

# Dr H Singh & Partners

## Quality Report

2 Heathcote Street  
Newcastle Under Lyme  
Staffordshire  
ST5 7EB

Tel: 01782561057

Website: [www.chestertonsurgery.co.uk](http://www.chestertonsurgery.co.uk)

Date of inspection visit: 2 December 2016

Date of publication: 13/01/2017

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

Are services safe?

# Summary of findings

## Contents

### Summary of this inspection

Overall summary

Page

2

### Detailed findings from this inspection

Our inspection team

3

Background to Dr H Singh & Partners

3

Why we carried out this inspection

3

How we carried out this inspection

3

Detailed findings

5

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr H Singh & Partners on 20 September 2016. Breaches of legal requirements were found and a warning notice was served for Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

A Requirement notice was served in relation to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

You can read the report from our last comprehensive inspection 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 focused follow up inspection on 2 December 2016 to check that the practice had taken urgent action to ensure they met the legal requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and

treatment. This report only covers our findings in relation to the warning notice. A follow up inspection will be carried out within six months to check that the practice had followed their action plan for the requirement notice and to confirm they meet legal requirements.

### Our key findings were as follows:

- Effective systems had been put in place to mitigate risks to patients who took high risk medicines.
- Hepatitis B immunisation records were available for all relevant staff.
- The practice held sufficient quantities of suitable emergency medicines.
- There were records to show that clinical equipment had been serviced and calibrated.
- Patient Group Directions which allow nurses to administer medicines in line with legislation were complete and up to date.

### 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 **CQC Lead Inspector** and included a GP Specialist Adviser.

## 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 5488 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, when the practice is closed.

The practice staffing comprises of:

- Two male GP partners
- Two female practice nurses
- An advanced nurse practitioner working four hours per week
- A practice manager
- An assistant practice manager
- A team of administrative staff working a range of hours.

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.

## Why we carried out this inspection

This focused inspection was carried out under Section 60 of the Health and Social Care Act 2008 to follow up on our previous comprehensive inspection at Dr H Singh & Partners in September 2016 when breaches of legal requirements were found. A warning notice was served for Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

# Detailed findings

A Requirement notice was served in relation to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

We undertook a focused follow up inspection on 2 December 2016 to check that the practice had taken urgent action to ensure they met the legal requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. This report only covers our findings in relation to the warning notice.

## How we carried out this inspection

We carried out a focused follow up inspection on 2 December 2016. We reviewed policies, procedures and other information the practice provided during the inspection. We spoke with the GP partner, the assistant practice manager, and a practice nurse.

# Are services safe?

## Our findings

During our previous inspection in September 2016, we found that care and treatment was not being provided in a safe way for patients. This was because:

- There was a failure to mitigate risks to patients who took high risk medicines.
- Hepatitis B immunisation records were not available for all staff.
- Appropriate emergency medicines were not available or a risk assessment had not been carried out to account for their absence.
- There were no records to show that all clinical equipment had been calibrated.
- Patient Group Directions which allow nurses to administer medicines in line with legislation were incomplete and out of date.

During our most recent inspection we found significant improvements in all areas.

### Overview of safety systems and processes

Since our previous inspection, the practice had carried out several audits of patients who were taking angiotensin-converting-enzyme (ACE) inhibitors. (ACE inhibitors are medicines that are used to treat high blood pressure.) In between each audit the practice took action to reduce the number of patients who were overdue blood tests. The final audit demonstrated that the practice was monitoring patients taking ACE inhibitors effectively. The practice had also introduced a new protocol for treating patients with high blood pressure which included steps to be taken if patients did not attend for regular blood tests.

Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. At our previous inspection we found that two of the PGDs were out of date. At this inspection we found that all of the PGDs were up to date and correctly authorised.

We were shown records to demonstrate that the remaining GP had received a hepatitis B immunisation to protect himself and patients from the risk of transmission of this health care associated infection. This evidence had been lacking during our previous inspection.

### Monitoring risks to patients

We looked at the records for the calibration of clinical equipment used at the practice. We found that the seven pieces of equipment that had not been calibrated at our last inspection had now been calibrated. We saw that the practice had introduced a protocol for calibrating all clinical equipment in use with a schedule for future servicing.

### Arrangements to deal with emergencies and major incidents

Since our last inspection the practice had reviewed which emergency medicines it stocked. We saw that the practice now held stocks of a particular medicine to treat low blood sugar levels in an emergency in patients with diabetes. The practice had added the medicine to its checklist to ensure that it remained available for use at all times.