Dr Rajpreet Millan

Quality Report

Whitwell Surgery
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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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an unannounced focused inspection of Dr Rajpreet Millan also known as Whitwell Surgery on 15 February 2017. This inspection was undertaken to follow up on warning notices we issued to the provider and the registered manager in relation to Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance.

The practice received an overall rating of inadequate at our inspection on 28 September 2016 and this will remain unchanged until we undertake a further full comprehensive inspection within six months of the publication date of the initial report.

The full comprehensive report from the September 2016 inspection can be found by selecting the 'all reports' link for Dr Rajpreet Millan on our website at www.cqc.org.uk.

Summary of findings

Our key findings across all the areas we inspected were as follows:

- The practice had complied with the warning notices we issued and had taken the action needed to comply with the legal requirements.
- There was evidence that the principle GP and the practice manager had provided leadership in responding to the actions required following the issue of the warning notices to ensure compliance with the regulations.
- Systems and processes had been put in place to keep patients safe that included control of substances hazardous to health and legionella.
- Systems and processes in the dispensary had been improved to comply with best practice and legal requirements.
- Essential staff training had been completed.
- Processes had been implemented to ensure the management of safety alerts received and patients receiving high risk medicines.

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

Dr Rajpreet Millan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC lead inspector and a GP specialist adviser.

Background to Dr Rajpreet Millan

Dr Rajpreet Millan also known as Whitwell Surgery provides a range of primary medical services to the residents of Whitwell and the surrounding villages. The practice has been at its current purpose built location of Whitwell Surgery, 60 High Street, Whitwell, Hitchin, Hertfordshire, SG4 8AG since the late 1990s. The practice has a dispensary that caters for 99% of the patient population.

The practice population is ethnically diverse and has a higher than average over 45 year age range and a significantly lower than average 20 to 34 year age range. National data indicates the area is one of low deprivation. The practice has approximately 2,600 patients and services are provided under a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England.

The practice has a principal female GP and employs three salaried GPs, one male and two female and a female practice nurse. All of the GPs work part-time making the equivalent of 1.5 whole time equivalent GP. There is a practice manager who leads a team of four reception/ administration staff and an office manager/dispenser.

Patients can contact the practice by telephone from 8am to 6.30pm Monday to Friday. The premises and dispensary are open from 8.30am to 1pm and from 2pm to 6pm on Monday, Tuesday, Thursday and Friday and from 8.30am to 1pm on Wednesday. They offer extended opening hours appointments with both a GP and the nurse from 6.30pm to 7.30pm on Tuesday.

When the practice is closed out-of-hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

Why we carried out this inspection

We carried out an unannounced focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out to check that improvements had been made to meet legal requirements in respect of safe care and treatment and good governance following our comprehensive inspection on 28 September 2016.

When we initially inspected this practice on 28 September 2016 as part of our comprehensive inspection programme, we were concerned about the safe care and treatment of patients and good governance within the practice. This included a lack of risk assessments, reporting incidents and near misses, acting on safety and MHRA alerts, medication reviews and monitoring of high risk medicines. Some infection control process were not followed and there was not a register of staff vaccinations and staff immunity status for Hepatitis B. Staff had not received essential training and there was no record to show that staff working in the dispensary had read the standard operating procedures (SOPs) which covered the dispensing process, with some of the SOPs not followed in practice. There was a lack of clinical audits, risk assessments and engagement with

Detailed findings

patients through the patient participation group. Due to the concerns found we revisited the practice on 3 October 2016 and a member of the CQC Medicines team visited on 6 October 2016.

We issued warning notices to the provider and informed them they must become compliant within the law by 6 January 2017.

How we carried out this inspection

After our comprehensive inspection on 28 September 2016, we asked the provider to submit an action plan to demonstrate the action they would take to address the breaches of legal requirements we identified during our inspection. We reviewed the information provided and carried out an unannounced inspection on 15 February 2017.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

However, during our follow up inspection we only asked questions in relation to safety and well-led.

During our inspection we:

- Spoke with the principal GP and the office manager.
- Looked at information the practice used to deliver care and treatment plans.

Inadequate

Are services safe?

Our findings

Our focused inspection on 15 February 2017 found that the practice had taken proactive steps to address the areas in relation to safe care and treatment as set out in the Warning Notice issued to the practice.

