

# Dr PL Gupta's Practice

## 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

Are services safe?

**Good**



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to Dr PL Gupta's Practice	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	6

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr PL Gupta's Practice on 31 March 2016. While the overall rating for the practice was good, the practice was rated as requires improvement for Safety. The full comprehensive report on the 31 March 2016 inspection can be found by selecting the 'all reports' link for Dr PL Gupta's Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 22 February 2017. The inspection was carried out to check that the provider had met the legal requirements we set out following the March 2016 visit. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

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 put in place suitable guidance, policies and procedures available to staff for the protection of vulnerable people.

- The records made of the reporting of significant events were improved to ensure fuller detail was captured and the learning opportunity for staff was promoted.
- Infection control risk assessments had been introduced.
- Staff files had been reviewed and updated information had been added to show the full and completed training undertaken for each staff member. However, one of the files we viewed did not show a DBS for a new reception staff member who had been recruited since the last inspection. Confirmation was received after the inspection that a new DBS had been applied for this member of staff.
- The practice had purchased oxygen equipment on site for use in an emergency situation.

As a result of the actions taken the practice is now rated as 'good' for providing a safe service.

We also found that the provider had made a number of improvements to the service in response to recommendations we made at our last inspection. These included;

- At our inspection on the 31 March 2016 we said the provider should review the system in place for complaints to ensure a full record of the complaint

# Summary of findings

was logged in line with the practice policy. At the inspection undertaken on the 22 February 2017 we found the practice had revised the system in place for handling complaints and concerns. A complaints policy and procedures were now in place. The practice manager had implemented a new patient's information sheet for complaints. We looked at complaints received in the last 12 months. We found the records made of the stages the practice had gone

through, had improved in terms of written details and a fuller audit trail of steps taken in response to the complaint and the issues raised. The practice manager confirmed that complaints were now discussed at practice meetings and an annual review of complaints was planned.

**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.

- The provider had suitable guidance, policies and procedures available to staff for the protection of vulnerable people.
- The records made of the reporting of significant events were improved to ensure fuller detail was captured and the learning opportunity for staff was promoted.
- Infection control risk assessments were in place.
- Staff files had been reviewed and updated information had been added to show the full and completed training undertaken for each staff member. However, one of the files we viewed did not show a DBS for a new reception staff member who had been recruited since the last inspection. We discussed this with the practice to identify the risks this posed to patients. Confirmation was received after the inspection that a new DBS had been applied for this member of staff.
- The practice had oxygen equipment on site for use in an emergency situation.

Good



# Dr PL Gupta's Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This focused inspection was undertaken by a CQC Inspector.

## Background to Dr PL Gupta's Practice

Dr PL Gupta's Practice 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 newly purpose built and deprived area of the city. The practice has a General Medical Services (GMS) contract with a registered list size of 3500 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, a salaried GP, a long term locum GP, practice nurse and health care assistant, practice and finance manager and a number of administration and reception staff. The practice is open from 8am to 6.30pm Monday to Friday. 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 provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr PL Gupta's Practice on 31 March 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 Month Year can be found by selecting the 'all reports' link for Dr PL Gupta's Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr PL Gupta's Practice on 22 February 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

We carried out an announced visit on 22 February 2016. During our visit we:

- Spoke with the practice manager.
- Reviewed updated policies and procedures.
- Reviewed a sample of staff files.
- Looked at some of the systems in place for managing complaints and significant events.

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 31 March 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safeguarding adults, infection control significant event and complaints management required improvements. The practice did not have adequate oxygen equipment available at the practice for use in an emergency situation and staff files did not have the required information to show staff training and fitness.

We issued a requirement notice in respect of some of these issues and found arrangements had significantly improved when we undertook this follow up inspection of the service on 22 February 2017. The practice is now rated as good for being safe.

### Overview of safety systems and process

- Our first inspection report from the inspection on 31 March 2016 said the provider must ensure that suitable guidance, policies and procedures are available to staff for the protection of vulnerable people. At the inspection undertaken on the 22 February 2017 we found arrangements for safeguarding vulnerable adults had been reviewed by the practice. Policies had been revised and new procedures and staff information had been implemented. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We saw that staff took action when safe guarding concerns had been raised. The practice manager confirmed that all staff had completed safeguarding training and plans were in place for the lead GPs to uptake their own training.
- At our inspection on the 31 March 2016 we said the records made of the reporting of significant events required improvement to ensure the full detail of the event was captured and the learning had taken place. At the inspection undertaken on the 22 February 2017 we found there was a revised system in place for reporting and recording significant events. New forms had been introduced since the last inspection. A form was completed for each incident and reviewed by the lead GP. Monthly significant meetings were taking place with all staff and members of the wider multi-disciplinary team. The practice manager, who was new in post, confirmed that an annual analysis of all significant events was planned.
- At our inspection on the 31 March 2016 we said infection control risk assessment should be completed on a regular basis and signed off by the registered provider. At the inspection undertaken on the 22 February 2017 we found that an annual infection control risk assessment had taken place in July 2016. All the actions had been taken where improvements to infection control arrangements had been identified.
- At our inspection on the 31 March 2016 we said that staff files should have records and certificates to show the completed training undertaken for each staff member. At the inspection undertaken on the 22 February 2017 we found that staff files had information relating to the training staff had undertaken. However, a closer look at some of the staff files found there were gaps in the information held to show the recruitment of staff, for example, appropriate checks through the Disclosure and Barring Service (DBS). This was for a staff member who had begun work since the last inspection. Confirmation was received after the inspection that a new DBS had been applied for this member of staff.
- At our inspection on the 31 March 2016 we said the provider should undertake a risk assessment for the need to have oxygen on site in an emergency should be undertaken. At the inspection undertaken on the 22 February 2017 we found records showed this equipment had been purchased by the practice and the delivery was expected a few days following the inspection.