

# Dr Choudhary & Singh

## 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

Are services safe?

**Requires improvement**



Are services well-led?

**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 Choudhary & Singh on 3 February 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Dr Choudhary & Singh on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 23 May 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 3 February 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- The provider had reviewed the recruitment arrangements for the GPs working at the practice and GP locums. Staff files were kept for each GP, but there was missing information viewed on the day and this had to be sent to us the day after our inspection.

- The systems in place for significant event and incident reporting had been reviewed. Systems now included how lessons were learnt and what actions should be taken when things go wrong. However, there had been no staff training completed and an incident reporting form was not available to all staff.
- A practice risk assessment was now in place.
- A revised system of clinical audits was now in place. The provider now used the results of these to monitor and improve patient's outcomes.
- The practice had an active Patient Participation Group (PPG) that met regularly.
- The systems in place for responding to patient safety alerts had been reviewed and a new lead person was in place. However, there was no effective process in place to ensure all actions required, had been taken.
- Arrangements for ensuring all staff receive appropriate appraisals had been reviewed. All staff had a completed annual appraisal.

There were also areas of practice where the provider should make improvements.

The provider should:

# Summary of findings

- Undertake significant event training with all staff and introduce an incident reporting form for staff use. The provider should also review the system in place for monitoring significant events, ensuring an annual analysis takes place and actions plans are put into place to prevent reoccurrence.
- Develop a monitoring system for patient safety alerts to ensure that actions as required have been undertaken.
- Develop a system to ensure that all clinical staff are registered with the relevant professional regulator or professional body and that records of these are held on staff files.

**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 had reviewed their systems for reporting significant events. From the sample of documented examples we reviewed, we found there was an improved system for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. However, the practice did not have an incident reporting form available for staff, actions plans were not routinely put into place or monitored.
- We found that the systems in place for responding to patient safety alerts had been reviewed and it was confirmed to us that all alerts would be cascaded to staff. However, we noted there was no monitoring system in place to ensure that actions as required had been taken.
- Staff files for GPs and locums had been updated but on the day of inspection there was still missing information observed. This was sent to us after the inspection.
- The practice manager had recently completed a practice health and safety risk assessment which was forwarded to the building control officer.

**Requires improvement**



### Are services well-led?

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

- We found that new structures, processes and systems of accountability were in the process of being reviewed. We found there to be a clear staffing structure and staff were aware of their roles and responsibilities.
- The practice had recently set up a Patient Participation Group (PPG) which had met three times since the last inspection and their views were respected by the management team.
- Improvements had been made to improving the understanding of practice risks. For example ensuring safe recruitment of GPs, ensuring health and safety risk assessments were in place.
- Significant events reporting had improved but did not demonstrate full compliance at the time of the inspection.
- Clinical audits were undertaken and were used to monitor quality and to make improvements.

**Good**



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Undertake significant event training with all staff and introduce an incident reporting form for staff use.  
The provider should also review the system in place for monitoring significant events, ensuring an annual analysis takes place and actions plans are put into place to prevent reoccurrence.
- Develop a monitoring system for patient safety alerts to ensure that actions as required have been undertaken.
- Develop a system to ensure that all clinical staff are registered with the relevant professional regulator or professional body and that records of these are held on staff files.

# Dr Choudhary & Singh

## Detailed findings

### Our inspection team

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

This focused inspection was undertaken by a CQC Inspector.

## Background to Dr Choudhary & Singh

Dr Choudhary & Singh is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post-natal care. The practice is a long established GP practice working in the centre of Liverpool in a deprived area of the city. At the time of this inspection Dr Choudhary had retired and a new GP partner now worked at the practice. The practice was in the process of having the name of the surgery changed to reflect the new partnership arrangement. The practice has a General Medical Services (GMS) contract with a registered list size of 2434 patients (at the time of inspection). The practice had a high proportion of patients between the ages of 25-34.

The practice has two GP partners, male and female, a practice nurse and a number of administration and reception staff. The practice operates from 8am to 6.30pm daily. Bookable appointments are available daily. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance out of hours when the practice is closed.

The practice offers a range of enhanced services including spirometry, near patient testing, flu and shingles vaccinations, anticoagulant monitoring and joint injections.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Choudhary & Singh 3 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but requires improvement for safety. The full comprehensive report following the inspection on 3 February 2016 can be found by selecting the 'all reports' link for Dr Choudhary & Singh on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr Choudhary & Singh on 23 May 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:

- Carried out a site visit
- Spoke with the practice manager and registered manager
- Reviewed documents

# Are services safe?

## Our findings

At our previous inspection on 3 February 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of monitoring significant events, recruitment information held for GPs; and practice health and safety risk assessments required improvement.

These arrangements had improved but not fully when we undertook a follow up inspection on 23 May 2017. The practice remains rated as requires improvement for safe services.

### Overview of safety systems and processes

The practice had reviewed their systems for reporting significant events. We were told that staff were aware that all events or incidents should be reported to the duty GP or practice manager. The practice did not have an incident recording form available for staff to complete and we were not assured that all incidents that should be reported were.

From the sample of two documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the

same thing happening again. We were told that all significant events were discussed at regular clinical meetings and we saw examples of minutes from these meetings to demonstrate this. Records we saw indicated that lessons were learnt and actions were taken to prevent reoccurrence but there was no system in place to monitor this and incidents were not being analysed annually to identify these.

We found that the systems in place for responding to patient safety alerts had been reviewed and it was confirmed to us that all alerts would be cascaded to staff. However, we noted there was no monitoring system in place to ensure that actions as required had been taken.

We reviewed three staff files for locum and permanent GPs working at the practice. We found that appropriate recruitment checks had been undertaken prior to employment but there remained gaps in the information held by the practice. For example, proof of identification, immunisation records, insurance documents and registrations with the appropriate professional body. We discussed this on the day of the inspection and this information was sent to us following our visit.

The practice manager had recently completed a practice health and safety risk assessment which was forwarded to the building control officer.

# 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 3 February 2016, we rated the practice as requires improvement for providing well led services as the arrangements in respect of ensuring an overview of safety systems and processes required improvement. We also found that partners did not work together to develop a clear vision, business plan and strategy for the practice.

These arrangements had improved when we undertook our follow up inspection on the 23 May 2017. The practice is now rated as good for being well-led.

### Vision and strategy

At our last inspection we found the practice did not have clear visions and values, driven by quality and safety, which were shared with the practice team. There was no formal strategy that had been developed with regular engagement with patients who use the service or practice staff. Partners had not worked together to develop a formal strategy or supporting business plans to monitor the effectiveness of business arrangements.

During the follow up inspection carried out on the 23 May 2017 we found there had been partnership changes and the management team were working towards developing new systems and processes to improve patient quality experiences and safety.

### Governance arrangements

- We found that new structures, processes and systems of accountability were in the process of being reviewed. We found there was a clear staffing structure and staff were aware of their roles and responsibilities. The management team had a comprehensive understanding of the performance of the practice, weekly and monthly monitoring meetings took place to monitor this.
- Improvements had been made to improving the understanding of practice risks. For example, ensuring safe recruitment of GPs, ensuring health and safety risk assessments were in place. Significant events reporting had improved but did not demonstrate full compliance at the time of the inspection.
- Clinical audits were undertaken and were used to monitor quality and to make improvements.

### Seeking and acting on feedback from patients, the public and staff

The practice had developed a Patient Participation Group (PPG) and there had been three meetings held since the last inspection. The practice continued to ensure that patients could leave comments and suggestions about the service via the practice website. The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.