At our comprehensive inspection on 28 September 2016, we found the following areas to be inadequate, action had been taken to address each as follows:

- The process for reporting incidents, near misses and concerns was not always followed. Near misses and errors in the dispensary were not identified or logged so there was no record to identify trends and learning. Since the inspection practice had reviewed its significant event policy and had completed an audit of the process. We saw evidence that significant events were reported and documented. A log of near misses and errors in the dispensary was kept and discussed at practice meetings.
- Safety alerts and MHRA (Medicines Healthcare products Regulatory Agency) alerts were not always followed and there was not a system in place for a continued periodic review of practice in relation to the alerts. At the inspection on 15 February 2017 we noted that the practice had a policy in place for the management of safety and MHRA alerts. We reviewed the patient record system and found that appropriate actions had been taken for all alerts received.
- The system for checking the monitoring of high-risk medicines and medication reviews was not evident. For example, 41 patients were prescribed warfarin, a medicine used to increase the time taken for blood to clot. Five of these had no recorded evidence of an INR check, the test used to monitor the effects of warfarin, in the past four months. There were 38 out of 369 patients on a cardiac medicine who had not had the appropriate blood monitoring in the previous 18 months, and 25 of these had not been monitored in the previous two years. At the inspection on 15 February 2017 we reviewed the patient record system and found evidence that processes had been implemented to ensure patients received appropriate blood tests and monitoring when prescribed high risk medicines. For example, all patients prescribed warfarin now had recorded evidence of an INR check and with the exception of three patients all of those on the cardiac medicine we checked had now received appropriate blood monitoring. We saw evidence that of the three patients who had not been monitored, one had declined and the other two had not responded to the request for a blood test.
- None of the staff had received infection control training and some infection control processes were not followed. All staff had now received infection control training and the practice nurse was the identified infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. We noted the fabric curtains had been removed and replaced with wipeable screens and the sharps bins had recorded dates of when they were assembled. The practice had obtained quotes to change the carpet to wipeable flooring in the room used by the visiting phlebotomist and the work was planned to be completed imminently.
- There was no register of staff vaccinations and any record or process for checking staff immunity status for Hepatitis B. The practice had now implemented a policy for checking and recording staff vaccinations and immunity status for Hepatitis B. We saw evidence that all staff had received blood tests to check their immunity status and the results were recorded in their personnel files.

Are services well-led?

Inadequate

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

Our findings

Our focused inspection on 15 February 2017 found that the practice had taken proactive steps to address the areas in relation to good governance and leadership as set out in the Warning Notice issued to the practice.

At our comprehensive inspection on 28 September 2016, we found the following areas to be inadequate, action had been taken to address each as follows:

- Essential training such as safeguarding, infection prevention and control, fire safety, health and safety, information governance and confidentiality was all delivered as an informal discussion. Staff carrying out the chaperone role had not received training. The practice was now using an online training package and we saw evidence that all staff had now received essential training. All staff that carried out the chaperone role had been trained to do so.
- There was no record to show that staff, including those who worked in the dispensary occasionally, had read the standard operating procedures (SOPs) which covered the dispensing process. We noted that there was no SOP in place to govern the production of weekly blister packs, and that some of the SOPs were not followed in practice.The practice had now reviewed all the SOPs and included the production of weekly blister packs. There was a record of staff signatures, of those who worked in the dispensary, to say they had read the SOPs.
- Clinical audits had not previously been carried out. The practice had started an audit that was in relation to an MHRA alert and had plans in place to complete more audits in the future that were relevant to the performance at the practice.
- There was a lack of risk assessments particularly in relation to control of substances hazardous to health (COSHH) and Legionella. Risk assessments had not been completed for the dispensary in relation to security and the additional checks required for the dispensing of certain medicines. There was not a risk assessment to determine if a Disclosure and Barring Service (DBS) check is required for non-clinical staff in particular those performing the chaperone role. Since the inspection the practice had completed the necessary risk assessments and implemented actions as a result of them. For example, a legionella risk assessment was completed by an external company in October 2016 and the practice could demonstrate that they were completing water temperature checks each month as advised.
- The practice did not have a patient participation group (PPG). They were currently recruiting patients to a virtual group and had 23 members but there had been no engagement with them at the time of the inspection. We saw evidence that the practice had met with the members of the PPG in December 2016 and a timetable of dates for future meetings had been identified. The practice had liaised with the local CCG for guidance on working with PPGs.