection control had been carried out in April 2017 and there was a plan to conduct audits six monthly intervals thereafter. We saw that risks identified had been actioned. For example, permeable chairs in consulting rooms and the baby changing equipment had been replaced. The practice has requested the assistance of the NHS West Kent CCG infection prevention and control lead to help the practice nurse in assessing the standards of cleanliness. Records showed this visit had occurred in May 2017 and a subsequent action plan had been established, to ensure hand wash basins with plugs and overflows were to be replaced by November 2017.

- Medicine management issues identified at our previous inspection had been addressed. We saw that systems and processes had been implemented, in order to ensure that reviews of patients on high risk medicines were now being routinely conducted. The arrangements for managing blank prescription forms had improved. The practice was able to demonstrate they had established and implemented a system to routinely monitor and audit the use of blank prescription pads.

Since our previous inspection in October 2016 the practice had implemented a system for the recruitment checks of locum staff. Staff files viewed showed that recruitment checks of all locum staff had been completed appropriately. For example, proof of identification, references, qualifications, registration with the appropriate professional body, indemnity insurance and the appropriate checks through the Disclosure and Barring Service.

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 20 October 2016, we rated the practice as requires improvement for providing effective services.

- There were arrangements to monitor and improve quality and identify risk, with the exception of those relating to staff lone working, medicine and prescription management and infection control and prevention issues that had not been identified and managed appropriately.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection on 18 July 2017. The practice is now rated as good for providing well-led services.

Governance arrangements

The practice had improved its overarching governance framework which supported the delivery of the strategy and good quality care.

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had improved. Action had been taken to address staff lone working, the safe management of medicines, blank prescriptions and infection control and prevention issues. For example, they had established and implemented systems and processes to routinely monitor and audit the use of blank prescription pads, as well as infection prevention and control.