

# Devaraja V C & Partner

## 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Devaraja V C & Partner on 25 February 2016. The overall rating for the practice was requires improvement. The full comprehensive report for this inspection can be found by selecting the 'all reports' link

for Devaraja V C & Partner on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We then carried out a desk based focused inspection on 4 October 2016 to confirm that the practice were now meeting the legal requirements in relation to the breaches of regulations that we identified in our previous inspection on 17 December 2015. 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:

- There was an effective governance system in place to assess and monitor risks and the quality of service provision.
- Practice policies were reviewed and in date.

- There were now systems in place for the medicines management of high risk medicines.
- Oxygen with masks was available on the premises.
- Practice policies and procedures were reviewed and updated.
- There was a clear management structure and staff who had a clinical and management role had updated job descriptions and protected time to reflect this.
- Staff in administrative roles had access to training to ensure they had the appropriate skills to fulfil their role. They were also given dedicated time to complete administrative duties.
- Although audits and re-audits were completed there was little evidence of improvement to patient outcomes in the audit documentation.

However, there was also one area of practice where the provider needs to make improvements.

The provider should:

- Use the findings from completed audits to improve the services for patients.

**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?

This practice is rated as good for providing safe services.

- Risks to patients were assessed and well managed.
- There was oxygen available on site in the event of a medical emergency.
- There were processes in place for the management of high risk medicines that kept patients safe.

Good



### Are services well-led?

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

- Those staff with a management role had access to appropriate training and had protected time to fulfil their role. These staff also had a clear job description that outlined their roles and responsibilities.
- There was a system in place for the review of practice policies and policies viewed showed evidence of review.
- There was a system in place for audit and re-audits. The audits viewed did not contain sufficient detail to demonstrate improved outcomes for patients.

Good



# 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 safety and well-led identified at our inspection on 25 February 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 25 February 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 25 February 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 25 February 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 25 February 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 25 February 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

## Areas for improvement

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

- Use the findings from completed audits to improve the services for patients.

# Devaraja V C & Partner

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk based inspection was carried out by an inspector.

## Background to Devaraja V C & Partner

This practice is also known as 'The Sorrells'.

The practice is currently based in a residential building although there are plans for an alternative purpose built premises.

The current list size is around 3200 patients and the practice is open to new patients. There are two GPs, one female and one male offering 12 sessions a week. There is one female practice nurse and one female health care assistant (HCA).

The practice is open between 8.30am and 7pm Monday to Wednesday and Friday, and 8.30am to 6.30pm on Thursdays. Appointments are from 9am to 12pm every morning and 4pm to 6pm every afternoon. GPs will see emergency patients and complete home visits outside of these consultation sessions. Nurse appointments are pre bookable from 9am to 12pm, after this they see same day appointments. Thurrock has an evenings and weekend system called 'Thurrock Health Hubs'. Patients are able to book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend, at one of four 'hubs'. Out of hour's cover is provided by 111.

The practice area demographic comprises of mainly white British, with other nationalities including Nigerian, Vietnamese, Polish, Indian, Pakistan, South African and Peruvian. There are fairly low levels of income deprivation affecting children and older people.

## Why we carried out this inspection

We undertook a comprehensive inspection of Devaraja V C & Partner on 25 February 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. The full comprehensive report following the inspection on 25 February 2016 can be found by selecting the 'all reports' link for Devaraja V C & Partner on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We then undertook a desk-based focused inspection of Devaraja V C & Partner on 10 October 2016. 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 a desk-based focused inspection of Devaraja V C & Partner on 4 October 2016. This involved reviewing evidence that:

- Job descriptions were in place for staff with a clinical and administrative role, and that these staff had access to appropriate training.
- Clinical audit and re-audit was taking place.
- Policies and procedures had been updated.

## Detailed findings

- Systems were in place to ensure that patients prescribed medicines requiring monitoring were receiving appropriate monitoring.

# Are services safe?

## Our findings

At our previous inspection on 25 February 2016, we rated the practice as requires improvement for providing safe services as there was limited documentation to support completed risk assessments and systems and processes for the management of high risk medicines was not always reliable.

We issued a requirement notice in respect of the issues relating to high risk medicines and found arrangements had significantly improved when we undertook a desk-based inspection on 4 October 2016. The practice is now rated as good for being safe.

### Overview of safety systems and process

The practice had systems and processes in place to keep people safe. The practice had a system in place to ensure that patients prescribed high risk medicines received appropriate monitoring.

#### Monitoring risks to patients

There was evidence of risk assessments in place to monitor safety of the premises, including a blinds cord risk assessment.

#### Arrangements to deal with emergencies and major incidents

We saw documentation to evidence that the practice had oxygen in case of medical emergencies.



# 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 25 February 2016, we rated the practice as requires improvement for providing well-led services as the overarching governance and audit systems related to evaluating and improving the service were not always effective and required strengthening.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a desk-based inspection on 4 October 2016. The practice is now rated as good for being well-led.

### Governance arrangements

There was a governance framework in place to support to delivery of good quality care.

- The practice had policies in place that showed evidence of date of review.
- Audits and re-audits were being completed. The ones that we viewed did not contain sufficient detail to determine whether the quality of care had improved.
- There was a clear system in place to assess, monitor and record risks.

### Leadership and culture

The practice had set out a structure for the organisation with clearly defined role. Clinical staff with administrative roles now had a job description to support their role and also protected time for this. There was a training structure in place to provide them with the necessary skills to complete the administrative aspect of their work.