

Dr Rameshchandra Manilal Shah

Quality Report

Thorns Road 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.

Ratings

Are services safe?

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 visit of Dr Rameshchandra Manilal Shah's practice, at Thorns Road Surgery, in October 2015. As a result of our comprehensive inspection breaches of legal requirements were found and the practice was rated as requires improvements for providing safe services. This was because we identified some areas where the provider must make improvements and additional areas where the provider should improve.

We carried out a focussed desk based inspection of Dr Rameshchandra Manilal Shah's practice, at Thorns Road Surgery on 21 October 2016 to check that the provider had made improvements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr Rameshchandra Manilal Shah on our website at www.cqc.org.uk. Our key findings across all the areas we inspected were as follows:

- Since our comprehensive inspection in October 2015, the practice had applied for disclosure and barring

(DBS) checks for non-clinical staff members who chaperoned and for the practice nurse. We saw evidence to support this as part of our desk based inspection.

- Records demonstrated that the cold chain was appropriately monitored. Conversations with the practice manager also confirmed that the practice followed appropriate cold chain processes in line with national guidelines, such as appropriate temperature recording and ensuring that thermometers were reset after each recording.
- Regular fire drills were taking place and there were risk assessments in place to assess risks associated with infection control including a formal risk assessment for legionella.
- We also saw that risk had been assessed in the absence of a defibrillator and although the risk was assessed as low the practice had noted that they would prefer to purchase a defibrillator as soon as the funding became available.

The areas where the provider should make improvements are:

- The provider should ensure that in the absence of specific emergency medical equipment, risk is

Summary of findings

continually monitored and effectively mitigated to ensure that the practice can immediately respond to medical emergencies, for instance in the absence of a defibrillator.

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.

- There were disclosure and barring (DBS) checks in place for non-clinical staff members who chaperoned and for the practice nurse.
- There were risk assessments in place to support that risks associated with infection control and medical emergencies had been assessed. Regular fire drills were taking place and we saw records to support this.
- Records demonstrated that the cold chain was appropriately monitored. Conversations with the practice manager also confirmed that the practice followed appropriate cold chain processes in line with national guidelines, such as appropriate temperature recording and ensuring that thermometers were reset after each recording.

Good



Summary of findings

Areas for improvement

Action the service SHOULD take to improve

The provider should ensure that in the absence of specific emergency medical equipment, risk is continually monitored and effectively mitigated to ensure that the practice can immediately respond to medical emergencies, for instance in the absence of a defibrillator.

Dr Rameshchandra Manilal Shah

Detailed findings

Our inspection team

Our inspection team was led by:

This desk top review inspection was carried out by a CQC Lead Inspector.

Background to Dr Rameshchandra Manilal Shah

Dr Rameshchandra Manilal Shah's practice at Thorns Road Surgery is a long established practice located in the Brierley Hill area of the West Midlands. There are approximately 3560 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes a male GP and a female practice nurse. The practice also employs a regular locum GP. The GP and the practice manager form the practice management team and they are supported by a team of seven staff members who cover secretarial, administration, reception and practice management support duties.

The practice is open between 8am and 8:30pm on Mondays and between 8am and 6:30pm on Tuesdays, Thursdays and Fridays. On Wednesdays the practice is open between 8am and 1pm.

Appointment times are available between 8:30am to 10:30am and between 4pm to 6pm during weekdays except for Wednesdays, when appointments available until 10:30am. Appointment until a later time of 8pm on Mondays during extended hours.

Nurse appointments are available between the times of 8:30am, up to 1:30pm during weekdays. Nurse appointments are also additionally available between 3:30pm to 6:30pm on Mondays, Tuesdays and Thursdays.

There are arrangements to ensure patients receive urgent medical assistance when the practice is closed, there is a GP on call between 8am and 8:30am and when appointments are closed during weekdays. There are also arrangements to ensure patients receive medical assistance during the out-of-hours period.

Why we carried out this inspection

We carried out a focussed desk based inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider had made improvements identified during the comprehensive inspection carried out in August 2015.

Detailed findings

How we carried out this inspection

We undertook a focussed desk based inspection on 21 October 2016. This involved the review of relevant documentation we had asked the practice to submit to ensure improvements were made.

Are services safe?

Our findings

Overview of safety systems and processes

When we inspected the practice during October 2015 we found that the practice had not formally assessed the risk in the absence of disclosure and barring (DBS) checks for a non-clinical member of staff that chaperoned.

Furthermore, the nurse had not received a DBS check and there was no formal assessment of risk in the absence of the DBS check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. As part of our desk based inspection the practice shared records to demonstrate that DBS checks had since been completed for all non-clinical members of staff who chaperoned and for the practice nurse.

As part of our desk based inspection we saw records to demonstrate that fire drills took place and that the practice had assessed specific risks associated with infection control, such as the risk of Legionella. This indicated that the practice had improved in these areas since we inspected in October 2015, when we identified that regular fire drills did not take place and that the practice had not assessed the risk of legionella.

When we visited the practice as part of our inspection in October 2015 we observed that the vaccination fridges were well ventilated and secure. However, we found that the practice had not correctly monitored the temperature of the vaccination fridges which posed a risk to the management of the cold chain. Specifically, we found that minimum and maximum temperatures were not recorded and thermometers were not reset after each recording in line with guidelines; such as national guidelines from Public Health England. As part of our desk based inspection the practice shared records to demonstrate that

fridge temperatures were appropriately recorded. For instance, we saw a sample of records we requested at random which highlighted how the cold chain was monitored in November and December 2015 and in February, April and July 2016. This demonstrated that the practice had improved their monitoring and record keeping for the cold chain over a long period of time. Conversations with the practice manager also confirmed that the practice continued to follow appropriate cold chain processes such as appropriate temperature recording and ensuring that thermometers were reset after each recording.

Arrangements to deal with emergencies and major incidents

During the practice's comprehensive inspection in October 2015, we identified that they did not have the practice did not have an automated external defibrillator for use in the event of a medical emergency. Furthermore, the practice had not assessed the risk of not having this in place. An automated external defibrillator is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

As part of our focussed desk based inspection the practice shared records to support that risk had been assessed in the absence of a defibrillator. Records of the risk assessment from December 2015, noted that all staff were fully trained in CPR (Cardiopulmonary resuscitation), that the practice was situated close to the local hospital and that there was always at least one clinician on the premises each day. We noted that although the risk was assessed as low, the practice had noted that they would prefer to purchase a defibrillator as soon as the funding became available.